

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> <b>THE SPROUT FUND</b> Doing Business As		<b>D Employer identification number</b> 20-4077513
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5423 PENN AVENUE</b>		<b>E Telephone number</b> 412-325-0646
		City or town, state or country, and ZIP + 4 <b>PITTSBURGH, PA 15206-3423</b>		<b>G Gross receipts \$</b> 1,659,825.
		<b>F Name and address of principal officer: CATHY LEWIS LONG</b> <b>5423 PENN AVENUE, PITTSBURGH, PA 15206</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ WWW.SPROUTFUND.ORG				
<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 2005	
<b>M State of legal domicile:</b> PA				

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>THE SPROUT FUND WORKS TO POSITIVELY AFFECT THE CIVIC AND PHILANTHROPIC COMMUNITY BY PROVIDING</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of employees (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	500
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,044,139.	1,514,382.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,528.	22,467.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,716.	3,325.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,098,383.	1,540,174.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	95,164.	1,213,189.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	52,220.	408,030.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 90,663.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	75,133.	299,959.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	222,517.	1,921,178.
19 Revenue less expenses. Subtract line 18 from line 12	1,875,866.	-381,004.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 1,960,540.	End of Year 1,672,481.
	21 Total liabilities (Part X, line 26)	84,674.	153,770.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,875,866.	1,518,711.

**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 \_\_\_\_\_  
 ▶ **CATHY LEWIS LONG, PRESIDENT**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ <b>EUGENE J. LOGAN</b>	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>ALPERN ROSENTHAL 339 SIXTH AVENUE, 8TH FL PITTSBURGH, PA 15222-2525</b>	EIN ▶	Phone no. ▶ <b>412-281-2501</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b> <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization <b>THE SPROUT FUND</b>	Employer identification number <b>20-4077513</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>5423 PENN AVENUE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PITTSBURGH, PA 15206</b>	

**Check type of return to be filed** (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**TIMOTHY J. BLEVINS, BUSINESS MANAGE**

- The books are in the care of **▶ 5423 PENN AVENUE - PITTSBURGH, PA 15206-3423**  
Telephone No. **▶ 412-325-0646** FAX No. **▶**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **▶** . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.


- 4** I request an additional 3-month extension of time until **NOVEMBER 15, 2009**.
- 5** For calendar year **2008**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7** State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶**  Title **▶ CPA** Date **▶ 8/4/09**

**ALPERN ROSENTHAL**  
339 SIXTH AVE., PGH., PA 15222

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

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>THE SPROUT FUND</b>	Employer identification number <b>20-4077513</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>5423 PENN AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PITTSBURGH, PA 15206</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**TIMOTHY J. BLEVINS, BUSINESS MANAGE**

- The books are in the care of ▶ **5423 PENN AVENUE - PITTSBURGH, PA 15206-3423**  
 Telephone No. ▶ **412-325-0646** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2008** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning \_\_\_\_\_, 2008, and ending \_\_\_\_\_, 20\_\_\_\_

**2008**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**THE SPROUT FUND**

**20-4077513**

Name and title of officer

**CATHY LEWIS LONG  
OFFICER  
PRESIDENT**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>1540174</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize ALPERN ROSENTHAL to enter my PIN 12345  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Cathy Lewis Long Date ▶ 11/14/2009

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 25236715222  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ [Signature], CPA Date ▶ 11/12/09

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE SPROUT FUND WORKS TO POSITIVELY AFFECT THE CIVIC AND PHILANTHROPIC COMMUNITY BY PROVIDING AN ENTRY POINT FOR YOUNG PEOPLE TO BECOME INVOLVED AND ACTIVE IN THEIR COMMUNITIES AND BY SUPPORTING PROJECTS AND INITIATIVES THAT IMPROVE THE IMAGE OF THE GREATER PITTSBURGH

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 [X] 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 [X] No If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 155,629. including grants of \$ ) (Revenue \$ ) SEED AWARD: THE SPROUT FUND SUPPORTS INNOVATIVE, GRASSROOTS PROJECTS FOR YOUNG PEOPLE (18-40 YRS OLD) THROUGH ITS FLAGSHIP SEED AWARD PROGRAM. AWARDS ARE GRANTED TO PROJECTS IN THE FOLLOWING AREAS: FOSTERING ENGAGEMENT AND CONNECTEDNESS, ENCHANCING CULTURAL AMENTITIES AND OUTDOOR RECREATIONAL ACTIVITIES, BUILDING CONNECTIONS TO HIGHER EDUCATION, FOCUSING ON CULTURAL DIVERSITY INITIATIVES, AND IMPROVING THE IMAGE OF THE REGION.

4b (Code: ) (Expenses \$ 158,000. including grants of \$ ) (Revenue \$ ) PUBLIC ART: SPROUT PUBLIC ART DEDICATES NEW MURALS AND IMPROVES THE IMAGE OF THE PITTSBURGH REGION BY ENHANCING THE VISUAL LANDSCAPE OF NEIGHBORHOODS IN PITTSBURGH AND THE SURROUNDING COMMUNITIES OF ALLEGHENY COUNTY.

4c (Code: ) (Expenses \$ 1,345,773. including grants of \$ ) (Revenue \$ ) COMMUNITY CONNECTIONS: THE PITTSBURGH 250 COMMUNITY CONNECTIONS PROGRAM IS AN INITIATIVE IN CONJUNCTION WITH THE ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT TO SUPPORT REGIONAL AND GRASSROOTS PROJECTS WITH A \$1 MILLION POOL OF RESOURCES IN COMMEMORATION OF THE REGION'S 250TH ANNIVERSARY IN 2008.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 1,659,402. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	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>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where 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>		X
7	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>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) 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>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		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> .....		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		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> .....		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> .....		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		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> .....		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> .....		X

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	0	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	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?	X	
<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		
	2a	8	
<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 this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>3b</b>			
<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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>5c</b>			
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<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>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>7h</b>			
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>8</b>			
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Gross income from members or shareholders		
	11a		
<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.)		
	11b		
<b>12a</b>	<b>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 <b>N/A</b>		
	12b		



**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		
<b>1b</b>	Enter the number of voting members that are independent .....		
<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? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b>	Does the organization have members or stockholders? .....		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? .....	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....		X
<b>9b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	X	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....		X
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	X	
<b>13</b>	Does the organization have a written whistleblower policy? .....		X
<b>14</b>	Does the organization have a written document retention and destruction policy? .....		X
<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>15a</b>	The organization's CEO, Executive Director, or top management official? .....		X
<b>15b</b>	Other officers or key employees of the organization? .....		X
<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? .....		X
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed ► <b>PA</b>
<b>18</b>	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► <b>MATT HANNIGAN, VICE PRESIDENT - 412-325-0646</b> <b>5423 PENN AVENUE, PITTSBURGH, PA 15206-3423</b>

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(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			
HENRY SIMONDS CHAIR	2.00	X		X			0.	0.	0.	
CATHY LEWIS LONG PRESIDENT AND EXECUTIVE	35.00	X		X			79,621.	0.	9,278.	
LOUIS CASTELLI SECRETARY	2.00	X		X			0.	0.	0.	
PETER EBERHART TREASURER	2.00	X		X			0.	0.	0.	
MARK BROADHURST DIRECTOR	1.00	X					0.	0.	0.	
EDGAR UM BUCHOLTZ DIRECTOR	1.00	X					0.	0.	0.	
DAVID CALIGUIRI DIRECTOR	1.00	X					0.	0.	0.	
JASDEEP KHAIRA DIRECTOR	1.00	X					0.	0.	0.	
ANNE SEKULA DIRECTOR	1.00	X					0.	0.	0.	
LAUREL BRANDSTETTER DIRECTOR	1.00	X					0.	0.	0.	
DANIELLE CRUMRINE DIRECTOR	1.00	X					0.	0.	0.	
ELVIRA EICHLEAY DIRECTOR	1.00	X					0.	0.	0.	
CHRISTIAN MANDERS DIRECTOR	1.00	X					0.	0.	0.	
PHIL STEPHENSON DIRECTOR	1.00	X					0.	0.	0.	
MATT HANNIGAN MGR OF PROGRAMS & BUS OP	35.00			X			58,888.	0.	4,422.	
KATE TRIMBLE TREASURER	2.00			X			0.	0.	0.	

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (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.

1b Total 138,509. 0. 13,700.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

Table with 3 columns: Question, Yes, No. Row 3: Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? No. Row 4: For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? No. Row 5: Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? No.

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. NONE

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. All rows are empty.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns .....					
	b	Membership dues .....					
	c	Fundraising events .....					
	d	Related organizations .....					
	e	Government grants (contributions) .....	27,885.				
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1486497.				
	g	Noncash contributions included in lines 1a-1f: \$ .....					
	h	<b>Total.</b> Add lines 1a-1f .....		1,514,382.			
	Program Service Revenue	Business Code					
2 a		.....					
b		.....					
c		.....					
d		.....					
e		.....					
f		All other program service revenue .....					
g	<b>Total.</b> Add lines 2a-2f .....						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		22,467.		22,467.	
	4	Income from investment of tax-exempt bond proceeds .....					
	5	Royalties .....					
	6 a	(i) Real					
		(ii) Personal					
		Gross Rents .....					
		Less: rental expenses .....					
	c	Rental income or (loss) .....					
	d	Net rental income or (loss) .....					
	7 a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory .....					
		Less: cost or other basis and sales expenses .....					
	c	Gain or (loss) .....					
	d	Net gain or (loss) .....					
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a	122,976.				
b	Less: direct expenses .....	b	119,651.				
c	Net income or (loss) from fundraising events .....		3,325.	3,325.			
9 a	Gross income from gaming activities. See Part IV, line 19 .....	a					
b	Less: direct expenses .....	b					
c	Net income or (loss) from gaming activities .....						
10 a	Gross sales of inventory, less returns and allowances .....	a					
b	Less: cost of goods sold .....	b					
c	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		Business Code					
11 a	.....						
b	.....						
c	.....						
d	All other revenue .....						
e	<b>Total.</b> Add lines 11a-11d .....						
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....		1,540,174.	3,325.	0.	22,467.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....	1,213,189.	1,213,189.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	152,209.	86,900.	39,651.	25,658.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	192,394.	109,843.	50,119.	32,432.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	37,121.	24,490.	7,864.	4,767.
10 Payroll taxes .....	26,306.	13,905.	8,519.	3,882.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other .....	42,573.	973.	38,300.	3,300.
12 Advertising and promotion .....	1,364.	805.	331.	228.
13 Office expenses .....	15,686.	9,254.	3,806.	2,626.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	27,600.	16,282.	6,697.	4,621.
17 Travel .....	2,308.	1,357.	606.	345.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	5,471.	3,227.	1,328.	916.
23 Insurance .....	6,691.		6,691.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>PROGRAMMATIC COSTS</b> .....	178,044.	169,035.		9,009.
b <b>OPERATIONS</b> .....	19,586.	10,142.	6,565.	2,879.
c <b>BOARD ADVISORY COMMITTEE</b> .....	636.		636.	
d .....				
e .....				
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	1,921,178.	1,659,402.	171,113.	90,663.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing .....	635,785.	1	35,844.
	2	Savings and temporary cash investments .....	706,528.	2	921,675.
	3	Pledges and grants receivable, net .....	293,450.	3	660,182.
	4	Accounts receivable, net .....		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....		9	
	10a	Land, buildings, and equipment: cost basis ...	28,574.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D .....	6,294.	0.	22,280.
	10b				
	11	Investments - publicly traded securities .....		11	
	12	Investments - other securities. See Part IV, line 11 .....		12	
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
15	Other assets. See Part IV, line 11 .....	324,777.	15	32,500.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,960,540.	16	1,672,481.	
Liabilities	17	Accounts payable and accrued expenses .....	84,674.	17	153,770.
	18	Grants payable .....		18	
	19	Deferred revenue .....		19	
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow account liability. Complete Part IV of Schedule D .....		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....		23	
	24	Unsecured notes and loans payable .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	84,674.	26	153,770.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets .....		27	525,197.
	28	Temporarily restricted net assets .....		28	993,514.
	29	Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....	1,875,866.	32	
33	<b>Total net assets or fund balances</b> .....	1,875,866.	33	1,518,711.	
34	<b>Total liabilities and net assets/fund balances</b> .....	1,960,540.	34	1,672,481.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
b	Were the organization's financial statements audited by an independent accountant? .....	X	
c	If "Yes" to lines 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? .....	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
b	If "Yes," did the organization undergo the required audit or audits? .....		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **THE SPROUT FUND** Employer identification number **20-4077513**

**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: (Please check only **one** organization.)

- 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.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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 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 the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<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 - 3 .....						
<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) .....						
<b>6 Public Support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<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 IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five 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 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>		%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>		%
<b>16a 33 1/3% support test - 2008.</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 type="checkbox"/>	
<b>b 33 1/3% support test - 2007.</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 - 2008.</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 IV 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 - 2007.</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 IV 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"/>	



**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....				2044139.	1514382.	3558521.
<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 .....				47,716.	122,976.	170,692.
<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 - 5 .....				2091855.	1637358.	3729213.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....				1540000.	1332500.	2872500.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....				1540000.	1332500.	2872500.
<b>8 Public support</b> (Subtract line 7c from line 6.)						856,713.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....				2091855.	1637358.	3729213.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....				6,528.	22,467.	28,995.
<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 .....				6,528.	22,467.	28,995.
<b>11</b> Net income from unrelated business activities not included in 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 IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						3758208.

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

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

THE SPROUT FUND

Employer identification number

20-4077513

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization <b>THE SPROUT FUND</b>	Employer identification number <b>20-4077513</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GRABLE FOUNDATION 650 SMITHFIELD ST SUITE 240 PITTSBURGH, PA 15222	\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	PNC FINANCIAL SERVICES GROUP 249 5TH AVE PITTSBURGH, PA 15222	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	RICHARD KING MELLON FOUNDATION PO BOX 945 LIGONIER, PA 15658	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THE LAUREL FOUNDATION TWO GATEWAY CENTER, #1800 PITTSBURGH, PA 15222	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	TIDES CENTER OF WESTERN PA 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	\$ 41,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	PA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT COMMONWEALTH KEYSTONE BUILDING, 400 NORTH STREET, 4TH FLOOR HARRISBURG, PA 17120-0225	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>THE SPROUT FUND</b>	Employer identification number <b>20-4077513</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	FIRST COMMONWEALTH FINANCIAL CORPORATION  601 PHILADELPHIA STREET  INDIANA, PA 15701	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	OXFORD DEVELOPMENT COMPANY ONE OXFORD CENTRE, SUITE 4500, 301 GRANT STREET  PITTSBURGH, PA 15219	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	WILLIAM BENTER  5423 PENN AVENUE  PITTSBURGH, PA 15206	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT REGIONAL ENTERPRISE TOWER, 425 SIXTH AVENUE, SUITE 1100  PITTSBURGH, PA 15219-1811	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	PA COUNCIL ON THE ARTS  216 FINANCE BUILDING  HARRISBURG, PA 17120	\$ 19,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	PPG INDUSTRIES FOUNDATION  ONE PPG PLACE  PITTSBURGH, PA 15272	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  THE SPROUT FUND	<b>Employer identification number</b>  20-4077513
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	HENRY JOHN SIMONDS FOUNDATION  330 GRANT STREET SUITE 2000  PITTSBURGH, PA 15219	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	ELSIE H. HILLMAN FOUNDATION  330 GRANT STREET SUITE 2000  PITTSBURGH, PA 15219	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

THE SPROUT FUND

Employer identification number

20-4077513

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to 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 (e.g., recreation or pleasure)       Preservation of an historically important land area

Protection of natural habitat       Preservation of certified historic structure

Preservation of open space

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

	Held at the End of the Year
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 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

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

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

Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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)? .....

Yes  No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 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 SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Investment earnings or losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  \_\_\_\_\_ %
  - c** Term endowment  \_\_\_\_\_ %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations .....   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		23,056.	5,764.	17,292.
<b>d</b> Equipment .....		5,518.	530.	4,988.
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .....				22,280.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products .....		
Closely-held equity interests .....		
Other .....		
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,540,174.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,921,178.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-381,004.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-381,004.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,659,825.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	119,651.
e	Add lines 2a through 2d	2e	119,651.
3	Subtract line 2e from line 1	3	1,540,174.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,540,174.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,040,829.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	119,651.
e	Add lines 2a through 2d	2e	119,651.
3	Subtract line 2e from line 1	3	1,921,178.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,921,178.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART X: AS A TAX-EXEMPT ORGANIZATION WITH A CALENDAR YEAR END**

OF DECEMBER 31, THE SPROUT FUND WAS NOT SUBJECT TO FIN 48 REPORTING FOR ITS 2008 ACCOUNTING AND TAX YEAR. AS A RESULT, THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS DO NOT REPORT THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS ACCORDING TO FIN 48. THE SPROUT FUND DOES NOT ANTICIPATE FUTURE LIABILITIES WITH RESPECT TO FIN 48.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIV** Supplemental Information *(continued)*

SPECIAL EVENTS: 119651.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS: 119651.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		SPONSORSHIPS / TICKETS & A (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	122,976.			122,976.
	<b>2</b> Less: Charitable contributions .....				
	<b>3</b> Gross revenue (line 1 minus line 2) .....	122,976.			122,976.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Non-cash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Other direct expenses .....	119,651.			119,651.
	<b>8</b> Direct expense summary. Add lines 4 through 7 in column (d) .....				( 119,651.)
	<b>9</b> Net income summary. Combine lines 3 and 8 in column (d) .....				3,325.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Non-cash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
	<b>8</b> Net gaming income summary. Combine lines 1 and 7 in column (d) .....				

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? .....	<b>9a</b>	
<b>b</b> If "No," Explain: _____ _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	<b>10a</b>	
<b>b</b> If "Yes," Explain: _____ _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? .....	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....	<b>12</b>	

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility .....	<b>13a</b>	%
<b>b</b> An outside facility .....	<b>13b</b>	%

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .

**c** If "Yes," enter name and address:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>15b</b>		
<b>15c</b>		
<b>16</b>		
<b>17a</b>		
<b>17b</b>		

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**  
▶ **Attach to Form 990.**

Name of the organization

**THE SPROUT FUND**

**Employer identification number**  
**20-4077513**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARCADIA THEATER 1418 GRAHAM AVE WINDBER, PA 15963	25-1833713	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
ART WORKS IN JOHNSTOWN 201 ATLEE STREET JOHNSTOWN, PA 15905	20-4648661	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
THE AUGUST WILSON CENTER FOR AFRICAN AMERICAN CULTURE - 425 SIXTH AVENUE - PITTSBURGH, PA 15219	25-1892177	501(C)3	50,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
AWARE PO BOX 612 MERCER, PA 16137	25-1323657	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
BEAVER AREA HERITAGE FOUNDATION BOX 147 BEAVER, PA 15009	23-7357864	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
BEAVER COUNTY HISTORICAL RESEARCH AND LANDMARKS FOUNDATION - 1235 THIRD AVENUE - FREEDOM, PA 15042	23-7304631	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations ..... ▶ **95.**
- 3** Enter total number of other organizations ..... ▶ **0.**

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

Schedule I (Form 990) 2008

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRANTS AWARDED TO INDIVIDUALS	30	129,401.	0.		PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE SPROUT FUND MONITORS THE USE OF GRANT FUNDS THROUGH REGULAR REPORTS SUBMITTED BY GRANTEEES DURING THE PERIODS OF THEIR GRANTS AND FINAL REPORTS THAT INCLUDE FINANCIAL INFORMATION AT THE CONCLUSION OF GRANT TERMS.

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization

**THE SPROUT FUND**

Employer identification number

**20-4077513**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEGINNINGS, INC. 111 MARKET STREET JOHNSTOWN, PA 15901	25-0984601	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
BIKE PITTSBURGH, INC. 33 TERMINAL WAY PITTSBURGH, PA 15219	36-4491002	501(C)3	35,000.	0.			SEED AND ROOT AWARDS
BLAIRSVILLE UNDERGROUND RAILROAD PO BOX 92 BLAIRSVILLE, PA 15717	20-5261499	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
BOROUGH OF BEDFORD 244 WEST PENN ST BEDFORD, PA 15522	25-6000412	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
BOROUGH OF MONACA RECREATION BOARD 1517 ATLANTIC AVE MONACA, PA 15061	25-6000412	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
THE BRADFORD HOUSE HISTORICAL ASSOCIATION - PO BOX 537 - WASHINGTON, PA 15301	25-6070816	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
THE BREW HOUSE ASSOCIATION, INC. 2100 MARY STREET PITTSBURGH, PA 15203	25-1676975	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
BUTLER COUNTY COMMUNITY COLLEGE EDUCATION FOUNDATION - COLLEGE DRIVE OAK HILLS - BUTLER, PA 16001	25-1555437	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**

**3** Enter total number of other organizations ..... **▶**



**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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OMB No. 1545-0047

**2008**

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Name of the organization

**THE SPROUT FUND**

Employer identification number

**20-4077513**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUTLER COUNTY FAMILY YMCA 339 NORTH WASHINGTON STREET BUTLER, PA 16001	25-0965619	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
BUTLER COUNTY HISTORICAL SOCIETY PO BOX 414 BUTLER, PA 16003	25-1329527	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
BUTLER DOWNTOWN REVITALIZATION COMMITTEE - PO BOX 1203 - BUTLER, PA 16003	20-3789791	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
CAMBRIA COUNTY HISTORICAL SOCIETY 615 NORTH CENTER STREET, PO BOX 278 EBENSBURG, PA 15931	25-1380924	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
CARNEGIE INSTITUTE - THREE RIVERS ARTS FESTIVAL - 937 LIBERTY AVENUE - PITTSBURGH, PA 15222	25-0965280	501(C)3	10,000.	0.			SEED AWARD
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVE PITTSBURGH, PA 15213	25-0969449	501(C)3	50,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
CENTER FOR CREATIVE ARTS EXPRESSION - 1217 7TH AVE, PO BOX 1009 - BEAVER FALLS, PA 15010	04-3848829	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
CENTRAL COMMUNITY CHURCH 3571 NORTH HERMITAGE ROAD TRANSFER, PA 16154	25-1835442	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

**2008**

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Name of the organization

**THE SPROUT FUND**

Employer identification number

**20-4077513**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY MISSION - LIVING STONES, INC. 155 NORTH GALLATIN AVENUE UNIONTOWN, PA 15401	25-1605762	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
COMMITTEE TO CLEAN AND BEAUTIFY AMBRIDGE - 811 MERCHANT STREET - AMBRIDGE, PA 15003	25-1764022	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
COMMUNITIES IN SCHOOLS OF SOUTHWEST PA, INC. - 137 NORTH BEESON AVENUE - UNIONTOWN, PA 15401	25-1607845	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
COMMUNITY ACTION SOUTHWEST 150 WEST BEAU STREET WASHINGTON, PA 15301	25-1153028	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
COMMUNITY COUNSELING CENTER OF MERCER COUNTY - 2201 EAST STATE STREET - HERMITAGE, PA 16148	25-1340027	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
COMMUNITY FOUNDATION OF GREATER JOHNSTOWN - 116 MARKET STREET, SUITE 4 - JOHNSTOWN, PA 15901	25-1637373	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
CONCERNED CITIZENS COMMUNITY CREATION CENTER - 615 NORTH LANG STREET - PITTSBURGH, PA 15208	25-1878686	501(C)3	10,000.	0.			SEED AWARD
CONNELLSVILLE CULTURAL TRUST 114 NORTH PROSPECT STREET CONNELLSVILLE, PA 15425	65-1283985	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
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**Continuation Sheet for Schedule I (Form 990)  
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Name of the organization

**THE SPROUT FUND**

Employer identification number

**20-4077513**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNELLSVILLE REDEVELOPMENT AUTHORITY - 124 WEST CRAWFORD AVE - CONNELLSVILLE, PA 15425	25-1754586	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
COUNTY OF INDIANA 1128 BLUE SPRUCE ROAD INDIANA, PA 15701	25-6001035	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
DOWNTOWN KITTANNING, INC. PO BOX 978 KITANNING, PA 16201	25-1788925	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
DOWNTOWN WEST NEWTON, INC. PO BOX 56, 123 SOUTH SECOND STREET WEST NEWTON, PA 15089	25-1604989	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
EXECUTIVE WOMEN'S COUNCIL, GREATER PITTSBURGH, INC. - 4120 JENKINS ARCADE - PITTSBURGH, PA 15222	25-1412770	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
FAMILY COMMUNICATIONS, INC. 4802 FIFTH AVENUE PITTSBURGH, PA 15213	25-1215087	501(C)3	50,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
FAMILY SERVICES OF WESTERN PA 6401 PENN AVE FL 2 PITTSBURGH, PA 15206	25-0965341	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
FE GALLERY 4102 BUTLER STREET PITTSBURGH, PA 15201	20-3536637	501(C)3	35,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations ..... **3** Enter total number of other organizations .....

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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OMB No. 1545-0047

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Name of the organization

**THE SPROUT FUND**

Employer identification number

**20-4077513**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GOLDEN TORNADO SCHOLASTIC FOUNDATION - 110 CAMPUS LANE - BUTLER, PA 16001	25-1653165	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
GREENVILLE REGIONAL AFTER SCHOOL PROGRAM, INC. - 60 SHENANGO STREET - GREENVILLE, PA 16125	20-5025507	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
GROVE CITY COLLEGE 100 CAMPUS DRIVE GROVE CITY, PA 16127	25-1065148	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
GROW PITTSBURGH 400 NORTH LEXINGTON STREET FL 3 PITTSBURGH, PA 15208	43-2112710	501(C)3	7,500.	0.			SEED AWARD
HILL HOUSE ASSOCIATION 1835 CENTRE AVE PITTSBURGH, PA 15219	25-1752971	501(C)3	8,700.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
HILL HOUSE ASSOCIATION 1835 CENTRE AVE PITTSBURGH, PA 15219	25-1146128	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
INSTITUTE OF INTEGRATIVE MEDICINE AT WINDBER MEDICAL CENTER - 600 SOMERSET AVE - WINDBER, PA 15963	25-1552830	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
JENNER TOWNSHIP 2058 LINCOLN HIGHWAY BOSWELL, PA 15531	25-6001861	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**

**3** Enter total number of other organizations ..... **▶**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**THE SPROUT FUND**

**Employer identification number**

**20-4077513**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOB TRAINING BEAVER COUNTY 3582 BRODHEAD ROAD MONACA, PA 15061	25-1452317	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
THE KINGSLEY ASSOCIATION 6435 FRANKSTOWN ROAD PITTSBURGH, PA 15206	25-0965412	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
LAWRENCEVILLE HISTORICAL SOCIETY PO BOX 4015 PITTSBURGH, PA 15201	25-1653960	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
LEMINGTON COMMUNITY SERVICES 1701 LINCOLN AVE PITTSBURGH, PA 15206	25-1826430	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
LIFECYCLES UNLIMITED 1615 TERMON AVE PITTSBURGH, PA 15212	26-1942865	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
LIGONIER VALLEY HISTORICAL SOCIETY PO BOX 167 LAUGHLINTOWN, PA 15655	25-6076573	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
THE LINCOLN HIGHWAY HERITAGE CORRIDOR - PO BOX 386 - GREENSBURG, PA 15601	25-1793757	501(C)3	49,640.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
MEYERSDALE AREA SCHOOL DISTRICT 309 INDUSTRIAL PARK ROAD MEYERSDALE, PA 15552	25-6004150	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**

**3** Enter total number of other organizations ..... **▶**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**THE SPROUT FUND**

Employer identification number

**20-4077513**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILESTONE CENTERS INC 412 SOUTH AVE PITTSBURGH, PA 15221	25-1213006	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
NATHANAEL GREEN HISTORICAL FOUNDATION - PO BOX 534 - GREENSBORO, PA 15338	25-1721015	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
NATRONA COMES TOGETHER 20 WALNUT STREET NATRONA, PA 15065	84-1691930	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
NEW CASTLE AREA SCHOOL DISTRICT 900 EAST MAIN STREET NEW CASTLE, PA 16101	25-6002720	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
NEW HAZLETT CENTER FOR THE PERFORMING ARTS - 6 ALLEGHENY SQUARE EAST - PITTSBURGH, PA 15212	20-1066102	501(C)3	8,000.	0.			SEED AWARD
THE NEW SUN RISING 902 HANSEN STREET MILLVALE, PA 15209	20-3496988	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
OLD BEDFORD VILLAGE 220 SAWBLADE ROAD BEDFORD, PA 15522	25-1336799	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
OPERATION BETTER BLOCK, INC. 801 NORTH HOMEWOOD AVE PITTSBURGH, PA 15208	23-7157433	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**

**3** Enter total number of other organizations ..... **▶**

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PA LEAGUE OF YOUNG VOTERS EDUCATION FUND - 6101 PENN AVE - PITTSBURGH, PA 15206	45-0579673	501(C)3	6,800.	0.			SEED AWARD
PARKER CITY REVITALIZATION CORPORATION - PO BOX 150 - PARKER, PA 16049	20-8862009	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
PENNSYLVANIA FRIENDS OF AGRICULTURE FOUNDATION - PO BOX 8736 - CAMP HILL, PA 17001	22-2699958	501(C)3	50,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
PITTSBURGH COMMUNITY BROADCASTING CORPORATION WYEP FM - 67 BEDFORD SQUARE - PITTSBURGH, PA 15203	23-7257055	501(C)3	35,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
PITTSBURGH COMMUNITY REINVESTMENT GROUP - 1901 CENTRE AVE, SUITE 200 - PITTSBURGH, PA 15219	25-1644683	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
PITTSBURGH PARKS CONSERVANCY 2000 TECHNOLOGY DRIVE PITTSBURGH, PA 15219	23-2882145	501(C)3	10,000.	0.			SEED AWARD
POETS FOR HUMANITY 4712 BAYARD STREET PITTSBURGH, PA 15213	34-2050246	501(C)3	5,000.	0.			SEED AWARD
POINT OF PITTSBURGH SAILING LEAGUE 245 CATALPA PLACE PITTSBURGH, PA 15228	20-5203392	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**

**3** Enter total number of other organizations ..... **▶**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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Name of the organization

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**20-4077513**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PROGRESS FUND 105 ZEE PLAZA HOLIDAYSBURG, PA 16648	31-1598881	501(C)3	50,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
THE PUBLIC SQUARE PROJECT 234 EMERSON ST PITTSBURGH, PA 15206	26-3725662	501(C)3	9,500.	0.			SEED AWARD
RENEW PITTSBURGH, INC. PO BOX 8165 PITTSBURGH, PA 15217	26-3041683	501(C)3	10,000.	0.			SEED AWARD
RIVENDELL THEATRE ENSEMBLE 5775 NORTH RIDGE AVE #1 CHICAGO, IL 60660	36-4074148	501(C)3	5,000.	0.			SEED AWARD
RIVER CITY BRASS BAND 500 GRANT STREET, SUITE 2720 PITTSBURGH, PA 15219	25-1401329	501(C)3	50,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
SALTSBURG BOROUGH 320 POINT STREET SALTSBURG, PA 15681	25-6000457	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
SANDYVALE CEMETARY ASSOCIATION, INC. - PO BOX 414 - JOHNSTOWN, PA 15907	25-1638369	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
SCHELLESBURG BOROUGH 2199 CORTLAND ROAD SCHELLESBURG, PA 15559	25-1234404	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....



**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
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OMB No. 1545-0047

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Employer identification number

**20-4077513**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SCHOONER YOUTH CENTER, INC. 701 SCHOONMAKER AVE MONESSEN, PA 15062	20-4756534	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
SLIPPERY ROCK UNIVERSITY - STUDENT GOVERNMENT ASSOCIATION - 214 UNIVERSITY UNION - SLIPPERY ROCK, PA 16057	25-6010954	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
ST. PAUL'S UNITED CHURCH OF CHRIST RURAL ROUTE 1 BOX 490 CHICORA, PA 16025	30-0228108	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
ST. VINCENT COLLEGE 300 FRASER PURCHASE ROAD LATROBE, PA 15650	25-0964126	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
STEEL INDUSTRY HERITAGE CORPORATION - 623 EAST 8TH AVE - HOMESTEAD, PA 15120	25-1672667	501(C)3	50,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
THE THOMAS MERTON CENTER 5125 PENN AVE PITTSBURGH, PA 15224	25-1232192	501(C)3	45,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT
TOONSEUM 10 CHILDREN'S WAY PITTSBURGH, PA 15212	26-1950683	501(C)3	7,000.	0.			SEED AWARD
TOUCHSTONE CENTER FOR CRAFTS 1049 WHARTON FURNACE ROAD FARMINGTON, PA 15437	23-7258132	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
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OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

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Employer identification number

**20-4077513**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED BLACK BOOK CLUBS 6517 DEARY STREET PITTSBURGH, PA 15206	25-1645175	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
UNITED JEWISH FEDERATION 234 MCKEE PL PITTSBURGH, PA 15213	25-1017602	501(C)3	5,000.	0.			SEED AWARD
UNSEAM'D SHAKESPEARE COMPANY PO BOX 7292 PITTSBURGH, PA 15213	25-1735999	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
VENTURE OUTDOORS 304 FORBES AVE 2ND FLOOR PITTSBURGH, PA 15222	20-3275291	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
VIETNAM VETERANS OF AMERICA, BEAVER COUNTY CHAPTER 862 - 260 BROOKS DRIVE - BEAVER FALLS, PA 15010	25-1876334	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
WAYNESBURG PROSPEROUS AND BEAUTIFUL INCORPORATED - 90 EAST HIGH STREET - WAYNESBURG, PA 15370	25-1896028	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
WESTMORELAND COUNTY FOOD BANK 100 DEVONSHIRE DRIVE DELMONT, PA 15626	25-1422682	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT
WESTMORELAND COUNTY HISTORICAL SOCIETY - 41 EST OTTERMAN STREET - GREENSBURG, PA 15601	25-1202956	501(C)3	5,000.	0.			PITTSBURGH 250 COMMUNITY CONNCECTIONS SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
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OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**THE SPROUT FUND**

**Employer identification number**

**20-4077513**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILD WATERWAYS CONSERVANCY, INC. 101 EAST SPRING STREET, SUITE 200 ZELIENOPLE, PA 16063	01-0724403	501(C)3	50,000.	0.			PITTSBURGH 250 COMMUNITY CONNECTIONS SUPPORT

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**

**3** Enter total number of other organizations ..... **▶**

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions with Interested Persons**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

**▶ Attach to Form 990 or Form 990-EZ.**  
**▶ To be completed by organizations that answered**  
**"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,**  
**or Form 990-EZ, Part V, lines 38a or 40b.**

**2008**

**Open To Public Inspection**

**Name of the organization** THE SPROUT FUND **Employer identification number** 20-4077513

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

To be completed by organizations that 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) Description of transaction	(c) Corrected?	
			Yes	No

**2** Enter the amount of tax imposed on 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.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> .....				▶ \$						

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

To be completed by organizations that 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 grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ROB LONG	MARRIED TO PRESIDENT	17,563.	ROB LONG IS		X
DANIELLE CRUMRINE	DIRECTOR OF GROW PI	7,500.	DANIELLE CR		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

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Inspection

Name of the organization

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Employer identification number

20-4077513

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

AN ENTRY POINT FOR YOUNG PEOPLE TO BECOME INVOLVED AND ACTIVE IN THEIR COMMUNITIES AND BY SUPPORTING PROJECTS AND INITIATIVES THAT IMPROVE THE IMAGE OF THE GREATER PITTSBURGH REGION.

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

REGION.

FORM 990, PART VI, SECTION A, LINE 10: THE FINAL VERSION OF THE FORM 990 WAS REVIEWED AND ADOPTED BY THE AUDIT/FINANCE COMMITTEE AND EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS ARE REQUIRED TO RECUSE THEMSELVES FROM DECISIONS ON WHICH A MATERIAL CONFLICT EXISTS.

FORM 990, PART VI, SECTION B, LINE 15: CEO AND OFFICERS RECEIVED COMPANY-WIDE COST-OF-LIVING ADJUSTMENTS IN 2008 BY BOARD ACTION. ALL REGULAR STAFF AND 1 OFFICER WERE AWARDED \$500 BONUS FOR SUCCESSFUL COMPLETION OF ORGANIZATION'S ANNUAL EVENT. NO ADDITIONAL ACTION WAS TAKEN ON COMPENSATION FOR THESE EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION ON THEIR WEBSITE AND UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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AVAILABLE TO THE PUBLIC.

FORM 990 PART XI, LINE 2C

FINANCIAL STATEMENTS

THE PROCESS FOR ASSUMING RESPONSIBILITY FOR THE AUDIT OF THE FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ROB LONG

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MARRIED TO PRESIDENT AND EXECUTIVE DIRECTOR CATHY LEWIS LONG

(D) DESCRIPTION OF TRANSACTION: ROB LONG IS THE CREATIVE DIRECTOR FOR CLEAR STORY, INC. CLEAR STORY, INC, PROVIDED TECHNICAL PRODUCTION AND EVENT MANAGEMENT SERVICES FOR HOTHOUSE 2008 AT A DISCOUNT.

(A) NAME OF PERSON: DANIELLE CRUMRINE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF GROW PITTSBURGH, AN ORGANIZATION THAT RECEIVED A GRANT

(D) DESCRIPTION OF TRANSACTION: DANIELLE CRUMRINE IS PRESIDENT OF GROW PITTSBURGH, WHICH RECEIVED A SEED AWARD GRANT. DANIELLE RECUSED HERSELF FROM ITS CONSIDERATION DURING COMMITTEE AND BOARD DECISIONS.

**Depreciation and Amortization** 990  
 (Including Information on Listed Property)

**2008**  
 Attachment  
 Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return <b>THE SPROUT FUND</b>	Business or activity to which this form relates <b>FORM 990 PAGE 10</b>	Identifying number <b>20-4077513</b>
---	--	---

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses .....	<b>1</b>	250,000.
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	800,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 .....	<b>13</b>	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special depreciation for qualified property (other than listed property) placed in service during the tax year .....	<b>14</b>	
15 Property subject to section 168(f)(1) election .....	<b>15</b>	
16 Other depreciation (including ACRS) .....	<b>16</b>	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2008 .....	<b>17</b>	5,471.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	5,471.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2008 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2008 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44