

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**PITTSBURGH CHILD GUIDANCE FOUNDATION**

EIN or SSN

**25-0965465**

Name and title of officer or person subject to tax **PAMELA GOLDEN  
EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I.**

1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
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 checked="" type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	<b>2,282.</b>
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	_____
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	_____
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	_____
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	_____
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **MAHER DUESSEL, CPA'S** to enter my PIN **00676**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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.

Signature of officer or person subject to tax

*Pamela W. Golden*

Date **7/5/2023**

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**25570912345**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return 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 *Michelle L. Bayan*

Date **7/6/2023**

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

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

Form **8879-TE** (2022)

**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

**2022**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

For calendar year 2022 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of foundation <b>PITTSBURGH CHILD GUIDANCE FOUNDATION</b>		<b>A Employer identification number</b> 25-0965465
Number and street (or P.O. box number if mail is not delivered to street address) <b>611 WILLIAM PENN PLACE</b>	Room/suite 303	<b>B Telephone number</b> 412-434-1665
City or town, state or province, country, and ZIP or foreign postal code <b>PITTSBURGH, PA 15219</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here ..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>7,600,838.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	
<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>		

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received	66.		N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	200,823.	200,823.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-29,284.			
	b Gross sales price for all assets on line 6a	839,825.			
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 <b>Total.</b> Add lines 1 through 11	171,605.	200,823.			
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	120,855.	2,230.		118,438.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	10,291.	206.		9,224.
	16a Legal fees				
	b Accounting fees	STMT 2 11,128.	223.		10,905.
	c Other professional fees	STMT 3 41,575.	33,507.		8,068.
	17 Interest				
	18 Taxes	STMT 4 3,332.	0.		0.
	19 Depreciation and depletion				
	20 Occupancy	24,039.	481.		23,558.
	21 Travel, conferences, and meetings	2,950.	0.		2,950.
	22 Printing and publications				
	23 Other expenses	STMT 5 17,867.	0.		17,867.
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	232,037.	36,647.		191,010.
	25 Contributions, gifts, grants paid	223,500.			213,500.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	455,537.	36,647.		404,510.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-283,932.				
b <b>Net investment income</b> (if negative, enter -0-)		164,176.			
c <b>Adjusted net income</b> (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	9,114.	42,627.	42,627.
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	784.	3,002.	3,002.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 6 6,451,370.	4,783,249.	4,783,249.
	c Investments - corporate bonds	STMT 7 3,091,035.	2,392,980.	2,392,980.
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 8 0.	319,015.	319,015.	
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe STATEMENT 9)	0.	59,965.	59,965.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	9,552,303.	7,600,838.	7,600,838.	
Liabilities	17 Accounts payable and accrued expenses		5,406.	
	18 Grants payable		10,000.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe STATEMENT 10)	0.	62,667.	
23 Total liabilities (add lines 17 through 22)	0.	78,073.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	9,552,303.	7,522,765.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances	9,552,303.	7,522,765.	
30 Total liabilities and net assets/fund balances	9,552,303.	7,600,838.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	9,552,303.
2 Enter amount from Part I, line 27a	2	-283,932.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	9,268,371.
5 Decreases not included in line 2 (itemize) <b>UNREALIZED LOSS ON INVESTMENTS</b>	5	1,745,606.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	7,522,765.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLIC TRADED SECURITIES	P		
b CAPITAL GAINS DIVIDENDS	P		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 781,186.		869,110.	-87,923.
b 58,639.			58,639.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			-87,923.
b			58,639.
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	-29,284.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	}	3	N/A

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	2,282.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	2,282.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	2,282.
6 Credits/Payments:			
a 2022 estimated tax payments and 2021 overpayment credited to 2022	6a		5,284.
b Exempt foreign organizations - tax withheld at source	6b		0.
c Tax paid with application for extension of time to file (Form 8868)	6c		0.
d Backup withholding erroneously withheld	6d		0.
7 Total credits and payments. Add lines 6a through 6d		7	5,284.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	0.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	3,002.
11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 3,002. Refunded		11	0.

**Part VI-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition ..... If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year? .....		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .....		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....		X
b If "Yes," has it filed a tax return on Form 990-T for this year? .....		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		X
If "Yes," attach the statement required by General Instruction T.		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? .....	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV .....	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. _____ <u>PA</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .....	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII .....		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions .....		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	X	
Website address <u>WWW.PITTSBURGHCHILDGUIDANCEFOUNDATION.ORG</u>		
14 The books are in care of <u>THE PGH CHILD GUIDANCE FOUNDATION</u> Telephone no. <u>412-434-1665</u> Located at <u>611 WILLIAM PENN PLACE, SUITE 303, PITTSBURGH, PA</u> ZIP+4 <u>15219</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ..... <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year .....   15   <u>N/A</u>		
16 At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .....		X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....		X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....		X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	X	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? .....		X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) .....		X
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .....		X
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022? .....		X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022? .....	X	
If "Yes," list the years <u>2021</u> , _____, _____, _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) .....	X	
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. _____, _____, _____, _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....		X
<b>b</b> If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.) .....		N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....		X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022? .....		X

**Part VI-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11		115,000.	5,855.	3,900.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0



**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total** number of others receiving over \$50,000 for professional services 0

**Part VIII-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 12	132,846.
2	
3	
4	

**Part VIII-B Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	
<b>Total.</b> Add lines 1 through 3	0.



**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities .....	1a	8,134,330.
b	Average of monthly cash balances .....	1b	25,813.
c	Fair market value of all other assets (see instructions) .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	8,160,143.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	8,160,143.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	122,402.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	8,037,741.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	401,887.

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part IX, line 6 .....	1	401,887.
2a	Tax on investment income for 2022 from Part V, line 5 .....	2a	2,282.
b	Income tax for 2022. (This does not include the tax from Part V.) .....	2b	
c	Add lines 2a and 2b .....	2c	2,282.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	399,605.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	399,605.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	399,605.

**Part XI Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	404,510.
b	Program-related investments - total from Part VIII-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	404,510.

**Part XII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
<b>1</b> Distributable amount for 2022 from Part X, line 7 .....				399,605.
<b>2</b> Undistributed income, if any, as of the end of 2022:				
<b>a</b> Enter amount for 2021 only .....			408,010.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2022:				
<b>a</b> From 2017 .....				
<b>b</b> From 2018 .....				
<b>c</b> From 2019 .....				
<b>d</b> From 2020 .....				
<b>e</b> From 2021 .....				
<b>f</b> Total of lines 3a through e .....	0.			
<b>4</b> Qualifying distributions for 2022 from Part XI, line 4: \$ <u>404,510.</u>				
<b>a</b> Applied to 2021, but not more than line 2a ...			404,510.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....	0.			
<b>d</b> Applied to 2022 distributable amount .....				0.
<b>e</b> Remaining amount distributed out of corpus .....	0.			
<b>5</b> Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).) .....	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed .....		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....		0.		
<b>e</b> Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instr. ...			3,500.	
<b>f</b> Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023 .....				399,605.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) .....	0.			
<b>8</b> Excess distributions carryover from 2017 not applied on line 5 or line 7 .....	0.			
<b>9</b> Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a .....	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2018 ...				
<b>b</b> Excess from 2019 ...				
<b>c</b> Excess from 2020 ...				
<b>d</b> Excess from 2021 ...				
<b>e</b> Excess from 2022 ...				

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

**Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

1 **Information Regarding Foundation Managers:**  
 a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
 Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:  
**PAM GOLDEN THE PITTSBURGH CHILD GUIDANCE FOUNDATION, 412-434-1665**  
**611 WILLIAM PENN PLANCE, SUITE 303, PITTSBURGH, PA 15219**

b The form in which applications should be submitted and information and materials they should include:  
**SEE WWW.PITTSBURGHCHILDGUIDANCEFOUNDATION.ORG**

c Any submission deadlines:  
**SEE WWW.PITTSBURGHCHILDGUIDANCEFOUNDATION.ORG**

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
**SEE WWW.PITTSBURGHCHILDGUIDANCEFOUNDATION.ORG**

**Part XIV** Supplementary Information *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ALLEGHENY VALLEY ASSOCIATION OF CHURCHES 1913 FREEPORT ROAD NATRONA HEIGHTS, PA 15065		PUBLIC CHARITY	SUPPORT FOR THE FAMILY PROMISE NETWORK FOR HOMELESS FAMILIES, A COHORT OF CHURCHES PROVIDING MEALS,	20,000.
ALLIES FOR HEALTH + WELLBEING 5913 PENN AVENUE PITTSBURGH, PA 15206		PUBLIC CHARITY	SUPPORT FOR HOUSING FOR CLIENTS LIVING WITH HIV/AIDS AND THEIR CHILDREN TO PREVENT THEM FROM	12,000.
ANGELS' PLACE 2615 NORWOOD AVENUE PITTSBURGH, PA 15214		PUBLIC CHARITY	SUPPORT FOR THE FAMILY SUPPORT PROGRAM, WHICH CONNECTS FAMILIES WITH YOUNG CHILDREN TO RESOURCES INCLUDING	10,000.
BETHLEHEM HAVEN 905 WATSON STREET PITTSBURGH, PA 15219		PUBLIC CHARITY	SUPPORT FOR THE SAFE AT HOME PROGRAM, WHICH PROVIDES ASSISTANCE TO FAMILIES EXPERIENCING HOMELESSNESS OR AT	10,000.
BEVERLY'S BIRTHDAYS 9799 LAUREL AVENUE NORTH HUNTINGDON, PA 15642		PUBLIC CHARITY	SUPPORT FOR THE BIRTHDAY CHEER PROGRAM, WHICH TAKES THE PARTY TO THE CHILDREN LIVING IN	6,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>3a</b> 213,500.
<b>b Approved for future payment</b>				
FAMILYLINKS 401 N. HIGHLAND AVE PITTSBURGH, PA 15206		PUBLIC CHARITY	SUPPORT FOR THE HOMELESS ASSISTANCE FUND, WHICH PROVIDES CRITICAL FINANCIAL ASSISTANCE TO FAMILIES	10,000.
<b>Total</b>				<b>3b</b> 10,000.

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, and (e) Related or exempt function income. Rows include 1 Program service revenue, 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities, 5 Net rental income or (loss) from real estate, 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory, 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue, 12 Subtotal, and 13 Total.

(See worksheet in line 13 instructions to verify calculations.)

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Contains one row with 'N/A' in column (c).

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Contains one row with 'N/A' in column (a).

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

Paid Preparer Use Only Print/Type preparer's name MICHELLE L. BRYAN Preparer's signature Date Check if self-employed PTIN P01306133 Firm's name MAHER DUESSEL, CPA'S Firm's EIN 25-1622758 Firm's address 503 MARTINDALE STREET, SUITE 600 PITTSBURGH, PA 15212 Phone no. 412-471-5500

**Part XIV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BIG BROTHERS BIG SISTERS OF GREATER PITTSBURGH 5989 CENTRE AVE. STE 1 PITTSBURGH, PA 15206		PUBLIC CHARITY	SUPPORT FOR MENTOR2.0, WHICH PROVIDES GUIDANCE AND EDUCATIONAL OPPORTUNITIES TO HIGH	15,000.
BRIDGE TO THE MOUNTAINS 1526 RHINE ST PITTSBURGH, PA 15212		PUBLIC CHARITY	SUPPORT FOR THE FAMILY EMERGENCY SHELTER PROGRAM, WHICH PROVIDES EMERGENCY SHELTER TO PREGNANT	10,000.
DUQUESNE UNIVERSITY 600 FORBES AVENUE 309 ADMIN BLDG PITTSBURGH, PA 15282		PUBLIC CHARITY	SUPPORT FOR THE SCHOOL OF NURSING'S MCGINLEY-RICE NATIONAL SYMPOSIUM "EXPLORING SOCIAL JUSTICE FOR	1,500.
GOODWILL OF SOUTHWESTERN PENNSYLVANIA 118 52ND STREET PITTSBURGH, PA 15203		PUBLIC CHARITY	SUPPORT FOR THE GOODSTART RAPID REHOUSING PROGRAM, WHICH PROVIDES SUPPORTIVE HOUSING	10,000.
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW, SUITE 1100 WASHINGTON, DC 20036		PUBLIC CHARITY	LOCAL FUNDING PARTNER.	2,000.
HOMELESS CHILDREN'S EDUCATION FUND 1901 CENTRE AVE SUITE 301 PITTSBURGH, PA 15219		PUBLIC CHARITY	SUPPORT FOR WINNIE'S WAGON, A MOBILE CLASSROOM PROVIDING DIRECT INSTRUCTION, SCHOOL SUPPLIES,	10,000.
JEREMIAH'S PLACE 6435 FRANKTOWN AVE PITTSBURGH, PA 15206		PUBLIC CHARITY	SUPPORT FOR THE STRONG FAMILIES PROGRAM, WHICH WILL PROVIDE FREE SHORT-TERM EMERGENCY CARE FOR	9,000.
JUBILEE ASSOCIATION 2005 WYANDOTTE STREET PITTSBURGH, PA 15219		PUBLIC CHARITY	SUPPORT FOR THE PREVENTING HOMELESSNESS PROGRAM, WHICH PROVIDES ONE-TIME FINANCIAL	10,000.
LIGHT OF LIFE MISSION'S WOMEN & CHILDREN PROGRAM 913 WESTERN AVE PITTSBURGH, PA 15233		PUBLIC CHARITY	SUPPORT FOR THE WOMEN WITH CHILDREN PROGRAM, WHICH PROVIDES SUBSIDIZED APARTMENTS, TRAINING AND	10,000.
RAND 4570 FIFTH AVE #600 PITTSBURGH, PA 15213		PUBLIC CHARITY	SUPPORT FOR OBJECTIVE RESEARCH AND ANALYSIS THAT HELPS DEVELOP SOLUTIONS TO PUBLIC POLICY CHALLENGES TO	500.
<b>Total from continuation sheets</b>				<b>155,500.</b>



**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SERENITY LIVING TRANSITIONAL HOME 7213 RACE ST PITTSBURGH, PA 15208		PUBLIC CHARITY	SUPPORT FOR THE LIFE STABILIZATION PROGRAM AND/OR THE TAKING YOUTH HIGHER NON-RESIDENTIAL	12,500.
SISTER'S PLACE 111 BROWSVILLE RD PITTSBURGH, PA 15210		PUBLIC CHARITY	SUPPORT TO PROVIDE RESIDENTIAL CLIENTS WITH BASIC NEEDS SO THEY CAN FOCUS ON RECOVERY FROM	6,000.
SOJOURNER HOUSE MOMS 5460 PENN AVE PITTSBURGH, PA 15206		PUBLIC CHARITY	SUPPORT FOR THE MOMS SUPPORTIVE HOUSING PROGRAM, WHICH PROVIDES ADDICTION RECOVERY SUPPORT,	5,000.
SOUTH HILLS INTERFAITH MOVEMENT 5301 PARK AVENUE BETHEL PARK, PA 15102		PUBLIC CHARITY	SUPPORT FOR SERVICE COORDINATION AND DIRECT ASSISTANCE PROGRAMS THAT PREVENT FAMILIES FROM FACING	23,000.
THE SALVATION ARMY 700 NORTH BELL AVE, P.O. BOX 742 CARNEGIE, PA 15106		PUBLIC CHARITY	SUPPORT FOR PATHWAY OF HOPE, A PROGRAM THAT PROVIDES WRAPAROUND SERVICES TO PREVIOUSLY HOMELESS FAMILIES WITH	15,000.
TICKET FOR KIDS CHARITIES 700 BLAW AVENUE, SUITE 105 PITTSBURGH, PA 15238		PUBLIC CHARITY	SUPPORT FOR THE CULTURAL ACCESS PROGRAM, WHICH DISTRIBUTES DONATED TICKETS TO ARTS,	3,000.
WOMEN'S CENTER & SHELTER OF GREATER PITTSBURGH P.O. BOX 9024 PITTSBURGH, PA 15224		PUBLIC CHARITY	SUPPORT FOR THE CHILDREN'S ADVOCACY PROGRAM, WHICH PROVIDES HEALING ADVOCACY AND	13,000.
<b>Total from continuation sheets</b>				

**Part XIV** Supplementary Information

## 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - ALLEGHENY VALLEY ASSOCIATION OF CHURCHES

SUPPORT FOR THE FAMILY PROMISE NETWORK FOR HOMELESS FAMILIES, A COHORT OF CHURCHES PROVIDING MEALS, SHELTER AND HOSPITALITY TO FAMILIES WITH CHILDREN EXPERIENCING HOMELESSNESS.

NAME OF RECIPIENT - ALLIES FOR HEALTH + WELLBEING

SUPPORT FOR HOUSING FOR CLIENTS LIVING WITH HIV/AIDS AND THEIR CHILDREN TO PREVENT THEM FROM BECOMING HOMELESS.

NAME OF RECIPIENT - ANGELS' PLACE

SUPPORT FOR THE FAMILY SUPPORT PROGRAM, WHICH CONNECTS FAMILIES WITH YOUNG CHILDREN TO RESOURCES INCLUDING EMERGENCY HOUSING, EARLY CHILDHOOD EDUCATION AND FAMILY SUPPORT TO IMPROVE OPTIONS FOR HOUSING STABILIZATION.

NAME OF RECIPIENT - BETHLEHEM HAVEN

SUPPORT FOR THE SAFE AT HOME PROGRAM, WHICH PROVIDES ASSISTANCE TO FAMILIES EXPERIENCING HOMELESSNESS OR AT RISK OF BECOMING HOMELESS.

NAME OF RECIPIENT - BEVERLY'S BIRTHDAYS

SUPPORT FOR THE BIRTHDAY CHEER PROGRAM, WHICH TAKES THE PARTY TO THE CHILDREN LIVING IN SHELTERS, OR WHO ATTEND SCHOOLS IN LOW -INCOME AREAS BY PROVIDING PRE-ASSEMBLED BIRTHDAYS IN-A-BAG FOR DISTRIBUTION TO PARTNER AGENCIES.

NAME OF RECIPIENT - BIG BROTHERS BIG SISTERS OF GREATER PITTSBURGH

SUPPORT FOR MENTOR2.0, WHICH PROVIDES GUIDANCE AND EDUCATIONAL OPPORTUNITIES TO HIGH SCHOOL STUDENTS EXPERIENCING HOMELESSNESS THROUGH

**Part XIV** Supplementary Information

## 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

ONE-ON-ONE MENTORSHIP AND POST-SECONDARY PREPARATION CLASSES.

NAME OF RECIPIENT - BRIDGE TO THE MOUNTAINS

SUPPORT FOR THE FAMILY EMERGENCY SHELTER PROGRAM, WHICH PROVIDES EMERGENCY SHELTER TO PREGNANT WOMEN AND WOMEN WITH CHILDREN WHO ARE EXPERIENCING SUDDEN HOMELESSNESS AND ARE AT RISK OF HAVING TO LIVE ON THE STREET OR FAMILY SEPARATION.

NAME OF RECIPIENT - DUQUESNE UNIVERSITY

SUPPORT FOR THE SCHOOL OF NURSING'S MCGINLEY-RICE NATIONAL SYMPOSIUM "EXPLORING SOCIAL JUSTICE FOR VULNERABLE POPULATIONS: THE FACE OF THE PERSON WHO IS SOCIALLY ISOLATED."

NAME OF RECIPIENT - GOODWILL OF SOUTHWESTERN PENNSYLVANIA

SUPPORT FOR THE GOODSTART RAPID REHOUSING PROGRAM, WHICH PROVIDES SUPPORTIVE HOUSING WITH CASE MANAGEMENT, EDUCATION, TRAINING, FINANCIAL LITERACY, AND OTHER WRAPAROUND SERVICES, TO FAMILIES EXPERIENCING HOMELESSNESS.

NAME OF RECIPIENT - HOMELESS CHILDREN'S EDUCATION FUND

SUPPORT FOR WINNIE'S WAGON, A MOBILE CLASSROOM PROVIDING DIRECT INSTRUCTION, SCHOOL SUPPLIES, INTERNET CONNECTIVITY, AND TECHNOLOGY FOR SCHOOL-AGE CHILDREN WHO ARE EXPERIENCING HOMELESSNESS.

NAME OF RECIPIENT - JEREMIAH'S PLACE

SUPPORT FOR THE STRONG FAMILIES PROGRAM, WHICH WILL PROVIDE FREE SHORT-TERM EMERGENCY CARE FOR FAMILIES IN CRISIS WITH CHILDREN UNDER SIX.

**Part XIV** Supplementary Information

## 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - JUBILEE ASSOCIATION

SUPPORT FOR THE PREVENTING HOMELESSNESS PROGRAM, WHICH PROVIDES ONE-TIME FINANCIAL SUPPORT FOR FAMILIES IN CRISIS TO PREVENT THEIR EVICTION OR UTILITY SHUT-OFFS WHILE CONNECTING FAMILIES TO JOB SEARCH AND TRAINING RESOURCES, CHILDCARE, HOT MEALS, AND FOOD PANTRY SERVICES.

NAME OF RECIPIENT - LIGHT OF LIFE MISSION'S WOMEN & CHILDREN PROGRAM

SUPPORT FOR THE WOMEN WITH CHILDREN PROGRAM, WHICH PROVIDES SUBSIDIZED APARTMENTS, TRAINING AND EDUCATION, CHILDCARE, AND TRANSPORTATION SUPPORT TO MOTHERS WITH CHILDREN EXPERIENCING HOMELESSNESS, OR ARE RECOVERING FROM ADDICTION OR SUBSTANCE ABUSE.

NAME OF RECIPIENT - RAND

SUPPORT FOR OBJECTIVE RESEARCH AND ANALYSIS THAT HELPS DEVELOP SOLUTIONS TO PUBLIC POLICY CHALLENGES TO MAKE COMMUNITIES SAFE, MORE SECURE, HEALTHIER, AND MORE PROSPEROUS.

NAME OF RECIPIENT - SERENITY LIVING TRANSITIONAL HOME

SUPPORT FOR THE LIFE STABILIZATION PROGRAM AND/OR THE TAKING YOUTH HIGHER NON-RESIDENTIAL PROGRAM

NAME OF RECIPIENT - SISTER'S PLACE

SUPPORT TO PROVIDE RESIDENTIAL CLIENTS WITH BASIC NEEDS SO THEY CAN FOCUS ON RECOVERY FROM ADDICTION, FINANCIAL STABILITY, EMPLOYMENT, AND EDUCATION.

NAME OF RECIPIENT - SOJOURNER HOUSE MOMS

**Part XIV** Supplementary Information

## 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

SUPPORT FOR THE MOMS SUPPORTIVE HOUSING PROGRAM, WHICH PROVIDES ADDICTION RECOVERY SUPPORT, MENTORSHIP, AND OTHER SERVICES TO HELP CLIENTS SECURE PERMANENT HOUSING, GAIN JOB TRAINING AND SECURE EMPLOYMENT.

NAME OF RECIPIENT - SOUTH HILLS INTERFAITH MOVEMENT

SUPPORT FOR SERVICE COORDINATION AND DIRECT ASSISTANCE PROGRAMS THAT PREVENT FAMILIES FROM FACING FINANCIAL OR HOUSING CRISES.

NAME OF RECIPIENT - THE SALVATION ARMY

SUPPORT FOR PATHWAY OF HOPE, A PROGRAM THAT PROVIDES WRAPAROUND SERVICES TO PREVIOUSLY HOMELESS FAMILIES WITH CHILDREN BY EMPOWERING THEM TO BETTER PREPARE FOR SUCCESS IN LIFE AND BREAK THE CYCLE OF POVERTY.

NAME OF RECIPIENT - TICKET FOR KIDS CHARITIES

SUPPORT FOR THE CULTURAL ACCESS PROGRAM, WHICH DISTRIBUTES DONATED TICKETS TO ARTS, CULTURAL AND ENTERTAINMENT EVENTS FOR CHILDREN LIVING IN SHELTERS.

NAME OF RECIPIENT - WOMEN'S CENTER & SHELTER OF GREATER PITTSBURGH

SUPPORT FOR THE CHILDREN'S ADVOCACY PROGRAM, WHICH PROVIDES HEALING ADVOCACY AND COUNSELING TO CHILD VICTIMS OF INTIMATE PARTNER VIOLENCE MOST OF WHOM ARE EXPERIENCING HOMELESSNESS.

**Part XIV** Supplementary Information

3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - FAMILYLINKS

SUPPORT FOR THE HOMELESS ASSISTANCE FUND, WHICH PROVIDES CRITICAL  
FINANCIAL ASSISTANCE TO FAMILIES EXPERIENCING HOMELESSNESS,  
TRANSITIONING TO TEMPORARY OR NEW PERMANENT HOUSING, OR IN IMMINENT  
DANGER OF HOMELESSNESS.

## FORM 990-PF

## DIVIDENDS AND INTEREST FROM SECURITIES

## STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INVESTMENT INCOME	200,823.	0.	200,823.	200,823.	
TO PART I, LINE 4	200,823.	0.	200,823.	200,823.	

## FORM 990-PF

## ACCOUNTING FEES

## STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	11,128.	223.		10,905.
TO FORM 990-PF, PG 1, LN 16B	11,128.	223.		10,905.

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING INVESTMENT FEES	8,233. 33,342.	165. 33,342.		8,068. 0.
TO FORM 990-PF, PG 1, LN 16C	41,575.	33,507.		8,068.

## FORM 990-PF

## TAXES

## STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX EXPENSE	2,282.	0.		0.
UNDISTRIBUTED INCOME TAX EXPENSE	1,050.	0.		0.
TO FORM 990-PF, PG 1, LN 18	3,332.	0.		0.



## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSES	1,605.	0.		1,605.
INSURANCE	3,412.	0.		3,412.
TELEPHONE AND COMPUTER EXPENSES	6,617.	0.		6,617.
DUES AND SUBSCRIPTIONS	1,610.	0.		1,610.
MISCELLANEOUS EXPENSES	4,246.	0.		4,246.
SPECIAL EVENTS	377.	0.		377.
TO FORM 990-PF, PG 1, LN 23	17,867.	0.		17,867.

## FORM 990-PF

## CORPORATE STOCK

## STATEMENT 6

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
AB SMALL CAP CORE PORTFOLIO ADV CL	483,930.	483,930.
ISHARES CORE S&P 500 ETF	1,899,918.	1,899,918.
ISHARES TR CORE MSCI TOTAL INTERNATIONAL STOCK ETF	721,011.	721,011.
AB CAP FD INC GLOBAL CORE EQI PORTFOLIO ADV CL	771,439.	771,439.
AB CAP FD INC INTERNATIONAL STRATEGIC CORE PORT ADV	386,956.	386,956.
AB CAP FD INC CONCENTRATED INTERNATIONAL GROWTH PORT ADV CL SHS	289,017.	289,017.
ISHARES CORE MSCI EMERGING MARKETS ETF	230,978.	230,978.
TOTAL TO FORM 990-PF, PART II, LINE 10B	4,783,249.	4,783,249.

## FORM 990-PF

## CORPORATE BONDS

## STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
AB GLOBAL BOND FUND CL ADVISOR	1,195,025.	1,195,025.
BERNSTEIN INTERMEDIATE DURATION PORTFOLIO	1,197,955.	1,197,955.
TOTAL TO FORM 990-PF, PART II, LINE 10C	2,392,980.	2,392,980.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT 8	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
AB PRIVATE CREDIT INVESTORS CORPORATION	FMV	319,015.	319,015.
TOTAL TO FORM 990-PF, PART II, LINE 13		319,015.	319,015.

FORM 990-PF	OTHER ASSETS		STATEMENT 9
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
OPERATING LEASE RIGHT OF USE ASSET	0.	59,965.	59,965.
TO FORM 990-PF, PART II, LINE 15	0.	59,965.	59,965.

FORM 990-PF	OTHER LIABILITIES		STATEMENT 10
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
OPERATING LEASE LIABILITY	0.	61,617.	
UNDISTRIBUTED INCOME TAX PAYABLE	0.	1,050.	
TOTAL TO FORM 990-PF, PART II, LINE 22	0.	62,667.	

FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRIAN S. ALLEN 611 WILLIAM PENN PLACE, SUITE 303 PITTSBURGH, PA 15219	TREASURER 5.00	0.	0.	0.
COMMANDER JASON LANDO 611 WILLIAM PENN PLACE, SUITE 303 PITTSBURGH, PA 15219	TRUSTEE 1.00	0.	0.	0.
JOAN EICHNER, DR. 611 WILLIAM PENN PLACE, SUITE 303 PITTSBURGH, PA 15219	TRUSTEE 1.00	0.	0.	0.
JUDGE DAVID SPURGEON 611 WILLIAM PENN PLACE, SUITE 303 PITTSBURGH, PA 15219	TRUSTEE 1.00	0.	0.	0.
LINDA KRYNSKI, PHD. 611 WILLIAM PENN PLACE, SUITE 303 PITTSBURGH, PA 15219	TRUSTEE 1.00	0.	0.	0.
MICHELE RONE COOPER 611 WILLIAM PENN PLACE, SUITE 303 PITTSBURGH, PA 15219	TRUSTEE 1.00	0.	0.	0.
PAMELA W. GOLDEN 611 WILLIAM PENN PLACE, SUITE 303 PITTSBURGH, PA 15219	EXECUTIVE DIREC 40.00	115,000.	5,855.	3,900.
PAUL SPRADLEY 611 WILLIAM PENN PLACE, SUITE 303 PITTSBURGH, PA 15219	PRESIDENT 3.00	0.	0.	0.
ROBERT JAMES, ESQ 611 WILLIAM PENN PLACE, SUITE 303 PITTSBURGH, PA 15219	TRUSTEE 1.00	0.	0.	0.
SCOTT HOLLANDER, ESQ. 611 WILLIAM PENN PLACE, SUITE 303 PITTSBURGH, PA 15219	TRUSTEE 1.00	0.	0.	0.

PITTSBURGH CHILD GUIDANCE FOUNDATION

25-0965465

SISTER JANICE VANDERNECK	SECRETARY			
611 WILLIAM PENN PLACE, SUITE 303	1.00	0.	0.	0.
PITTSBURGH, PA 15219				

WILLIAM MCKAIN	TRUSTEE			
611 WILLIAM PENN PLACE, SUITE 303	1.00	0.	0.	0.
PITTSBURGH, PA 15219				

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		<u>115,000.</u>	<u>5,855.</u>	<u>3,900.</u>
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FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT 12
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ACTIVITY ONE

DURING 2022, THE PITTSBURGH CHILD GUIDANCE FOUNDATION AWARDED GRANTS VALUED AT \$223,500 TO 23 NONPROFIT ORGANIZATIONS

GRANTS AWARDED SUPPORTED:

PREVENTION SUPPORTING INITIATIVES THAT HELP FAMILIES WITH CHILDREN AVOID BECOMING HOMELESS.

DIRECT SERVICE/INTERVENTION SUPPORTING INITIATIVES THAT HELP FAMILIES WITH CHILDREN WHILE IN SHELTER. SEVERAL GRANTEES PROVIDE DIRECT SERVICES, INCLUDING CASE MANAGEMENT AND ASSISTANCE ENABLING ORGANIZATIONS GUIDE AT-RISK FAMILIES TO MORE STABLE PATHS.

RESEARCH/EVALUATION A HALLMARK OF THE FOUNDATION'S GRANTMAKING IS TO FOSTER A DEEPER UNDERSTANDING OF THE ISSUE AND TO SHARE THAT INFORMATION WITH GRANTEES, OTHER SERVICE PROVIDERS, THE PCGF BOARD AND STAFF, AND THE FOUNDATION COMMUNITY.

TO FORM 990-PF, PART VIII-A, LINE 1

EXPENSES

132,846.

Product: **Exempt**  
 Name: **Pittsburgh Child Guidance Foundation**  
 FEIN: **\*\*\*\*\*5465**  
 Bank Info:  
 Fiscal Year Begin Date: **1/1/2022**  
 IRS Message:

Category: **4720**  
 Plan Number:  
 Fiscal Year End Date: **12/31/2022**

IRS Center: **Ogden**  
 e-Postmark: **7/6/2023 9:37 AM**  
 Notification:  
 eSigned:

**Return Information**

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
07/06/2023	22X:676:V1	Upload Started			Goralzick,Rachael	
07/06/2023	22X:676:V1	Released for Transmission - Validation in Progress			Goralzick,Rachael	
07/06/2023	22X:676:V1	Ready to transmit - Validation Complete				
07/06/2023	22X:676:V1	Transmitted to FD - 4720	25570920231870335e00	\$550.00		
07/06/2023	22X:676:V1	Accepted by FD - 4720 on 7/6/2023				

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ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_

## 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer <b>PITTSBURGH CHILD GUIDANCE FOUNDATION</b>	EIN or SSN <b>25-0965465</b>
Name and title of officer or person subject to tax <b>PAMELA GOLDEN EXECUTIVE DIRECTOR</b>	

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I.

<b>1a</b> Form 990 check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input checked="" type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b> <u>1,050.</u>
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize MAHER DUESSEL, CPA'S to enter my PIN 00676  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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.

Signature of officer or person subject to tax Pamela W. Golden Date July 5, 2023

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  
25570912345  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return 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 Michelle L. Bayan Date 7/6/2023

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

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

Form **8879-TE** (2022)

**Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code**

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

**2022**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form4720](http://www.irs.gov/Form4720) for instructions and the latest information.

For calendar year 2022 or other tax year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_,

Name of organization, entity, or person subject to tax  <b>PITTSBURGH CHILD GUIDANCE FOUNDATION</b>  Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) <b>611 WILLIAM PENN PLACE, 303</b>  City or town, state or province, country, and ZIP or foreign postal code <b>PITTSBURGH, PA 15219</b>	EIN or SSN <b>25-0965465</b>  <input type="checkbox"/> Amended return  Check box for type of annual return: <input type="checkbox"/> Form 990 <input type="checkbox"/> Form 990-EZ <input checked="" type="checkbox"/> Form 990-PF <input type="checkbox"/> Other <input type="checkbox"/> Form 5227
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		Yes	No
<b>A</b> Is the organization a foreign private foundation within the meaning of section 4948(b)?			<b>X</b>
Show conversion rate to U.S. dollars. See instructions _____			
<b>B</b> Entity (other than the organization) or person subject to tax: Are you required to file Form 4720 with respect to more than one organization in the current tax year? See instructions _____			<b>X</b>
If "Yes," attach a list showing the name and EIN for each organization with respect to which you will file Form 4720 for the current tax year.			

**Part I Taxes on Organization** (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

1 Tax on undistributed income - Schedule B, line 4	1	1,050.	
2 Tax on excess business holdings - Schedule C, line 7	2		
3 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (f)	3		
4 Tax on taxable expenditures - Schedule E, Part I, column (h)	4		
5 Tax on political expenditures - Schedule F, Part I, column (f)	5		
6 Tax on excess lobbying expenditures - Schedule G, line 4	6		
7 Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e)	7		
8 Tax on premiums paid on personal benefit contracts	8		
9 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h)	9		
10 Tax on taxable distributions - Schedule K, Part I, column (f)	10		
11 Tax on a charitable remainder trust's unrelated business taxable income. Attach statement	11		
12 Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2	12		
13 Tax on excess executive compensation - Schedule N	13		
14 Tax on net investment income of private colleges and universities - Schedule O	14		
15 <b>Total</b> (add lines 1 - 14)	15	1,050.	

**Part II Taxes on a Manager, Self-Dealer, Disqualified Person, Donor, Donor Advisor, or Related Person**  
(Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

Name and address of related organization; city or town, state or province, country, ZIP or foreign postal code	Employer identification number	
1 Tax on self-dealing - Schedule A, Part II, column (d); and Part III, column (d)	1	
2 Tax on investments that jeopardize charitable purposes - Schedule D, Part II, column (d)	2	
3 Tax on taxable expenditures - Schedule E, Part II, column (d)	3	
4 Tax on political expenditures - Schedule F, Part II, column (d)	4	
5 Tax on disqualifying lobbying expenditures - Schedule H, Part II, column (d)	5	
6 Tax on excess benefit transactions - Schedule I, Part II, column (d); and Part III, column (d)	6	
7 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, column (d)	7	
8 Tax on taxable distributions - Schedule K, Part II, column (d)	8	
9 Tax on prohibited benefits - Schedule L, Part II, column (d); and Part III, column (d)	9	
10 <b>Total</b> - Add lines 1 through 9	10	

**Part III Tax Payments**

1 Total tax (Part I, line 15 or Part II, line 10)	1	1,050.	
2 Total payments including amount paid with Form 8868 (see instructions)	2	1,600.	
3 <b>Tax due.</b> If line 1 is larger than line 2, enter amount owed (see instructions)	3		
4 <b>Overpayment.</b> If line 1 is smaller than line 2, enter the difference. This is your refund	4	550.	



**SCHEDULE A - Initial Taxes on Self-Dealing** (Section 4941)

<b>Part I Acts of Self-Dealing and Tax Computation</b>					
(a) Act number	(b) Date of act	(c) Correction made?		(d) Description of act	
		Yes	No		
1					
2					
3					
4					
5					
(e) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VIII, applicable to the act			(f) Amount involved in act	(g) Initial tax on self-dealer (10% of col. (f))	(h) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col. (f))

<b>Part II Summary of Tax Liability of Self-Dealers and Proration of Payments</b>			
(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)

<b>Part III Summary of Tax Liability of Foundation Managers and Proration of Payments</b>			
(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (h), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE B - Initial Tax on Undistributed Income** (Section 4942)

1	Undistributed income for years before 2021 (from Form 990-PF for 2022, Part XII, line 6d)	1	
2	Undistributed income for 2021 (from Form 990-PF for 2022, Part XII, line 6e)	2	3,500.
3	Total undistributed income at end of current tax year beginning in 2022 and subject to tax under section 4942 (add lines 1 and 2)	3	3,500.
4	Tax - Enter 30% of line 3 here and on Part I, line 1	4	1,050.

**SCHEDULE C - Initial Tax on Excess Business Holdings** (Section 4943)

**Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

		(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1	Foundation holdings in business enterprise	1		
2	Permitted holdings in business enterprise	2		
3	Value of excess holdings in business enterprise	3		
4	Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement)	4		
5	Taxable excess holdings in business enterprise - line 3 minus line 4	5		
6	Tax - Enter 10% of line 5	6		
7	<b>Total tax</b> - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2	7		

8	Did the organization dispose of excess holdings subject to tax reported on line 6? Attach a statement explaining (i) corrective action taken, or (ii) why corrective action has not been taken.	Yes	No
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**SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose** (Section 4944)

**Part I** Investments and Tax Computation

(a) Investment number	(b) Date of investment	(c) Correction made?		(d) Description of investment	(e) Amount of investment	(f) Initial tax on foundation (10% of col. (e))	(g) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (e))
		Yes	No				
1							
2							
3							
4							
5							
<b>Total</b> - Column (f). Enter here and on Part I, line 3							
<b>Total</b> - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below							

**Part II** Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE E - Initial Taxes on Taxable Expenditures** (Section 4945)

<b>Part I Expenditures and Computation of Tax</b>					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Correction made?		(e) Name and address of recipient
			Yes	No	
1					
2					
3					
4					
5					
(f) Description of expenditure and purposes for which made			(g) Question number from Form 990-PF, Part VI-B, or Form 5227, Part VIII, applicable to the expenditure		(h) Initial tax imposed on foundation (20% of col. (b))
<b>Total</b> - Column (h). Enter here and on Part I, line 4					
<b>Total</b> - Column (i). Enter total (or prorated amount) here and in Part II, column (c), below					

<b>Part II Summary of Tax Liability of Foundation Managers and Proration of Payments</b>			
(a) Names of foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (i), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE F - Initial Taxes on Political Expenditures** (Section 4955)

<b>Part I Expenditures and Computation of Tax</b>							
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Correction made?		(e) Description of political expenditure	(f) Initial tax imposed on organization or foundation (10% of col. (b))	(g) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b))
			Yes	No			
1							
2							
3							
4							
5							
<b>Total</b> - Column (f). Enter here and on Part I, line 5							
<b>Total</b> - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below							

<b>Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments</b>			
(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE G - Tax on Excess Lobbying Expenditures** (Section 4911)

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990), Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2
3	Excess lobbying expenditures - enter the larger of line 1 or line 2	3
4	Tax - Enter 25% of line 3 here and on Part I, line 6	4

**SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures** (Section 4912)

<b>Part I Expenditures and Computation of Tax</b>					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable) - (5% of col. (b))
1					
2					
3					
4					
5					
<b>Total</b> - Column (e). Enter here and on Part I, line 7					
<b>Total</b> - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

<b>Part II Summary of Tax Liability of Organization Managers and Proration of Payments</b>			
(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c) (see instructions))

**SCHEDULE I - Initial Taxes on Excess Benefit Transactions** (Section 4958)

<b>Part I Excess Benefit Transactions and Tax Computation</b>				
(a) Transaction number	(b) Date of transaction	(c) Correction made?		(d) Description of transaction
		Yes	No	
1				
2				
3				
4				
5				
<b>(e) Amount of excess benefit</b>		<b>(f) Initial tax on disqualified persons (25% of col. (e))</b>		<b>(g) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (e))</b>

**SCHEDULE I - Initial Taxes on Excess Benefit Transactions** (Section 4958) *Continued*

**Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments**

(a) Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)

**Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments**

(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions** (Section 4965)

**Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity**

(see instructions)

(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection	(d) Description of transaction			
1						
2						
3						
4						
5						
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Yes                      No		(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)		

**Total** - Column (h). Enter here and on Part I, line 9 .....

**Part II Tax Imposed on Entity Managers** (Section 4965) *Continued*

(a) Name of entity manager	(b) Transaction number from Part I, col. (a)	(c) Tax - enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))

**SCHEDULE K - Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds** (Section 4966). See the instructions.

<b>Part I Taxable Distributions and Tax Computation</b>			
(a) Item number	(b) Name of sponsoring organization and donor advised fund	(c) Description of distribution	
1			
2			
3			
4			

  

(d) Date of distribution	(e) Amount of distribution	(f) Tax imposed on organization (20% of col. (e))	(g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000)

**Total - Column (f).** Enter here and on Part I, line 10 .....

**Total - Column (g).** Enter total (or prorated amount) here and in Part II, column (c), below .....

<b>Part II Summary of Tax Liability of Fund Managers and Proration of Payments</b>			
(a) Name of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g) or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

**SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds** (Section 4967).

See the instructions.

<b>Part I Prohibited Benefits and Tax Computation</b>		
(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		
(d) Amount of prohibited benefit	(e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)

<b>Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments</b>			
(a) Names of donors, donor advisors, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)

<b>Part III Summary of Tax Liability of Fund Managers and Proration of Payments</b>			
(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)

**Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements** (Sections 4959 and 501(r)(3)). (See instructions.)

**Part I Failures to Meet Section 501(r)(3)**

(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

**Part II Computation of Tax**

1	Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3) .....	<b>1</b>
2	Tax - Enter \$50,000 multiplied by line 1 here and on Part I, line 12 .....	<b>2</b>

**SCHEDULE N - Tax on Excess Executive Compensation** (Section 4960). (See instructions.)

(a) Item number	(b) Name of covered employee	(c) Excess remuneration	(d) Excess parachute payment	(e) Total. Add column (c) and (d)
1				
2				
3				
4				
5				
6	Attachment, if necessary. See instructions .....			
<b>Total</b> (add column (e) items 1 - 6) .....				
<b>Tax.</b> Enter 21% of the amount above here and on Part I, line 13 .....				

**SCHEDULE O - Excise Tax on Net Investment Income of Private Colleges and Universities**  
(Section 4968)

	(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Capital gain net income	(e) Administrative expenses allocable to income included in cols. (c) and (d)	(f) Net investment income (See instructions.)
1	Filing Organization					
2	Related Organization					
3	Related Organization					
4	Related Organization					
5	Total from attachment, if necessary .....					
6	<b>Total</b> .....					
7	Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14 .....					



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

EXECUTIVE DIRECTOR

**Sign Here**

Signature of officer or trustee \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person \_\_\_\_\_ Date \_\_\_\_\_

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

**Paid Preparer Use Only**

Print/Type preparer's name <b>MICHELLE L. BRYAN</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P01306133</b>
Firm's name <b>MAHER DUESSEL, CPA'S</b>			Firm's EIN <b>25-1622758</b>	
Firm's address <b>503 MARTINDALE STREET, SUITE 600 PITTSBURGH, PA 15212</b>			Phone no. <b>412-471-5500</b>	

WAS SECTION 4942(H)(2)  
ELECTION MADE ON 990-PF

DATE

NO

12/31/22

CORRECTIVE ACTION DESCRIPTION

INCOME WILL BE DISTRIBUTED THROUGH GRANTS IN 2023.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>PITTSBURGH CHILD GUIDANCE FOUNDATION</b>	Taxpayer identification number (TIN) <b>25-0965465</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>611 WILLIAM PENN PLACE, 303</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PITTSBURGH, PA 15219</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**THE PGH CHILD GUIDANCE FOUNDATION**

- The books are in the care of ▶ **611 WILLIAM PENN PLACE, SUITE 303 - PITTSBURGH, PA 15219**

Telephone No. ▶ 412-434-1665 Fax No. ▶ 412-434-0406

- 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2022 or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Product: **Exempt Extension**  
 Name: **Pittsburgh Child Guidance Foundation**  
 FEIN: **\*\*\*\*\*5465**  
 Bank Info:  
 Fiscal Year Begin Date: **1/1/2022**  
 IRS Message:

Category:  
 Plan Number:  
 Fiscal Year End Date: **12/31/2022**

IRS Center: **Ogden**  
 e-Postmark: **5/3/2023 9:13 AM**  
 Notification:  
 eSigned:

**Return Information**

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
05/03/2023	22X:676:V1	Upload Started			Clever,Kathy	
05/03/2023	22X:676:V1	Released for Transmission - Validation in Progress			Clever,Kathy	
05/03/2023	22X:676:V1	Ready to transmit - Validation Complete				
05/03/2023	22X:676:V1	Transmitted to FD	25570920231230338e22			
05/03/2023	22X:676:V1	Accepted by FD on 5/3/2023				

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ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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