

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

**ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**11 STANWIX STREET, 17TH FLOOR**

City or town, state or province, country, and ZIP or foreign postal code  
**PITTSBURGH, PA 15222**

**F** Name and address of principal officer: **STEFANI PASHMAN**  
**SAME AS C ABOVE**

**D** Employer identification number

**25-0965213**

**E** Telephone number

**412-281-4783**

**G** Gross receipts \$ **14,637,323.**

**H(a)** Is this a group return

for subordinates? ..... ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ **WWW.ALLEGHENYCONFERENCE.ORG**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: **1944** **M** State of legal domicile: **PA**

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO STIMULATE ECONOMIC GROWTH AND IMPROVE THE QUALITY OF LIFE THROUGHOUT SOUTHWESTERN PENNSYLVANIA.</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) ..... <b>57</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>56</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>53</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) ..... <b>61</b>
		<b>7a</b>
<b>7b</b>		Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>0.</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) ..... <b>5,149,085.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) ..... <b>2,460,319.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>36,494.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>10,000.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>7,655,898.</b>
	Expenses	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>5,460,881.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>155,964.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>-1,490,155.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>9,329,137.</b>
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12 ..... <b>-1,673,239.</b>
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) ..... <b>14,597,444.</b>
	<b>21</b>	Total liabilities (Part X, line 26) ..... <b>3,473,912.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 ..... <b>11,123,532.</b>

**Part 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.

Sign Here	Signature of officer		Date	
	<b>JANEL SKELLEY, CHIEF FINANCIAL OFFICER</b>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	<b>SUSAN M. KIRSCH</b>	<b>SUSAN M. KIRSCH</b>		<b>P00341397</b>
Firm's name	Firm's EIN		Phone no.	
	<b>SCHNEIDER DOWNS &amp; CO., INC.</b>		<b>25-1408703</b>	
Firm's address				
<b>ONE PPG PLACE, SUITE 1700</b>		<b>412-261-3644</b>		
<b>PITTSBURGH, PA 15222</b>				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT

Form 990 (2021)

25-0965213 Page 2

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒ **X**

1 Briefly describe the organization's mission:

THE ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT (ACCD) AND  
AFFILIATES - THE GREATER PITTSBURGH CHAMBER OF COMMERCE (CHAMBER), THE  
PENNSYLVANIA ECONOMY LEAGUE OF GREATER PITTSBURGH (PELGP) AND THE  
PITTSBURGH REGIONAL ALLIANCE (PRA) - WORK IN COLLABORATION WITH PUBLIC

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 ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  
revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,633,961. including grants of \$ 2,190,447. ) (Revenue \$ 902,029. )

THANKS TO THE TIME, TALENT AND RESOURCES CONTRIBUTED BY OUR REGIONAL  
INVESTORS, IN 2021 WE TOOK IMPORTANT STEPS TOWARD ACHIEVING THE VITAL,  
GLOBALLY COMPETITIVE REGION WE ALL WANT.

TOGETHER WE HAVE GROWN OUR ECONOMY BY SECURING BUSINESS INVESTMENT AND  
IMPROVING TALENT AVAILABILITY, WITH AN EMPHASIS ON DIVERSE TALENT.

-SECURED 36 WINS, 2,366 NEW JOBS, 638 RETAINED JOBS AND \$331 MILLION  
IN CAPITAL INVESTMENT AND DEVELOPED A GROWING PIPELINE OF 163 ACTIVE  
LEADS AND PROJECTS, REPRESENTING 20,771 NEW AND 631 RETAINED JOBS AND  
\$7.3 BILLION IN CAPITAL INVESTMENT.

4b (Code: ) (Expenses \$ 2,148,205. including grants of \$ 848,570. ) (Revenue \$ 121,633. )

TOGETHER WE HAVE UNLOCKED THE POTENTIAL OF OUR REGION BY REMOVING  
BARRIERS TO INVESTMENT GROWTH, TALENT ATTRACTION AND ECONOMIC  
INCLUSION.

-WE MADE MATERIAL PROGRESS TOWARD ADDRESSING THE "FLASHING RED LIGHT"  
THAT SIGNALS AN UNCOMPETITIVE ECONOMIC CLIMATE TO EMPLOYERS CONSIDERING  
CREATING JOBS IN PENNSYLVANIA.

-OUR ADVOCACY TO LOWER THE STATE CORPORATE NET INCOME (CNI) TAX RATE  
LED TO THE PASSAGE OF LEGISLATION OUT OF THE PA SENATE FINANCE  
COMMITTEE, THE FIRST VOTE TO REDUCE THE CNI TAX RATE IN MANY YEARS.

4c (Code: ) (Expenses \$ 1,129,011. including grants of \$ 374,427. ) (Revenue \$ 562,329. )

TOGETHER WE HAVE INVESTED IN THE REGION OF THE FUTURE.

-ORGANIZED A UNIFIED REGIONAL APPROACH, ONE REGION. ONE VOICE., A  
10-COUNTY REGIONAL INFRASTRUCTURE STAKEHOLDER GROUP, TO SUPPORT PASSAGE  
OF THE \$1.2 TRILLION INFRASTRUCTURE INVESTMENT AND JOBS ACT. THE  
LARGEST FEDERAL INFRASTRUCTURE BILL IN A GENERATION IS NOW LAW AND THE  
REGION IS WELL-POSITIONED TO COMPETE FOR BILLIONS IN FEDERAL INVESTMENT  
IN SIGNIFICANT PROJECTS IDENTIFIED THROUGHOUT THE TEN COUNTIES. WE  
ADVOCATED STRONGLY IN SUPPORT OF THE LEGISLATION WITH THE SOUTHWESTERN  
PENNSYLVANIA HOUSE DELEGATION AND SENATORS TOOMEY AND CASEY, THE BIDEN  
ADMINISTRATION AND NUMEROUS FEDERAL AND LOCALLY ELECTED OFFICIALS IN  
THE GREAT LAKES REGION.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,911,177.

Form 990 (2021)

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Form 990 (2021)

25-0965213 Page **3**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>X</b>	
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>X</b>	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>f</b> 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>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Form 990 (2021)

25-0965213 Page **4**

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		<b>24a</b> X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>25a</b> X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>25b</b> X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		<b>26</b> X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		<b>27</b> X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b> X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b> X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>35b</b> X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b> X	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		<b>37</b> X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 27	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Form 990 (2021)

25-0965213 Page **5**

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

	Yes	No
<b>2a</b> 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 <span style="float:right">2a 53</span>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>X</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>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		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</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 Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>X</b>	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>X</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>X</b>
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>N/A</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>N/A</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <span style="float:right">N/A</span>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? <span style="float:right">N/A</span>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <span style="float:right">N/A</span>		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">N/A 10a</span>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders <span style="float:right">N/A 11a</span>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">N/A 12b</span>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <span style="float:right">N/A</span> <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <span style="float:right">13b</span>		
<b>c</b> Enter the amount of reserves on hand <span style="float:right">13c</span>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		<b>X</b>
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		<b>X</b>
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <span style="float:right">N/A</span> If "Yes," complete Form 6069.		

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Form 990 (2021)

25-0965213 Page **6**

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <span style="float:right"><b>1a</b> 57</span> 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>b</b> Enter the number of voting members included on line 1a, above, who are independent ..... <span style="float:right"><b>1b</b> 56</span>			
<b>2</b> 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? .....	<b>2</b>	<b>X</b>	
<b>3</b> 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? .....	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>		<b>X</b>
<b>7a</b> 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? .....	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? .....	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	<b>X</b>	
<b>9</b> 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 .....	<b>9</b>		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>	<b>X</b>	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>	<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	<b>12c</b>	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>	<b>X</b>	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>15a</b>	<b>X</b>	
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>		<b>X</b>
<b>b</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? .....	<b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ▶ **PA**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ 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 financial 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 ▶  
**JANEL SKELLEY - 412-281-4783**  
**11 STANWIX STREET, 17TH FLOOR, PITTSBURGH, PA 15222**

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Form 990 (2021)

25-0965213 Page **7**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEFANI PASHMAN CEO	32.00 13.00	X		X				539,480.	0.	27,454.
(2) MARK THOMAS PRESIDENT, PRA	9.00 29.00				X			304,149.	0.	23,840.
(3) MATT SMITH PRESIDENT, GPCOC	12.00 28.00				X			301,346.	0.	12,617.
(4) WILLIAM FLANAGAN CHIEF CORPORATE RELATIONS	43.00 4.00				X			226,972.	0.	35,956.
(5) JANEL SKELLEY CFO	41.00 6.00			X				237,373.	0.	21,880.
(6) CECELIA CAGNI CHIEF MARKETING & COMM OFF	29.00 23.00				X			182,257.	0.	19,524.
(7) VERA KREKANOVA CHIEF STRATEGY OFFICER	22.00 23.00				X			179,040.	0.	17,240.
(8) PATRICIA HORVATICH VICE PRESIDENT	10.00 50.00				X			127,638.	0.	28,339.
(9) KYLASH CHINTALAPALLI VICE PRESIDENT	9.00 35.00				X			134,182.	0.	17,942.
(10) KAREN ADKINS VICE PRESIDENT	47.00 0.00				X			124,786.	0.	18,374.
(11) LAURA KARET CHAIR	1.00 0.00	X		X				0.	0.	0.
(12) DAVID L. HOLMBERG VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(13) LEROY M. BALL JR. TREASURER	1.00 0.00	X		X				0.	0.	0.
(14) JAMES H. ROCK SECRETARY	1.00 0.00	X		X				0.	0.	0.
(15) WILLIAM S. DEMCHAK IMMEDIATE PAST CHAIR	1.00 2.00	X		X				0.	0.	0.
(16) WILL ALLEN AT LARGE MEMBER (ENTER 1/21)	0.50 0.00	X						0.	0.	0.
(17) JOHN A. BARBOUR AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Form 990 (2021)

25-0965213 Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WALTER R. BASHAW AT LARGE MEMBER (ENTER 1/21)	0.50 0.00	X						0.	0.	0.
(19) ERIC BOUGHNER AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(20) JEFF BROADHURST AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(21) QUINTIN B BULLOCK DDS AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(22) HELEN HANNA CASEY AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(23) LESLIE C. DAVIS AT LARGE MEMBER (ENTER 9/21)	0.50 0.00	X						0.	0.	0.
(24) VINCENT J. DELIE JR. AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(25) J. CHRISTOPHER DONAHUE AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(26) JOHN J. ENGEL AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,357,223.	0.	223,166.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,357,223.	0.	223,166.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **13**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
HR&A ADVISORS, INC., 99 HUDSON STREET, 3RD FLOOR, NEW YORK, NY 10013	CONSULTING SERVICES	125,000.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

**SEE PART VII, SECTION A CONTINUATION SHEETS**

Form **990** (2021)



**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Form 990

25-0965213

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KAREN WOLK FEINSTEIN AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(28) DANIEL K. FITZPATRICK AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(29) KIMBERLY TILLOTSON FLEMING AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(30) CHRISTOPHER FRANKLIN AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(31) PATRICK D. GALLAGHER AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(32) KENNETH G. GORMLEY AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(33) STEVEN J. GUY AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(34) SEVERIN HACKER AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(35) CHARLES L. HAMMEL III AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(36) CAIN A. HAYES AT LARGE MEMBER (EXIT 6/21)	0.50 0.00	X						0.	0.	0.
(37) JASON E. HAZLEWOOD AT LARGE MEMBER (ENTER 5/21)	0.50 0.00	X						0.	0.	0.
(38) DIANE P. HOLDER AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(39) CHRISTOPHER B. HOWARD AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(40) FARNAM JAHANIAN AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(41) HAAKAN JONSSON AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(42) REBEKAH BYERS KCEHOWSKI AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(43) RONALD C. KEATING AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(44) MARK R. KEMPIC AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(45) STEVEN MALNIGHT AT LARGE MEMBER (EXIT 1/21)	0.50 0.00	X						0.	0.	0.
(46) DAVID J. MALONE AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Form 990

25-0965213

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) CHRISTOPHER MARTIN AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(48) MICHAEL H. MCGARRY AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(49) JAMES MCQUADE AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(50) HILARY MERCER AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(51) DAVID J. MOREHOUSE AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(52) GRANT OLIPHANT AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(53) ANTONIS PAPADOURAKIS AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(54) SAM REIMAN AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(55) DAVID K. ROGER AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(56) JEFFREY A. ROMOFF AT LARGE MEMBER (EXIT 8/21)	0.50 0.00	X						0.	0.	0.
(57) CHRISTOPHER ROSSI AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(58) BRYAN SALESKY AT LARGE MEMBER	0.50 0.50	X						0.	0.	0.
(59) RAFAEL OTTONI SANTANA AT LARGE MEMBER (ENTERED 5/21)	0.50 0.00	X						0.	0.	0.
(60) STEVE R. SCHOTT AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(61) LISA M. SCHROEDER AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(62) JAMES SEGERDAHL AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(63) VENKEE SHARMA AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(64) SUSAN BAKER SHIPLEY AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(65) WILLIAM E. STRICKLAND JR. AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
(66) NISHAN J. VARTANIAN AT LARGE MEMBER	0.50 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

## Form 990

Part VII

[illegible]

Total to Part VII, Section A, line 1c

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Form 990 (2021)

25-0965213 Page **9**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,786,494.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	11,247,659.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$					
	<b>h Total.</b> Add lines 1a-1f .....							13,034,153.
<b>Program Service Revenue</b>	<b>2 a</b> SHARED SERVICES REIMB	<b>Business Code</b>	900099	1,318,120.	1,318,120.			
	<b>b</b> RELATED ORG SERVICE FEE		900099	123,167.	123,167.			
	<b>c</b> PROGRAM INVESTMENT REVENUE		900099	111,387.	111,387.			
	<b>d</b> ECONOMIC IMPACT STUDIES		900099	33,000.	33,000.			
	<b>e</b> ANCILLARY REVENUE		900099	317.	317.			
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....				1,585,991.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			7,179.			7,179.
<b>4</b> Income from investment of tax-exempt bond proceeds .....								
<b>5</b> Royalties .....				10,000.			10,000.	
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real					
			(ii) Personal					
<b>b</b> Less: rental expenses ...		<b>6b</b>						
<b>c</b> Rental income or (loss)		<b>6c</b>						
<b>d</b> Net rental income or (loss) .....								
<b>7 a</b> Gross amount from sales of assets other than inventory		<b>7a</b>	(i) Securities					
			(ii) Other					
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>						
<b>c</b> Gain or (loss) .....		<b>7c</b>						
<b>d</b> Net gain or (loss) .....								
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events .....								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>							
<b>b</b> Less: direct expenses .....	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
<b>b</b> Less: cost of goods sold .....	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory .....								
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....							
	<b>12 Total revenue.</b> See instructions .....				14,637,323.	1,585,991.	0.	17,179.

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Form 990 (2021)

25-0965213 Page **10**

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,408,419.	3,408,419.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	5,025.	5,025.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,731,476.	866,119.	675,877.	189,480.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,246,885.	2,770,321.	468,062.	8,502.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	187,913.	154,694.	32,029.	1,190.
<b>9</b> Other employee benefits	277,630.	220,304.	53,792.	3,534.
<b>10</b> Payroll taxes	337,207.	248,477.	76,174.	12,556.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	23,194.	8,266.	14,928.	
<b>c</b> Accounting	129,259.	38,958.	90,301.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	793,365.	437,273.	278,342.	77,750.
<b>12</b> Advertising and promotion	125,967.	82,306.	43,661.	
<b>13</b> Office expenses	110,719.	33,424.	72,662.	4,633.
<b>14</b> Information technology	144,991.	43,763.	101,228.	
<b>15</b> Royalties				
<b>16</b> Occupancy	871,200.	262,575.	608,625.	
<b>17</b> Travel	42,739.	20,756.	20,828.	1,155.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	151,760.	96,490.	18,356.	36,914.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	116,322.	35,059.	81,263.	
<b>23</b> Insurance	58,595.	17,660.	40,935.	
<b>24</b> 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 O.)				
<b>a RESEARCH &amp; DEVELOPMENT</b>	92,178.	28,997.	63,181.	0.
<b>b DUES AND MEMBERSHIPS</b>	39,202.	11,815.	21,842.	5,545.
<b>c SHARED EXPENSES</b>	-3,226,366.	-1,908,245.	-1,126,862.	-191,259.
<b>d</b>				
<b>e All other expenses</b>	83,600.	28,721.	48,915.	5,964.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	8,751,280.	6,911,177.	1,684,139.	155,964.
<b>26 Joint costs.</b> 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)

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Form 990 (2021)

25-0965213 Page **11**

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	144,149.	<b>1</b>	970,752.
	<b>2</b> Savings and temporary cash investments .....	7,146,748.	<b>2</b>	6,027,635.
	<b>3</b> Pledges and grants receivable, net .....	436,620.	<b>3</b>	4,476,211.
	<b>4</b> Accounts receivable, net .....	379,451.	<b>4</b>	662,122.
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	157,660.	<b>9</b>	151,728.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	1,053,570.		
	<b>b</b> Less: accumulated depreciation .....	832,575.	<b>10c</b>	220,995.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,003.	<b>12</b>	3,003.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	6,097,889.	<b>13</b>	6,201,741.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	14,597,444.	<b>16</b>	18,714,187.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,671,647.	<b>17</b>	1,704,612.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	802,265.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	3,473,912.	<b>26</b>	1,704,612.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,483,923.	<b>27</b>	2,691,343.
	<b>28</b> Net assets with donor restrictions .....	8,639,609.	<b>28</b>	14,318,232.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	11,123,532.	<b>32</b>	17,009,575.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	14,597,444.	<b>33</b>	18,714,187.

Form **990** (2021)

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Form 990 (2021)

25-0965213 Page **12**

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,637,323.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,751,280.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,886,043.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	11,123,532.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	17,009,575.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII ☒

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization **ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT**

Employer identification number  
**25-0965213**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Schedule A (Form 990) 2021

25-0965213 Page 2

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7730969.	7478018.	7185106.	5149085.	13034153.	40577331.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7730969.	7478018.	7185106.	5149085.	13034153.	40577331.
<b>5</b> 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) .....						9605499.
<b>6 Public support.</b> Subtract line 5 from line 4.						30971832.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	7730969.	7478018.	7185106.	5149085.	13034153.	40577331.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	29,444.	44,702.	70,905.	46,494.	17,179.	208,724.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						40786055.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	11,756,534.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	75.94	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	78.38	%
<b>16a 33 1/3% support test - 2021.</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 .....			
▶ <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2020.</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 and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
▶ <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
▶ <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
▶ <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			
▶ <input type="checkbox"/>			

Schedule A (Form 990) 2021

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Schedule A (Form 990) 2021

25-0965213 Page 3

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Schedule A (Form 990) 2021

25-0965213 Page 4

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Schedule A (Form 990) 2021

25-0965213 Page 5

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>		
<b>b</b> Did the activities described on 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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Schedule A (Form 990) 2021

25-0965213 Page 6

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors <i>(explain in detail in Part VI):</i>			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> 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) 2021**

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Schedule A (Form 990) 2021

25-0965213 Page 7

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021



**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Employer identification number

**25-0965213**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** 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

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**

☒ 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), 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 ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)



Name of organization

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Employer identification number

**25-0965213****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,579,075.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,173,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,063,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>837,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>808,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>720,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Employer identification number

**25-0965213****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>688,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>506,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>316,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>283,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>262,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

25-0965213

## Part II

(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
 	    	\$ 	 
(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
 	    	\$ 	 

Name of organization

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Employer identification number

**25-0965213****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

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

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

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	<b>ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT</b>	Employer identification number	<b>25-0965213</b>
----------------------	--	--------------------------------	-------------------

**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 ..... ▶ \$ 0.
- 3 Volunteer hours for political campaign activities ..... 0.

**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 ..... ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

- 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? ☐ Yes ☐ No
- 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.

(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. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2021

LHA

132041 11-03-21

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

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

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.	798.												
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		0.	798.												
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		8,751,280.	10,732,558.												
<b>d</b> Other exempt purpose expenditures		8,751,280.	10,733,356.												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		587,564.	686,668.												
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		146,891.	171,667.												
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	878,393.	799,841.	802,162.	686,668.	3,167,064.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,750,596.
<b>c</b> Total lobbying expenditures	20,217.	10,766.	1,239.	798.	33,020.
<b>d</b> Grassroots nontaxable amount	219,598.	199,960.	200,541.	171,667.	791,766.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,187,649.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

**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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	<b>5</b>	

**Part IV** Supplemental Information

Provide 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 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

---



---



---



---



---



---



---



---

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Schedule C (Form 990 or 990-EZ)

25-0965213 Page 4

**Part IV Supplemental Information** (continued)

**Schedule C**

**Affiliated Group Lobbying Expenditures  
Part II -A**

Name of Affiliated Group Member  
**PITTSBURGH REGIONAL ALLIANCE**

Employer ID Number  
**25-1780438**

Affiliated Group Member Address  
**11 STANWIX STREET, 17TH FLOOR  
PITTSBURGH, PA 15222**

Electing Member  
**YES**

**Limits on Lobbying Expenditures:**

Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	798.	b												
Total lobbying expenditures (add lines 1a and 1b)	798.	c												
Other exempt purpose expenditures	1,981,278.	d												
Total exempt purpose expenditures (add lines 1c and 1d).	1,982,076.	e												
Lobbying nontaxable amount.														
Enter the amount from the following table:														
<table><tr><th>If the amount on line e is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>&gt; 500,000 &lt;= 1,000,000</td><td>100,000 + 15% &gt; 500,000</td></tr><tr><td>&gt; 1,000,000 &lt;= 1,500,000</td><td>175,000 + 10% &gt; 1,000,000</td></tr><tr><td>&gt; 1,500,000 &lt;= 17,000,000</td><td>225,000 + 5% &gt; 1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>	If the amount on line e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line e is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
> 500,000 <= 1,000,000	100,000 + 15% > 500,000													
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000													
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000													
Over \$17,000,000	\$1,000,000													
	249,104.	f												
Grassroots nontaxable amount (enter 25% of line 1f)	62,276.	g												
Subtract line 1g from line 1a (limit to zero)	0.	h												
Subtract line 1f from line 1c (limit to zero)	0.	i												
Member's share of excess lobbying expenditures	0.													



**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021****Open to Public  
Inspection****Name of the organization** ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**Employer identification number**  
25-0965213**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" on Form 990, Part IV, line 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 donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last  
day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
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, released, extinguished, or terminated by the organization during the tax  
year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of  
violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  
and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and  
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the  
organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works  
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public  
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of  
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,  
provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide  
the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2021



**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Schedule D (Form 990) 2021

25-0965213 Page **3**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN SIF, LP	413,777.	COST
(2) INVESTMENT IN SIF, INC.	4,322,661.	COST
(3) INVESTMENT IN P32, LP	1,384,231.	COST
(4) INVESTMENT IN P32, LLC	81,072.	COST
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	6,201,741.	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 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 ... ☒

Schedule D (Form 990) 2021

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Schedule D (Form 990) 2021

25-0965213 Page **4**

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	10,974,254.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	10,130.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	-2,355,079.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	-2,344,949.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	13,319,203.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	1,318,120.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	1,318,120.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	14,637,323.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	5,088,211.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	10,130.
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	10,130.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	5,078,081.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	3,673,199.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	3,673,199.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	8,751,280.

**Part XIII Supplemental Information.**

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.

**PART X, LINE 2:**

THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED THE ACCOUNTING FOR INCOME TAXES TOPIC OF THE ACCOUNTING STANDARDS CODIFICATION (CODIFICATION), WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THIS TOPIC PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR FINANCIAL STATEMENT DISCLOSURE OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN. THE CONFERENCE AND AFFILIATES' COMBINED STATEMENTS OF FINANCIAL POSITION AT DECEMBER 31, 2021 AND 2020 DO NOT INCLUDE ANY LIABILITIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS; FURTHER, THE CONFERENCE AND AFFILIATES HAVE NO UNRECOGNIZED TAX BENEFITS. THE CONFERENCE AND AFFILIATES ARE NO LONGER SUBJECT TO EXAMINATION OF THEIR

ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT

Schedule D (Form 990) 2021

25-0965213 Page 5

**Part XIII** Supplemental Information (continued)

TAX RETURNS FOR YEARS BEFORE 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GRANT EXPENSE -2,355,079.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REIMBURSEMENT OF SHARED SERVICES BY AFFILIATES 1,318,120.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT EXPENSE 2,355,079.

REIMBURSEMENT OF SHARED SERVICES BY AFFILIATES 1,318,120.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 3,673,199.

Schedule D (Form 990) 2021

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization **ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Employer identification number  
**25-0965213**

**Part I** General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PA ECONOMY LEAGUE OF SOUTHWESTERN PA - 11 STANWIX STREET, 17TH FLOOR - PITTSBURGH, PA 15222	23-1352264	501(C)(3)	187,700.	0.	N/A	N/A	PROJECT SUPPORT
PITTSBURGH REGIONAL ALLIANCE 11 STANWIX STREET, 17TH FLOOR PITTSBURGH, PA 15222	25-1780438	501(C)(3)	804,388.	0.	N/A	N/A	PROJECT SUPPORT
PA ECONOMY LEAGUE OF SOUTHWESTERN PA - 11 STANWIX STREET, 17TH FLOOR - PITTSBURGH, PA 15222	23-1352264	501(C)(3)	1,121,534.	0.	N/A	N/A	OPERATING SUPPORT
PITTSBURGH REGIONAL ALLIANCE 11 STANWIX STREET, 17TH FLOOR PITTSBURGH, PA 15222	25-1780438	501(C)(3)	1,233,545.	0.	N/A	N/A	OPERATING SUPPORT
LEADERSHIP PITTSBURGH 535 SMITHFIELD STREET, SUITE 1125 PITTSBURGH, PA 15222	25-1767779	501(C)(3)	45,000.	0.	N/A	N/A	PROGRAM SUPPORT
GLOBAL LINKS 700 TRUMBULL DRIVE PITTSBURGH, PA 15205	52-1629060	501(C)(3)	10,001.	0.	N/A	N/A	PROTECTIVE MASK FUND

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **4.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **1.**

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

Schedule I (Form 990) 2021

## Schedule I (Form 990)

Page 1

[illegible]

132241  
11-18-21

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Schedule I (Form 990) 2021

25-0965213

Page 2

**Part III** **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
TUITION	1	5,025.	0.	FMV	

**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:**

THE ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT (ACCD), ALONG WITH ITS  
AFFILIATED ORGANIZATIONS: PITTSBURGH REGIONAL ALLIANCE, PENNSYLVANIA  
ECONOMY LEAGUE OF SOUTHWESTERN PA, LLC AND THE GREATER PITTSBURGH CHAMBER  
OF COMMERCE SHARE A COMMON AGENDA AND STRATEGIC PLAN. WORKING TO STIMULATE  
ECONOMIC GROWTH AND IMPROVE THE QUALITY OF LIFE IN SOUTHWESTERN  
PENNSYLVANIA, ACCD ACTS AS THE FUNDING ARM OF THE AFFILIATIONS THROUGH ITS  
ANNUAL CAMPAIGN. THE AFFILIATED ORGANIZATIONS REPORT TO THE ACCD BOARD OF  
DIRECTORS IN THEIR PROGRESS AND USES OF FUNDING.



OCCASIONALLY, THE ACCD BOARD APPROVES GRANTS TO ORGANIZATIONS OR AGENCIES THAT SUPPORT THE MISSION OF ACCD TO STIMULATE ECONOMIC GROWTH AND IMPROVE THE QUALITY OF LIFE IN SOUTHWESTERN PENNSYLVANIA. ACCD MONIOTRS THE USE OF THESE FUNDS TO ENSURE THEY ARE USED FOR THEIR INTENDED PURPOSE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Employer identification number

**25-0965213**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

<b>1b</b>	<b>X</b>	
<b>2</b>	<b>X</b>	
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2021

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Schedule J (Form 990) 2021

25-0965213

Page **2**

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEFANI PASHMAN CEO	(i)	417,986.	120,000.	1,494.	14,867.	12,587.	566,934.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK THOMAS PRESIDENT, PRA	(i)	264,506.	39,000.	643.	14,558.	9,282.	327,989.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MATT SMITH PRESIDENT, GPCOC	(i)	256,212.	44,290.	844.	10,350.	2,267.	313,963.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WILLIAM FLANAGAN CHIEF CORPORATE RELATIONS	(i)	190,348.	29,480.	7,144.	13,267.	22,689.	262,928.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JANEL SKELLEY CFO	(i)	201,069.	35,460.	844.	10,878.	11,002.	259,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CECELIA CAGNI CHIEF MARKETING & COMM OFF	(i)	154,476.	27,000.	781.	10,169.	9,355.	201,781.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) VERA KREKANOVA CHIEF STRATEGY OFFICER	(i)	149,288.	29,000.	752.	7,885.	9,355.	196,280.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PATRICIA HORVATICH VICE PRESIDENT	(i)	121,674.	2,500.	3,464.	7,852.	20,487.	155,977.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KYLASH CHINTALAPALLI VICE PRESIDENT	(i)	131,246.	2,500.	436.	8,135.	9,807.	152,124.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## PART I, LINE 1A:

ACCD CURRENTLY PAYS FOR THE QUARTERLY DUES OF THE CEO, CHIEF CORPORATE  
RELATIONS OFFICER AND PRESIDENT OF GPCC WHO BELONG TO A BUSINESS CLUB. THE  
BUSINESS CLUB HAS BEEN IDENTIFIED BY THE BOARD AS HAVING MEMBERS YIELDING  
TREMENDOUS IMPACT ON THE CITY, REGION, COUNTRY, AND EVEN THE WORLD. A VAST  
MAJORITY OF THE BOARD MEMBERS ARE MEMBERS OF THIS BUSINESS CLUB AND ARE  
CONSIDERED LEADERS OF THE BUSINESS COMMUNITY. THE PRIMARY PURPOSE OF  
HAVING THIS MEMBERSHIP IS TO CONDUCT BOARD MEETINGS AND OTHER BUSINESS  
MEETINGS, SPECIFICALLY TO ADVANCE THE AGENDA OF ACCD. THE INITIATION FEES  
TO BELONG TO THIS BUSINESS CLUB WERE PAID BY ACCD AS ARE THE QUARTERLY  
DUES. IF A BUSINESS PURPOSE IS NOT SUBSTANTIATED BY THE EMPLOYEE UPON  
RECEIPT OF THE INVOICE, THE EMPLOYEE WILL PAY THE PERSONAL PORTION DIRECTLY  
TO THE BUSINESS CLUB OR WILL SUBMIT A PERSONAL CHECK TO ACCD. ALL EXPENSES  
ARE REVIEWED BY THE ACCOUNTING GROUP PRIOR TO PAYMENT. ONLY THE CEO AND  
EXECUTIVE VICE PRESIDENTS ARE ELIGIBLE FOR BUSINESS MEMBERSHIPS.

## PART I, LINE 7:

THE INCENTIVE PROGRAM IS A COMPLEMENTARY COMPONENT OF THE ORGANIZATION'S  
ANNUAL PERFORMANCE MANAGEMENT PROGRAM WHERE PAYOUTS ARE BASED ON THE

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

WEIGHTED RESULTS OF THE EMPLOYEE'S ANNUAL PERFORMANCE ON THE THREE KEY  
PERFORMANCE ELEMENTS (10% - ORGANIZATIONAL BEHAVIORS , 20% - EMPLOYEE  
COMPETENCIES, AND 70% GOALS). THE NUMBERS ARE MAPPED AGAINST AN APPROVED  
INCENTIVE AWARD RANGE MATRIX WHICH PROVIDES PAYOUT RANGES. THE INCENTIVE  
PAYOUT IS THEN TAKEN TO THE INDEPENDENT PERSONNEL AND COMPENSATION  
COMMITTEE FOR APPROVAL.

**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open To Public  
Inspection**

Name of the organization **ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT** Employer identification number **25-0965213**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2021



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT

Employer identification number  
25-0965213

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND PRIVATE SECTOR PARTNERS TO STIMULATE ECONOMIC GROWTH AND IMPROVE  
THE QUALITY OF LIFE IN SOUTHWESTERN PENNSYLVANIA.

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

-LEVERAGED PITTSBURGH REGION. NEXT IS NOW. TO GET OUR MESSAGE TO  
BUSINESS DECISION-MAKERS IN TARGET SECTORS, INCLUDING DEPLOYMENT OF THE  
BRAND IN FIVE DOMESTIC MARKETS, NEW YORK CITY, BOSTON, SAN FRANCISCO,  
WASHINGTON, D.C., AND PITTSBURGH. LAUNCHED A WEEKLY NEWSLETTER AND  
BLOG, AND NATIONAL PUBLIC RELATIONS EFFORTS THAT GENERATED 84 PIECES OF  
EARNED MEDIA WITH A TOTAL REACH OF ALMOST 600 MILLION, ACROSS NATIONAL,  
REGIONAL AND TRADE PUBLICATIONS.

-IN PARTNERSHIP WITH THE REGIONAL INDUSTRIAL DEVELOPMENT CORPORATION,  
RELEASED FOREFRONT: SECURING PITTSBURGH'S BREAKOUT POSITION IN  
AUTONOMOUS MOBILE SYSTEMS, A COMPREHENSIVE STUDY FUNDED BY THE RICHARD  
KING MELLON FOUNDATION TO OUTLINE THE COORDINATED, REGIONAL INVESTMENT  
AND PUBLIC POLICY THAT IS NEEDED TO ENSURE PITTSBURGH SECURES A  
BREAKOUT POSITION IN AUTONOMOUS MOBILE SYSTEMS, PROJECTED TO BE A \$1  
TRILLION GLOBAL INDUSTRY BY 2026. STUDY RECOMMENDATIONS ARE BEING  
ADVANCED IN PARTNERSHIP WITH KEY REGIONAL STAKEHOLDERS.

-SUCCESSFULLY WORKED WITH THE GREAT LAKES METRO CHAMBERS COALITION TO  
ENDORSE THE ENDLESS FRONTIERS ACT (NOW CALLED U.S. INNOVATION AND  
COMPETITION ACT), WHICH WILL DEVELOP AN ANNUAL STRATEGY FOR THE FEDERAL  
GOVERNMENT TO IMPROVE NATIONAL COMPETITIVENESS IN SCIENCE, RESEARCH AND

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

Schedule O (Form 990) 2021

132211 11-11-21



Name of the organization	ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT	Employer identification number	25-0965213
--------------------------	---	--------------------------------	------------

INNOVATION TO SUPPORT NATIONAL SECURITY AS WELL AS PROVIDE \$52 BILLION WORTH OF INCENTIVES TO ADDRESS SUPPLY CHAIN ISSUES AND INCREASE SEMICONDUCTOR/MICROCHIP PRODUCTION IN THE U.S.

-CONTINUED TO GROW THE PITTSBURGH PASSPORT PROGRAM DURING THE PANDEMIC, WITH A CUMULATIVE TOTAL ENGAGEMENT OF MORE THAN 5,000 COLLEGE STUDENTS FROM 41 COUNTRIES AND 39 STATES, MORE THAN 40% OF WHICH ARE DIVERSE TALENT, EXPOSING THEM TO POST-GRADUATION CAREER AND QUALITY OF LIFE OPPORTUNITIES THROUGHOUT THE PITTSBURGH REGION. DURING YEAR ONE, WE COLLECTED DATA ON THE IMPACT OF THE PROGRAM ON DECISIONS TO ACCEPT JOBS IN THE PITTSBURGH REGION AND DEMONSTRATED THAT IT INCREASED JOB OFFER-TO-HIRE RATIOS FOR OUR LARGEST COMPANIES BY MORE THAN 30%. (WE DID NOT COLLECT SIMILAR DATA DURING THE TWO PANDEMIC PIVOT YEARS DUE TO THE INABILITY TO HOLD IN-PERSON IMMERSION EVENTS IN THE REGION FOR STUDENTS, A KEY TO THE SELL.) HAVING DEMONSTRATED PROOF OF CONCEPT, GOING FORWARD THE PASSPORT IS TO BECOME A SIGNIFICANT ELEMENT OF AN INTENSIFIED AND COMPREHENSIVE APPROACH TO ENGAGING COLLEGE TALENT WITH EMPLOYERS, ARTS/RECREATION OPPORTUNITIES, AND OTHER KEY STAKEHOLDERS FROM DAY 1 ON CAMPUS TO GRADUATION. IN 2021 WE BEGAN THE DEVELOPMENT OF THE INITIATIVE FOR IMPLEMENTATION IN 2022.

-LAID THE GROUNDWORK TO LAUNCH A REMOTE WORKER ATTRACTION PROGRAM FOCUSED ON HIGH-DEMAND TALENT AS PART OF AN OVERALL TALENT ATTRACTION PROGRAM TO HELP ADDRESS ONGOING LABOR FORCE AND POPULATION CHALLENGES THAT ACCELERATED DURING THE PANDEMIC. WORKED WITH PARTNER ORGANIZATIONS TO BUILD OUT A COALITION OF PROFESSIONAL AND COMMUNITY NETWORKS NEEDED TO RETAIN TALENT.

Name of the organization	ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT	Employer identification number	25-0965213
--------------------------	---	--------------------------------	------------

-GREW AN ACTIVE TALENT COUNCIL TO MORE THAN 50 MEMBERS THAT SHARE BEST PRACTICES IN DEI, WORKFORCE SHORTAGES AND RECRUITING, AND COLLABORATE ON TALENT ATTRACTION AND RETENTION. CONNECTED 40+ MEMBER COMPANIES TO THREE NATIONAL TALENT ORGANIZATIONS TO IMPROVE ACCESS AND CONNECTION TO DIVERSE TALENT PIPELINES. ACTIVELY MANAGING A PIPELINE OF MORE THAN 20 ORGANIZATIONS TO IMPROVE PROFESSIONAL AND SOCIAL NETWORKS FOR TALENT WITH A FOCUS ON DIVERSE TALENT.

-LAUNCHED A PROGRAM TO SPECIFICALLY RETAIN AND SUPPORT LOCAL STARTUPS IN THE REGION AND SHAPE STRATEGIES TO SUPPORT THE LOCAL GROWTH AND EXPANSION NEEDS.

-PARTNERED WITH VIBRANT PITTSBURGH ON THE 2021 VIBRANT INDEX TO PROVIDE A REGIONAL SNAPSHOT OF EMPLOYERS' DEI PRACTICES. PARTICIPATION IN THE INDEX INCREASED FROM 51 ORGANIZATIONS IN 2020 TO 78 IN 2021.

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

-KEY LEGISLATION, MIRRORING A TAX REFORM CONCEPT THE CONFERENCE SUPPORTS, WAS INTRODUCED TO ALLOW FOR MEANINGFUL CNI TAX RATE REDUCTION VIA A STATUTORY TRIGGER MECHANISM.

-LED AN EFFORT TO SECURE PASSAGE OF LEGISLATION THAT PROVIDES FOR DYNAMIC SCORING FOR THE FISCAL IMPACT OF STATE LEGISLATION, WHICH WILL REINFORCE THE CONNECTION BETWEEN AN IMPROVED TAX CLIMATE AND INCREASED TAX REVENUE VIA GROWTH.

-LAID THE GROUNDWORK TO DEVELOP INCLUSIVE GROWTH PRINCIPLES TO GUIDE WORK ACROSS OUR AGENDA AND HIRED THE FIRST CHIEF EQUITY OFFICER TO

Name of the organization	ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT	Employer identification number	25-0965213
--------------------------	---	--------------------------------	------------

FOCUS ON ECONOMIC INCLUSION TO LEAD ORGANIZATION-WIDE EQUITY AND INCLUSION EFFORTS.

-PARTNERED WITH MEMBERS OF ALLEGHENY COUNTY COUNCIL AND LABOR, COMMUNITY AND BUSINESS LEADERS TO SHAPE THE FINAL ALLEGHENY COUNTY PAID SICK LEAVE MEASURE TO BALANCE EMPLOYEE/EMPLOYER INTERESTS IN ACCORDANCE WITH ALLEGHENY CONFERENCE RACIAL EQUITY OBJECTIVES.

TOGETHER WE HAVE MOUNTED A PANDEMIC RESPONSE TO PREVENT DELAYS IN REGIONAL RECOVERY.

-SUPPORTED ENACTMENT OF THE FEDERAL CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY (CARES) ACT (202) AND THE CORONAVIRUS RESPONSE AND CONSOLIDATED APPROPRIATIONS ACT (2021) TO PROVIDE FAST AND DIRECT ECONOMIC ASSISTANCE FOR AMERICAN WORKERS, FAMILIES, SMALL BUSINESSES AND INDUSTRIES.

-ANALYZED THE EVOLVING IMPACT OF THE PANDEMIC ON OUR ECONOMY TO INFORM STRATEGY AND RESPONSE, ISSUING FOUR MONTHLY TRENDS ANALYSES ON EMPLOYMENT, UNEMPLOYMENT, CONSIDER CONFIDENCE AND OTHER TOPICS SUCH AS BUSINESS CONDITIONS, DEMOGRAPHICS AND PANDEMIC TRENDS.

-SUPPORTED EFFORTS TO ACHIEVE A REGIONAL VACCINE ACCEPTANCE RATE AT OR ABOVE THE NATIONAL AVERAGE.

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

-SECURED STATE INVESTMENT IN THE PITTSBURGH REGIONAL ALLIANCE (PRA)

Name of the organization	ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT	Employer identification number	25-0965213
--------------------------	---	--------------------------------	------------

REGIONAL ECONOMIC DEVELOPMENT WORK FOR THE FIRST TIME IN ALMOST 20 YEARS. WE RECEIVED \$2 MILLION IN FUNDING FROM THE PENNSYLVANIA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT TO SUPPORT BUSINESS INVESTMENT EFFORTS AND BEGAN TO LAY THE GROUNDWORK FOR A MULTI-YEAR COMMITMENT.

-ADVANCED REGION-WIDE COALITION WITH SOUTHWESTERN PENNSYLVANIA COMMISSION TO PURSUE \$25 - \$100 MILLION IN U.S. EDA FUNDING IN RESPONSE TO THE BUILD BACK BETTER REGIONAL CHALLENGE. IN EARLY 2022, THE PITTSBURGH REGION WAS SELECTED AS ONE OF 60 FINALISTS OUT OF 529 APPLICANTS. IF SELECTED, IT WOULD REPRESENT THE FIRST FEDERAL GRANT RECEIVED IN THE CONFERENCE'S HISTORY. THE STRATEGIC FOCUS IS ON THE EXPANSION OF REGIONAL INCLUSIVE ECONOMIC ACTIVITY IN ROBOTICS AND ARTIFICIAL INTELLIGENCE.

-ACTED AS A LEAD PARTNER IN THE SUCCESSFUL ADVANCEMENT AND PASSAGE OF H.B. 1621, THE SMALL WIRELESS FACILITIES DEVELOPMENT ACT, TO ACCELERATE 5G DEPLOYMENT STATEWIDE VIA GREATER PERMITTING AND PROCESS EFFICIENCY AND STREAMLINING. THIS IS A KEY STEP FORWARD TO ADDRESS THE DIGITAL DIVIDE EXACERBATED BY THE PANDEMIC, AND WILL LEAD TO GREATER WIRELESS INVESTMENTS AND INCREASE PENNSYLVANIA'S COMPETITIVENESS.

SUPPORTED STATE INFRASTRUCTURE AND TECH EFFORTS TO:

-ATTRACT INVESTMENT IN DATA CENTERS ESSENTIAL TO SUPPORT THE GROWING DIGITAL ECONOMY BY SUCCESSFULLY ADVOCATING FOR PASSAGE OF H.B. 952, WHICH WILL CONVERT THE STATE'S SALES TAX REFUND PROGRAM FOR DATA CENTERS TO A SALES TAX EXEMPTION PROGRAM ALLOWING FOR A MORE ROBUST

Name of the organization	ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT	Employer identification number	25-0965213
--------------------------	---	--------------------------------	------------

TOOL TO ATTRACT THIS TYPE OF BUSINESS INVESTMENT.

-INCLUDE \$279 MILLION IN NEW INVESTMENT FROM THE AMERICA RESCUE PLAN FOR PENNDOT'S HIGHWAYS AND BRIDGES.

-CAP STATE POLICE SPENDING AT \$668 MILLION FROM THE MOTOR LICENSE FUND TO ENSURE THAT CRITICAL FUNDING IS AVAILABLE FOR STATE INFRASTRUCTURE INVESTMENT.

-FOCUSED PRIVATE SECTOR INVESTMENT ON COMMUNITIES THROUGH SOUTHWESTERN PENNSYLVANIA THAT NEED IT THE MOST.

-SUPPORTED 16 COMMUNITIES IN THE STRENGTHENING COMMUNITIES PARTNERSHIP (SCP) PROGRAM IN SECURING THE FUNDING THEY REQUESTED FROM THE COMMONWEALTH THROUGH THE NEIGHBORHOOD PARTNERSHIP PROGRAM. THE SCP BRINGS COMMUNITIES AND EMPLOYERS TOGETHER TO CREATE TRULY TRANSFORMATIVE COMMUNITY DEVELOPMENT.

-DEVELOPED PLANS TO RECAPITALIZE THE STRATEGIC INVESTMENT FUND (SIF) TO CONTINUE TO PROVIDE GAP FINANCING TO ASSURE TRANSFORMATIVE COMMUNITY DEVELOPMENT. OVER ITS 25-YEAR HISTORY, THE SIF HAS PROVIDED \$170 MILLION IN PRIVATE SECTOR FINANCING, ENABLING \$1.2 BILLION IN REGIONAL DEVELOPMENT.

-FOCUSED ON DEPLOYMENT TOWARD UNDERINVESTED COMMUNITIES OF REMAINING \$24 MILLION LOAN FUNDS IN THE POWER OF 32 SITE DEVELOPMENT FUND TO PROVIDE GAP FINANCING TO PREPARE REAL ESTATE DEVELOPMENT SITES FOR INVESTMENT. SINCE ITS INCEPTION IN 2014, THE FUND HAS PROVIDED \$44

Name of the organization	ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT	Employer identification number	25-0965213
--------------------------	---	--------------------------------	------------

MILLION TOWARD SITE REMEDIATION AND INFRASTRUCTURE OF 740 ACRES,  
TOTALING AN ESTIMATED \$125 MILLION OF REGIONAL DEVELOPMENT.

-PARTNERED WITH THE PITTSBURGH DOWNTOWN PARTNERSHIP (PDP) TO DEVELOP  
A DOWNTOWN PITTSBURGH REVITALIZATION PLAN TO RESPOND TO THE  
DETERIORATION OF THE COMMERCIAL OFFICE MARKET AND QUALITY OF PLACE OF  
THE CENTRAL BUSINESS DISTRICT BECAUSE OF THE COVID-19 PANDEMIC AND  
ECONOMIC TRENDS THAT PRE-DATED THE PANDEMIC. THE GREATER PITTSBURGH  
CHAMBER OF COMMERCE WAS AN ORIGINAL CHAMBER SIGNATORY TO HELP INTRODUCE  
THE DOWNTOWN REVITALIZATION ACT, WHICH WILL CREATE A FEDERAL TAX CREDIT  
TO CONVERT UNUSED OFFICE BUILDINGS TO RESIDENTIAL, RETAIL AND  
COMMERCIAL PROPERTIES. ALMOST TWO YEARS AFTER THE ONSET OF THE PANDEMIC  
IN DECEMBER 2021, DAILY OCCUPANCY OF DOWNTOWN OFFICE BUILDINGS WAS ONLY  
16 PERCENT OF PRE-PANDEMIC LEVELS, THREATENING THE LONG-TERM VITALITY  
OF THE PITTSBURGH REGION'S URBAN CORE

FORM 990, PART VI, SECTION A, LINE 1A:

IN ADDITION TO ITS GENERAL AUTHORITY, THE EXECUTIVE COMMITTEE SHALL HAVE  
THE FOLLOWING SPECIFIC RESPONSIBILITIES:

(A) TO DEVELOP RECOMMENDATIONS TO THE BOARD OF DIRECTORS CONCERNING THE  
CORPORATION'S PRIORITIES, OBJECTIVES, POLICY POSITIONS AND BUDGET;

(B) TO REVIEW AND RECOMMEND TO THE BOARD OF DIRECTORS OF THE CORPORATION AND  
OF ITS AFFILIATED ORGANIZATIONS FOR APPROVAL THE ANNUAL BUDGET FOR SUCH  
ENTITIES AND TO MONITOR THE PERFORMANCE OF SUCH ENTITIES AND THE MANAGEMENT  
OF THEIR RESOURCES, INCLUDING ESTABLISHING THEIR INVESTMENT POLICIES;

(C) TO RECOMMEND TO THE BOARD OF DIRECTORS OF THE CORPORATION AND OF ITS  
AFFILIATED ORGANIZATIONS APPROPRIATE ALLOCATIONS OF CONTRIBUTIONS TO THE  
CORPORATION FOR THE SUPPORT OF THE THREE RIVERS: ONE FUTURE REGIONAL GROWTH

Name of the organization	ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT	Employer identification number 25-0965213
--------------------------	--	--

INITIATIVE AND SUCH ADJUSTMENTS THERETO THROUGHOUT THE CORPORATION'S FISCAL YEAR AS THE COMMITTEE DEEMS APPROPRIATE;

(D) TO RECOMMEND TO THE BOARD OF DIRECTORS OF THE CORPORATION SUCH CHANGES TO THE "STRATEGY FOR CORPORATE PLEDGES" AS IT DEEMS APPROPRIATE;

(E) TO RECOMMEND A SLATE OF NOMINEES FOR ELECTION AS DIRECTORS AND OFFICERS OF THE CORPORATION AT THE ANNUAL MEETING;

(F) TO RECOMMEND A SLATE OF NOMINEES FOR ELECTION AS AT-LARGE EXECUTIVE COMMITTEE MEMBERS;

(G) TO NOMINATE A CANDIDATE FOR ANY VACANCY ON THE BOARD OF DIRECTORS OR IN ANY OFFICE OF THE CORPORATION FOR CONSIDERATION BY THE BOARD OF DIRECTORS;

(H) TO APPOINT THE CORPORATION'S REPRESENTATIVES ON THE AUDIT AND PERSONNEL & COMPENSATION COMMITTEES;

(I) TO APPOINT THE PRIVATE SECTOR DIRECTORS AND THE CHAIR OF THE BOARD OF DIRECTORS OF THE PRA AS PROVIDED FOR IN THE BYLAWS OF THE PRA;

(J) TO APPOINT THE MANAGERIAL ENTITY DIRECTORS AND THE CHAIR OF THE PEL/SWPA AS PROVIDED FOR IN THE OPERATING AGREEMENT OF THE PEL/SWPA;

(K) TO APPOINT THE CLASS B DIRECTORS AND THE CHAIR OF THE CHAMBER AS PROVIDED FOR IN THE BYLAWS OF THE CHAMBER;

(L) TO SELECT AND DETERMINE THE COMPENSATION OF THE CEO; AND

(M) TO EXERCISE THE RESERVED POWERS OF THE CORPORATION OVER ITS AFFILIATES THE PRA, THE PEL/SWPA AND THE CHAMBER AS PROVIDED IN THE RESPECTIVE BYLAWS AND OPERATING AGREEMENT OF THOSE ENTITIES, INCLUDING THE EXCLUSIVE AUTHORITY TO APPROVE AMENDMENTS TO SUCH BYLAWS AND APPOINT THE CEO OF EACH AFFILIATE.

FORM 990, PART VI, SECTION A, LINE 2:

THE CONFERENCE'S BOARD IS COMPOSED OF THE CHIEF EXECUTIVE OFFICERS OF THE REGION'S MOST SIGNIFICANT EMPLOYERS AND UNIVERSITIES DEDICATED TO IMPROVING

Name of the organization	ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT	Employer identification number	25-0965213
--------------------------	---	--------------------------------	------------

THE ECONOMY AND QUALITY OF LIFE IN THE PITTSBURGH REGION. GIVEN THE COMPOSITION OF THE BOARD AND ITS DESIRE TO CREATE A COMPETITIVE BUSINESS CLIMATE AND MARKET THE REGION FOR INVESTMENT AND JOB CREATION, IT IS NOT UNUSUAL THAT A SIGNIFICANT NUMBER OF INDIVIDUALS SERVING AS A BOARD MEMBER ON THE CONFERENCE MAY ALSO SERVE TOGETHER ON OTHER RELATED OR UNRELATED BOARDS. THE CONFERENCE PLACES RELIANCE ON THE BOARD MEMBERS' RESPONSES TO THE ANNUAL QUESTIONNAIRE IN IDENTIFYING SUCH BUSINESS RELATIONSHIPS.

BUSINESS RELATIONSHIP: MR. WETHERBEE AND MR. MOREHOUSE

BUSINESS RELATIONSHIP: MR. PAPADOURAKIS AND MR. JONSSON

BUSINESS RELATIONSHIP: MR. MCGARRY AND MR. PAPADOURAKIS

BUSINESS RELATIONSHIP: MS. FLEMING AND MR. BULLOCK

BUSINESS RELATIONSHIP: MR. JOHANIAN AND MR. REIMAN

BUSINESS RELATIONSHIP: MR. DONAHUE AND MR. BONNEWELL

BUSINESS RELATIONSHIP: MR. DELIE AND MR. MALONE

BUSINESS RELATIONSHIP: MR. HOLMBERG, MR. WALKER, MS. FEINSTEIN AND MR. MALONE

BUSINESS RELATIONSHIP: MR. PAPADOURAKIS, MR. JONSSON AND MR. ROSSI

BUSINESS RELATIONSHIP: MR. MOREHOUSE AND MR. MALONE

BUSINESS RELATIONSHIP: MS. PASHMAN, MS. SKELLEY, MR. THOMAS

BUSINESS RELATIONSHIP: MS. PASHMAN, MS. SKELLEY, MR. MALONE, MS. CASEY, MR. MOREHOUSE AND MR. OLIPHANT

BUSINESS RELATIONSHIP: MS. KARET, MR. STRICKLAND AND MS. FLEMING

BUSINESS RELATIONSHIP: MR. GALLAGHER, MR. SALESKY, MS. HOLDER, MR.

MOREHOUSE, MR. STRICKLAND, MR. JONSSON, MR. HAMMEL, MS. HOLDER AND MS. FEINSTEIN

BUSINESS RELATIONSHIP: MS. DAVIS AND MS. SHIPLEY

BUSINESS RELATIONSHIP: MS. HOLDER AND MS. SHIPLEY



Name of the organization	ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT	Employer identification number 25-0965213
--------------------------	--	--

BUSINESS RELATIONSHIP: MR. ENGEL AND MR. MCGARRY

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

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

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

ANNUALLY, EACH OFFICER, DIRECTOR AND KEY EMPLOYEE (O,D,KE) OF THE ORGANIZATION MUST COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND AFFIRM THAT HE/SHE HAS READ, UNDERSTOOD AND HAS COMPLIED WITH THE POLICY. ALL RESPONSES TO THE DISCLOSURE STATEMENT ARE SUMMARIZED BY THE ACCOUNTING DEPARTMENT. THE CHIEF EXECUTIVE OFFICER OR HIS/HER DESIGNEE IS RESPONSIBLE FOR REVIEWING THE SUMMARY OF DISCLOSURE STATEMENTS SO THAT HE/SHE IS FAMILIAR WITH AND CAN REPORT POTENTIAL CONFLICTS TO THE BOARD.

IN ADDITION, EACH INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST OR OTHER INTEREST (AND ALL MATERIAL FACTS REGARDING SUCH INTEREST) AT THE TIME THE BOARD IS CONSIDERING A TRANSACTION THAT MAY

Name of the organization	ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT	Employer identification number	25-0965213
--------------------------	---	--------------------------------	------------

INVOLVE A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT. IF DETERMINED A CONFLICT OF INTEREST EXISTS, THE INTERESTED PERSON WILL RECUSE HIMSELF OR HERSELF FROM VOTING.

IF THE GOVERNING BOARD HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT WILL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF. IF THE BOARD DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. THE MINUTES OF THE BOARD WILL DISCLOSE THE ACTIONS TAKEN.

FORM 990, PART VI, SECTION B, LINE 15:

THE ALLEGHENY CONFERENCE'S PERSONNEL AND COMPENSATION COMMITTEE IS RESPONSIBLE FOR ASSURING THE EFFICIENT IMPLEMENTATION AND ADMINISTRATION OF CONSISTENT, COMPETITIVE, AND WELL-COMMUNICATED PERSONNEL AND COMPENSATION POLICIES. THE COMMITTEE IS COMPOSED OF SEVEN MEMBERS SERVING ON THE BOARD OF DIRECTORS OF THE CONFERENCE AND ITS AFFILIATES. EACH MEMBER IS REQUIRED TO BE INDEPENDENT AND FREE FROM ANY RELATIONSHIPS THAT MIGHT BE CONSIDERED A CONFLICT OF INTEREST. AMONG THE MANY RESPONSIBILITIES OF THE PERSONNEL & COMPENSATION COMMITTEE, A FEW ARE SPECIFIC TO THE PROCESS OF DETERMINING FAIR COMPENSATION PRACTICES OF THE ORGANIZATION: 1. REVIEW AND RECOMMEND TO THE CONFERENCE'S EXECUTIVE COMMITTEE ANY COMPENSATION CHANGES FOR THE CHIEF EXECUTIVE OFFICER, 2. OBTAIN APPROPRIATE ANALYSES AND STUDIES PREPARED BY EXTERNAL SOURCES TO AID IN EVALUATING COMPENSATION, INCENTIVE, AND BENEFIT-PLAN LEVELS, PRACTICES AND STRATEGIES TO ASSURE THEY ARE APPROPRIATE TO ATTRACT AND RETAIN QUALIFIED PERSONNEL. THE COMMITTEE IS EMPOWERED TO RETAIN A THIRD-PARTY CONSULTANT HAVING SPECIAL COMPETENCE AS NECESSARY TO ASSIST THE COMMITTEE IN FULFILLING ITS RESPONSIBILITIES. THE

Name of the organization **ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Employer identification number  
**25-0965213**

INDEPENDENT CONSULTANT IS TYPICALLY ENGAGED ON A BI-ANNUAL BASIS TO PROVIDE ASSURANCE THAT PAY PRACTICES ARE REASONABLE AND WITHIN THE RANGE OF TYPICAL MARKET PRACTICES. ASSURANCE CAN BE IN THE FORM OF INFORMATION OBTAINED FROM OTHER FORM 990 FILINGS OF SIMILAR ORGANIZATIONS, AS WELL AS DETAILED COMPENSATION STUDIES WHICH COMPARE JOB DESCRIPTIONS OF SIMILAR POSITIONS OF BOTH NONPROFIT AND FOR-PROFIT ORGANIZATIONS. COMPENSATION CHANGES ARE TAKEN TO THE CONFERENCE'S EXECUTIVE COMMITTEE AND DISCUSSION TAKES PLACE VIA AN EXECUTIVE SESSION (INCLUDING THE CEO FOR SENIOR MANAGEMENT AND EXCLUDING CEO FOR HIS/HER OWN COMPENSATION). APPROVAL IS DOCUMENTED IN THE MINUTES OF THE COMMITTEES' MEETINGS.

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

THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT MADE READILY AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE, AND REQUESTS FOR THIS INFORMATION ARE HANDLED ON A CASE BY CASE BASIS.

FORM 990, PART XII, LINE 2C:

THERE WERE NO CHANGES FROM PRIOR YEARS.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT** Employer identification number **25-0965213**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SWPA NEW ECONOMY COLLABORATIVE (PREVIOUSLY PGHQ2) - 87-2852488, 11 STANWIX STREET, FLOOR 17, PITTSBURGH, PA 15222	PROMOTION OF THE REGION	PENNSYLVANIA	0.	0.	ACCD

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PENNSYLVANIA ECONOMY LEAGUE OF GREATER PITTSBURGH - 23-1352264, 11 STANWIX STREET, 17TH FLOOR, PITTSBURGH, PA 15222	RESEARCH AND ANALYSIS	PENNSYLVANIA	501(C)(3)	170(B)(1) (A)(VI)	ACCD	X	
PITTSBURGH REGIONAL ALLIANCE - 25-1780438 11 STANWIX STREET, 17TH FLOOR PITTSBURGH, PA 15222	PROMOTION OF THE REGION	PENNSYLVANIA	501(C)(3)	509(A)(3) - TYPE I	ACCD	X	
GREATER PITTSBURGH CHAMBER OF COMMERCE - 25-0399620, 11 STANWIX STREET, 17TH FLOOR, PITTSBURGH, PA 15222	ADVOCACY	PENNSYLVANIA	501(C)(6)	N/A	ACCD	X	
GREATER PITTSBURGH CHAMBER OF COMMERCE POLITICAL ACTION COMM - 25-0399620, 11 STANWIX STREET, 17TH FLOOR, PITTSBURGH, PA	POLITICAL ACTION COMMITTEE	PENNSYLVANIA	527	N/A	GREATER PITTSBURGH C OF C		X

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

Schedule R (Form 990) 2021

SEE PART VII FOR CONTINUATIONS

**Part II Continuation of Identification of Related Tax-Exempt Organizations**

[illegible]



**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Schedule R (Form 990) 2021

25-0965213 Page 3

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PITTSBURGH REGIONAL ALLIANCE PENNSLVANIA ECONOMY LEAGUE OF SOUTHWESTERN	B	2,037,933.	CASH
(2) PA	B	1,309,234.	CASH
(3) GREATER PITTSBURGH CHAMBER OF COMMERCE	L	1,101,445.	CASH
(4) GREATER PITTSBURGH CHAMBER OF COMMERCE	N	354,474.	CASH
(5) PITTSBURGH REGIONAL ALLIANCE PENNSLVANIA ECONOMY LEAGUE OF SOUTHWESTERN	N	578,718.	CASH
(6) PA	N	384,928.	CASH

**ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT**

Schedule R (Form 990)

25-0965213

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) GREATER PITTSBURGH CHAMBER OF COMMERCE	O	647,810.	CASH
(8) PITTSBURGH REGIONAL ALLIANCE PENNSLVANIA ECONOMY LEAGUE OF	O	1,198,454.	CASH
(9) SOUTHWESTERN PA	O	666,193.	CASH
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			





ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT

Schedule R (Form 990) 2021

25-0965213 Page 5

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

GREATER PITTSBURGH CHAMBER OF COMMERCE POLITICAL ACTION  
COMM

EIN: 25-0399620

11 STANWIX STREET, 17TH FLOOR

PITTSBURGH, PA 15222

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

STRATEGIC INVESTMENT FUND PARTNERS

EIN: 25-1777423

11 STANWIX STREET, 17TH FLOOR

PITTSBURGH, PA 15222

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

POWER OF 32 SITE DEVELOPMENT FUND, LLC

EIN: 46-5227064

11 STANWIX STREET, 17TH FLOOR

PITTSBURGH, PA 15222

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

POWER OF 32 SITE DEVELOPMENT FUND, LP

EIN: 61-1734071

11 STANWIX STREET, 17TH FLOOR

PITTSBURGH, PA 15222

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

# 2021

Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations OnlyA ☐ Check box if  
address changed.

B Exempt under section

☒ 501(c)(3) )  
☐ 408(e) ☐ 220(e)  
☐ 408A ☐ 530(a)  
☐ 529(a) ☐ 529A
Print  
or  
TypeName of organization ( ☐ Check box if name changed and see instructions.)ALLEGHENY CONFERENCE ON COMMUNITY  
DEVELOPMENT

Number, street, and room or suite no. If a P.O. box, see instructions.

11 STANWIX STREET, 17TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code

PITTSBURGH, PA 15222

D Employer identification number

25-0965213

E Group exemption number  
(see instructions)F ☐ Check box if  
an amended return.

C Book value of all assets at end of year ..... ▶ 18,714,187.

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trustH Check if filing only to ▶ ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶ ☐

J Enter the number of attached Schedules A (Form 990-T) ..... ▶ 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ JANEL SKELLEY Telephone number ▶ 412-281-4783

## Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	0.
2	Reserved .....	2	
3	Add lines 1 and 2 .....	3	
4	Charitable contributions (see instructions for limitation rules) .....	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6	Deduction for net operating loss. See instructions .....	6	0.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8	Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9	Trusts. Section 199A deduction. See instructions .....	9	
10	Total deductions. Add lines 8 and 9 .....	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

## Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3	Proxy tax. See instructions .....	3	
4	Other tax amounts. See instructions .....	4	
5	Alternative minimum tax (trusts only) .....	5	
6	Tax on noncompliant facility income. See instructions .....	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2021)

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b>	Other credits (see instructions)	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		0.
<b>3</b>	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		0.
<b>5</b>	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>		0.
<b>6a</b>	Payments: A 2020 overpayment credited to 2021	<b>6a</b>		
<b>b</b>	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b>	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ <u>17,440.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
<b>5</b>	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	541800	\$ 202,336.	
		\$	
<b>6a</b>	Did the organization change its method of accounting? (see instructions)		X
<b>b</b>	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	Title
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	SUSAN M. KIRSCH	SUSAN M. KIRSCH		PTIN
	Firm's name	Firm's EIN		
	ONE PPG PLACE, SUITE 1700	25-1408703		
	Firm's address	Phone no.		
	PITTSBURGH, PA 15222	412-261-3644		

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	38,836.	21,396.	17,440.	17,440.
NOL CARRYOVER AVAILABLE THIS YEAR			17,440.	17,440.