7

990-T	l E	Extended to Make the second of the Exempt Organization Bus		13, 2019	29 393 1 ax Retur	_	0 5 6 D 6
•		(and proxy tax und	er se	ction 6033(e))	. 326		2017
Department of the Treasury		► Go to www irs.gov/Form990T for in Do not enter SSN numbers on this form as it may	struction	ons and the latest inform	iation.		pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if		Name of organization (Check box if name of	hanged	and see instructions)		DEmploy	ver identification number yees trust see
address changed		YOUNG WOMEN'S CHRISTIA		instruc	tions)		
B Exempt under section	Print	GREATER PITTSBURGH					5 - 0 9 6 5 6 3 9 ed business activity codes
X 501(C 1/3) 408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. bo 305 WOOD STREET	x, see ir	istructions			structions)
408A 530(a)		City or town, state or province, country, and ZIP of	ır forein	n postal code	nt	-	
529(a)		PITTSBURGH, PA 15222-				9000	003
e. Book value of all accets		F O	>				
54,637,5	04.	G Check organization type ► X 501(c) cor				a) trust	Other trust
H Describe the organization	's prim	ary unrelated business activity. UNRELAT			RATED FR		VESTMENTS
-		poration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	•	Yes	X No
		tifying number of the parent corporation.		Tolonh	one number 🕨	<u>/112_3</u>	201_5100
		de or Business Income		(A) Income	(B) Expense		(C) Net
1a Gross receipts or sale		1		. (*,	(-)		(0)
b Less returns and allow		c Balance	1c			İ	
2 Cost of goods sold (S	chedule	A, line 7)	2				
3 Gross profit Subtract	line 2 fi	om line 1c	3				
4 a Capital gain net incom	ne (attac	h Schedule D)	4a				
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b				
c Capital loss deduction			4c	0.064.			0000
		ips and S corporations (attach statement)	5	82,617.			82,617.
6 Rent income (Schedu		(O. b. d. b. 5)	6				
7 Unrelated debt-financ		ne (Scriedule E) and rents from controlled organizations (Sch. F)	7 8		<u> </u>		
		on 501(c)(7), (9), or (17) organizations (Schedule G	-				····
10 Exploited exempt activ			10			-	
11 Advertising income (S	•	· ·	11				
12 Other income (See ins		·	12	11,696.			11,696.
13 Total. Combine lines			13	94,313.			94,313.
		ot Taken Elsewhere (See instructions foutions, deductions must be directly connected			s income)		
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)			•	14	
15 Salaries and wages						15	
16 Repairs and mainten	ance					16	
17 Bad debts						17	
18 Interest (attach sche	dule)					18	
19 Taxes and licenses20 Charitable contribute	one (Sai	e instructions for limitation rules)				19	· · · · · · · · · · · · · · · · · · ·
21 Depreciation (attach	•	. RE(.P)	VEL)		20	
, ,		n Schedule A and elsewhere on return	440 00 00	22a		- 22b	
23 Depletion		magnesian place ~ 1.2	2019			23	
24 Contributions to defe	erred co	mpensation plans	201			24	
25 Employee benefit pro	grams	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		IT		25	
26 Excess exempt expense.			N. C	1		26	
27 Excess readership co	•	•				27	
28 Other deductions (at		-				28	<u> </u>
29 Total deductions At		•	et line of	0 from line 12		29	94,313.
		ncome before net operating loss deduction. Subtrai i (limited to the amount on line 30)	me 25	2 11 UIII IIII 13		30	74,313.
· -		r (infinited to the amount on line 30) ncome before specific deduction. Subtract line 31 fi	om line	: 30		32	94,313.
		y \$1,000, but see line 33 instructions for exceptions				33	1,000.
·	-	income Subtract line 33 from line 32. If line 33 is	•	than line 32, enter the sm	naller of zero or 🥎	\ <u> </u>	
line 32					స	34	93,313.

723701 01-22 18 LHA For Paperwork Reduction Act Notice, see instructions.

93,313. Form **990-T** (2017)

	_	_	_		_	_	_
25-	Λ	a	_	_	_	2	വ
43-	u	7	0	-:)	O		7

Da	~~	2
Pа	OΑ	- 1

Form 990-1	(2017) GREATER PITTSBURGH	23-03	0202	<u> </u>		. ugo E
Part I	Tax Computation					
35	Organizations Taxable as Corporations. See instructions for tax computation					
	Controlled group members (sections 1561 and 1563) check here See instructions and.					
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)					
	(1) \$ (2) \$					
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)					
	(2) Additional 3% tax (not more than \$100,000)					
C	Income tax on the amount on line 34 SEE STATEMENT 3	>	35c	1	9,7	<u>87.</u>
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from					-
	Tax rate schedule or Schedule D (Form 1041)	>	36			
37	Proxy tax See instructions	•	37			
38	Alternative minimum tax		3,8			
39	Tax on Non-Compliant Facility Income. See instructions		39		<u> </u>	~
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		4 40		9,7	87.
Part I						
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		_			
b	Other credits (see instructions)		_			
C	General business credit. Attach Form 3800		_			
	Credit for prior year minimum tax (attach Form 8801 or 8827)		ا ر ا			
	Total credits. Add lines 41a through 41d	4	41e		0 7	07
42	Subtract line 41e from line 40 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866, Other (a	,			9,7	0/.
43		ttach schedule)	0 44		9,7	Q 7
44	Total tax Add lines 42 and 43 Payments A 2016 overpayment credited to 2017	ب	1 4 - 4"		<i>)</i> , <i>i</i>	07.
	2017 estimated tax payments		-			
	Tax deposited with Form 8868		\dashv			
	Foreign organizations Tax paid or withheld at source (see instructions) 45d		-	İ		
	Backup withholding (see instructions)		┥ :			
	Credit for small employer health insurance premiums (Attach Form 8941)		-			
	Other credits and payments Form 2439		-1			
•	Form 4136 ☐ Other Total ► 45g		١.			
46	Total payments. Add lines 45a through 45g		46			
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	5	2 47		7	26.
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed	•	248	2	0,5	13.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	•	49			
50		ınded 🕨	50			
Part \	Statements Regarding Certain Activities and Other Information (see instruc	tions)				
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority	'			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country					
	here >					X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?		-		X
53	If YES, see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year \$\$\$\$\$\$					
	Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the	e best of my kr	nowledge a	nd belief it is	true	
Sign	correct and complete Declaration of planarer (other than taxpayer) is based on all information of which preparer has any knowledge	je ==				
Here	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-	S discuss this er shown below		vith
	Signature of officer Date Title			s)? X Ye		No
	Print/Type preparer's name Preparer's signature Date C	heck	ıf PTI	N		
Paid	ELIZABETH E 106 CI	elf- employe	1			
Prepa				01275	616	
Use C	Indy Firm's name MAHER DUESSEL, OPA'S	Firm's EIN	2	5-162	275	8
	503 MARTINDALE STREET, SUITE 600					
	Firm's address ► PITTSBURGH, PA 15212	Phone no	412-	471-5	500	
				_ ^^	\^ T	

YOUNG WOMEN'S CHRISTIAN ASSOCIATION Form 990-T (2017) GREATER PITTSBURGH

25-0965639 Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2] 7	Cost of goods sold. Su	btract I	ine 6			-
3 Cost of labor	3		_]	from line 5. Enter here	and in I	Part I,		1	
4 a Additional section 263A costs				line 2			7	<u> </u>	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Ye	s No
b Other costs (attach schedule)	4b		4	property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty)	
1 Description of property									
(1)									
(2)									
(3)									
(4)									
		ed or accrued				3(a) Deductions directly		acted with the recen	
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	personal	sonal property (if the percema property exceeds 50% or if sed on profit or income)	ige	columns 2(a) a	nd 2(b)	(attach schedule)	ne in
(1)		1							
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns		iter			_	(b) Total deductions. Enter here and on page 1,			
here and on page 1, Part I, line 6, column		<u> </u>			0.	Part I line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Del	bt-Financed	I Income (see	ınstru	ictions)					
			2	2. Gross income from		 Deductions directly control to debt-finant 	nnected ced pro	d with or allocable operty	
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation		(b) Other deduct	
				maneod property		(attach schedule)		(attach schedu	le)
/4)			+					·	
(1)			┼─			- · · · · · · · · · · · · · · · · · · ·			
(3)			+					- <u>-</u>	
(4)									
4 Amount of average acquisition	5 Average	adjusted basis	+	Column 4 divided		7 Gross income		8 Allocable ded	- at leas
debt on or allocable to debt-financed property (attach schedule)	of or a	allocable to inced property h schedule)	`	by column 5		reportable (column 2 x column 6)		(column 6 x total of 3(a) and 3(b	columns
(1)			1-	%			 		
(2)	L			%					··········
(3)				%					
(4)				%					
						nter here and on page 1, Part I line 7, column (A)		Enter here and on p Part I line 7, colum	
Totals				▶		0			0.
Total dividends-received deductions in	acluded in column	1 B		- 1	·				- ī ·

Form 990-T (2017) GREATER PITTSBURGH

Schedule F - Interest,	Annuities, Roy	alties, a	~		_		zatio	ns (see ins	structio	ns)
			Exempt (Controlled O	rganizati	ons				
1. Name of controlled organiza	ider	Employer httfication number		related income i instructions)		al of specified nents made	ınclud	rt of column 4 led in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)					· · · · ·					
(2)			 		<u> </u>		†			
(3)						**			 †	
(4)	· · · · · · · · · · · · · · · · · · ·				 					
Nonexempt Controlled Organ	ızatıons		<u> </u>		<u> </u>		٠		L	
7. Taxable Income	8 Net unrelated in	come (loss)	Q Total	of specified pay	ments	10 Part of colu	mn 9 tha	it is included	11 p	Deductions directly connected
,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(see instruct			made		in the controll		nization's	'' wi	th income in column 10
(1)										
(2)			<u> </u>						 	
(3)									·	.,
(4)			 			 				
_(4)	.1 .		<u> </u>			Add colur	nne 5 an	rd 10	,	Add columns 6 and 11
						Enter here and		8 1, Part I,		r here and on page 1 Part I line 8, column (B)
Totals					▶			0.		0.
Schedule G - Investme	ent Income of	a Section	n 501(c)(7), (9), or	(17) Or	ganization	1	<u></u>		
1 Desc	cription of income		-	2 Amount of	income	 Deduction directly connected to the connected t	ected	4 Set-	-asides schedule)	5 Total deductions and set-asides (cot 3 plus cot 4)
(1)										
(2)										
(3)										
(4)	•									
				Enter here and Part I, line 9 co				•		Enter here and on page 1 Part I, line 9 column (B)
					, C					
Totals			>		0.					0.
Schedule I - Exploited (see instri	•	ity Incon	ne, Othe	r Than Ad	dvertisi	ing Incom	В			
	·	3 5	penses	4. Net incor	ne (loss)	_				7. Excess exempt
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly with pr of un	connected roduction irelated ss income	from unrelated business (co minus colum gain, comput through	olumn 2 in 3) If a e cols 5	5. Gross inco from activity is not unrela business inco	that ted	attribut	censes table to mn 5	expenses (column 6 minus column 5, but not more than column 4)
(1)		7								
(2)	 					<u> </u>				-
(3)	1	+								
(4)	†									
	Enter here and on page 1, Part I line 10 col (A)	page line 10	ere and on 1, Part I I, col (B)							Enter here and on page 1, Part II line 26
Totals] 0	- 1	0.							0.
Schedule J - Advertisi										
Part I Income From	Periodicals Re	eported c	on a Con	ısolidated	l Basis					
1 Name of periodical	2 Gros. advertisir income	ng and	3. Direct vertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput hrough 7	5. Circula income		6 Read cos		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)]						
(3)]
(4)]
Totals (carry to Part II, line (5))	•	0.	0						,	0.
, , , , , ,										5 000 T (0047)

25-0965639

Page 5

Form 990-T (2017) GREATER PITTSBURGH

Part II	Income From	Periodicals Reported on a Separate Basis (For each periodical listed in F	Part II, fill in
	columns 2 through	7 on a line-by-line basis)	

1 Name of periodical		2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							1
(4)							
Totals from Part I	•	0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1 Part I, line 11, col (B)	,			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.	,			0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

Form 4626 Department of the Treasury

Alternative Minimum Tax - Corporations

► Attach to the corporation's tax return.

► Go to www irs gov/Form4626 for instructions and the latest information.

2017

Nam	CORAMED DIMERSHALL ASSOCIATION			25-0965639
	GREATER PITTSBURGH			45-0905039
	Note: See the instructions to find out if the corporation is a small corporation exe	mpt		
	from the alternative minimum tax (AMT) under section 55(e)			
1	Taxable income or (loss) before net operating loss deduction		1	93,313.
2				73,313.
	a Depreciation of post-1986 property		2a	
			2b	
			2c	
	 Amortization of mining exploration and development costs d Amortization of circulation expenditures (personal holding companies only) 		2d	
	***		2e	
	e Adjusted gain or loss f Long-term contracts		2f	
	g Merchant marine capital construction funds			
	h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations	cook)	2g 2h	
	i Tax shelter farm activities (personal service corporations only)	s uniy)	21	
	j Passive activities (closely held corporations and personal service corporations of	nlv)	21	
	k Loss limitations	···y,	2k	
	I Depletion		21	
	m Tax-exempt interest income from specified private activity bonds		2m	
	n Intangible drilling costs		2m	
	Other adjustments and preferences		20	
3		nugh 2n	3	93,313.
4	·	50gii 25		33,313.
	a ACE from line 10 of the ACE worksheet in the instructions	4a 93,313.		
	b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a	33,3231		
	negative amount. See instructions	46 0.		
	c Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c		
	d Enter the excess, if any, of the corporation's total increases in AMTI from prior	1		
	year ACE adjustments over its total reductions in AMTI from prior year ACE			
	adjustments See instructions Note: You must enter an amount on line 4d			
	(even if line 4b is positive)	40		
	e ACE adjustment	1.0		
	If line 4b is zero or more, enter the amount from line 4c	,		
	If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative	amount	4e	0.
5		,	5	93,313.
6		,	6	20,020
7	· -	tion held a residual	Ť	
	interest in a REMIC, see instructions		7	93,313.
8		er -0- on line 8c):		7 - 7 - 7 - 7
	a Subtract \$150,000 from line 7. If completing this line for a member of a controlled	,		
	group, see instructions. If zero or less, enter -0-	8a O.		
	b Multiply line 8a by 25% (0 25)	8b 0.		
	c Exemption. Subtract line 8b from \$40,000. If completing this line for a member of	f a controlled		
	group, see instructions. If zero or less, enter -0-		8c	40,000.
9			9	53,313.
10	10 Multiply line 9 by 20% (0 20)		10	10,663.
	11 Alternative minimum tax foreign tax credit (AMTFTC) See instructions		11	<u> </u>
12	12 Tentative minimum tax. Subtract line 11 from line 10 STMT	r 4 BLENDED RATE	12	5,375.
13	13 Regular tax liability before applying all credits except the foreign tax credit		13	19,787.
14	14 Alternative minimum tax. Subtract line 13 from line 12 If zero or less, enter -0-	Enter here and on		
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income	tax return	14	0.
IWA	IWA For Panerwork Reduction Act Notice see separate instructions			Form 4626 (2017)

Adjusted Current Earnings (ACE) Worksheet ► See ACE Worksheet Instructions 93,313. 1 1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 2 ACE depreciation adjustment a AMT depreciation 2a **b** ACE depreciation (1) Post-1993 property 2b(1) (2) Post-1989, pre-1994 property 2b(2) (3) Pre-1990 MACRS property 2b(3) 2b(4) (4) Pre-1990 original ACRS property (5) Property described in sections 168(f)(1) through (4) 2b(5) (6) Other property 2b(6) (7) Total ACE depreciation. Add lines 2b(1) through 2b(6) 26(7) 2c c ACE depreciation adjustment. Subtract line 2b(7) from line 2a 3 Inclusion in ACE of items included in earnings and profits (E&P) 3a a Tax-exempt interest income b Death benefits from life insurance contracts 36 c All other distributions from life insurance contracts (including surrenders) 3с 3d d Inside buildup of undistributed income in life insurance contracts e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e 3f Disallowance of items not deductible from E&P: a Certain dividends received 4a b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as 4b affected by P.L. 113-295, Div. A. section 221(a)(41)(A). Dec. 19, 2014 128 Stat. 4043). 4c c Dividends paid to an ESOP that are deductible under section 404(k) d Nonpatronage dividends that are paid and deductible under section 4d 1382(c) e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) f Total increase to ACE because of disallowance of items not deductible from E&P Add lines 4a through 4e 4f 5 Other adjustments based on rules for figuring E&P a Intangible drilling costs 5a **b** Circulation expenditures 5b c Organizational expenditures 5с 5d d LIFO inventory adjustments 5e e Installment sales f Total other E&P adjustments. Combine lines 5a through 5e 6 6 Disallowance of loss on exchange of debt pools 7 7 Acquisition expenses of life insurance companies for qualified foreign contracts 8 Depletion Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property -9 Adjusted current earnings Combine lines 1, 2c, 3f, 4f, and 5f through 9 Enter the result here and on line 4a of 93,313. 10 Form 4626

FORM 990-T OTHER	INCOME		STATEMENT	1
DESCRIPTION			AMOUNT	
TRANSPORTATION BENEFITS			11,6	96.
TOTAL TO FORM 990-T, PAGE 1, LINE 12			11,6	96.
FORM 990-T INCOME (LOSS)	FROM PARTNERS	SHIPS	STATEMENT	2
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOM OR (LOSS	_
PORTFOLIO ADVISORS PRIVATE EQUITY FUND VI, L.P. AP OPPORTUNITIES FUND, L.P.	563. 86,072.	0.	5 86,0	63. 72.
ABERDEEN ENERGY AND RESOURCES PARTNERSHIP IV, L.P.	-4,018.	0.	-4,0	18.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	82,617.	0.	82,6	17.

FORM	990-T LINE 35C TAX COMPUTATION	ON		STATEMENT	3
1.	TAXABLE INCOME		93,313		
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT	• •	50,000		
3.	LINE 1 LESS LINE 2	• •	43,313		
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT	• •	25,000		
5.	LINE 3 LESS LINE 4		18,313		
6.	INCOME SUBJECT TO 34% TAX RATE	• •	18,313		
7.	INCOME SUBJECT TO 35% TAX RATE	• •	0		
8.	15 PERCENT OF LINE 2	• •	7,500		
9.	25 PERCENT OF LINE 4		6,250	-	
10.	34 PERCENT OF LINE 6	• •	6,226		
11.	35 PERCENT OF LINE 7	• •	0		
12.	ADDITIONAL 5% SURTAX	• •	0		
13.	ADDITIONAL 3% SURTAX	• •	0		
14.	TOTAL INCOME TAX		_	19,	976
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/201	7	19,596		
	מס	AYS			
16. 17.		184 181	10,070 9,717		
18.		365 ——		19,	787