32 Unrelated business taxable income. Subtract line 31 from line 30
823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

Deduction for not operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

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31

9-10

Form 990-T (2018)

3,129

F@rm 990-	(20,18) GREATER PITTSBURGH	<u> </u>	0000	9		aye
Part I	II Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33		3,1	<u> 29 .</u>
34	Amounts paid for disallowed fringes		34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		1	1		
	lines 33 and 34		36	<u> </u>	3,1	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	358	37		1,0	00.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,	-	1 1			
	enter the smaller of zero or line 36	34	( 38	<u>                                      </u>	2,1	<u> 29.</u>
Part I	V Tax Computation					
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	40 P	39		4	47.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	५०				
	Tax rate schedule or Schedule D (Form 1041)	<b>•</b>	40	1		_
41	Proxy tax See instructions	<b>&gt;</b>	41	Ţ		
42	Alternative minimum tax (trusts only)		42			
43	Tax on Noncompliant Facility Income See Instructions		43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	49	7 44		4	47.
Part \				•		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  48a		Ti			
b	Other credits (see instructions)		┦ '	j		
	General business credit. Attach Form 3800		┪			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		1			
_	Total credits Add lines 45a through 45d	***	45e	1		
e 40	Subtract line 45e from line 44		46	<del></del>	4	47.
46			47	<del> </del>		<del>-</del> - •
47	<del></del>	attach schedule)			1	47.
48	Total tax. Add lines 46 and 47 (see instructions)	٦	4 48	<del></del>	4	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	<del>                                       </del>		
	Payments. A 2017 overpayment credited to 2018		┥`			
	2018 estimated tax payments 50b		-	1		
	Tax deposited with Form 8868					
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		-  `			
е	Backup withholding (see instructions) 50e		վ : ։	,		
f	Credit for small employer health insurance premiums (attach Form 8941)  50f	<del></del>	_  ∙ `			
9	Other credits, adjustments, and payments: Form 2439		•			
	Form 4136 Other Total ▶ 50g		1.	1		
51	Total payments. Add lines 50a through 50g		51 52			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<b>54</b> ►	53	<u></u>	4	47.
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<b>&gt;</b>	54	<u> </u>		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	unded 🕨	55			
Part \	I Statements Regarding Certain Activities and Other Information (see instruc	tions)				
56	At any time during the 2018 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					1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			ì		-
	here <b>&gt;</b>					X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eion trust?				X
•	If "Yes," see instructions for other forms the organization may have to file.			Ì		
58	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 b	est of my knowle	edge and	belief, it is true,		
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge					
Here	YWanie ( 2-11-2012 INTERIM CEO			RS discuss this		/ith
	Signature of officer Date Title			rer shown belowns)? X Yes		No
			ıf PT			1.40
	EL TANDEMU E			114		
Paid	WE TOWER	self- employed		0117754	:16	
Prepa	rer Statute Different (2001)			012756 5-1622		<u> </u>
Use C	only Firm's name ► MAHER DUESSEL, 'CPA'S	Firm's EIN		10-T077	1 7 3	<u> </u>
	503 MARTINDALE STREET, SUITE 600	Phone no 4	112	/71 E		
	Term connider - Diriving Bridial Un 15717	₩aaaa na A	u . / ~			

# YOUNG WOMEN'S CHRISTIAN ASSOCIATION Form 990-T (2018) GREATER PITTSBURGH

25-0965639

Page 3

Schedule A - Cost of Goods	s Sold. Enter	method of invei	ntory v	aluation > N/A		<del></del>			
1 Inventory at beginning of year 1			$\neg$	Inventory at end of year		6			
2 Purchases	2			Cost of goods sold Si	ine 6				
3 Cost of labor	3		from line 5. Enter here and i			Part I,	L		
4a Additional section 263A costs				line 2			7_		
(attach schedule)	4a		_ 8	Do the rules of section	263A (	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to		<u> </u>	
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pers	sonal Property L	.ease	d With Real Prop	erty	) 	
Description of property									-
(1)		<del></del>						<del></del>	
(2)		<del></del>				<del></del>			
(3)		·		···		<del></del>			
(4)		<del></del>							
	2 Rent receiv	ed or accrued							
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	<b>3(a)</b> Deductions directly columns 2(a) ar		cted with the income in (attach schedule)	
(1)					-				
(2)						<u> </u>			
(3)									
(4)									
Total	0.	Total			0.		-		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	<b>.</b>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>_</b>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ctions)					
			١,	Gross income from		3 Deductions directly cont to debt-finance	nected	with or allocable perty	
1 Description of debt-fin	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)		<del></del> -	+				+		
(2)		<del></del>			<b>-</b>	<del></del>	+	<del></del>	
(3)			<u> </u>				$\top$		
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)		allocable to nced property	6 Column 4 divided by column 5			7 Gross income reportable (column 2 x column 6)		8 Allocable deducti (column 6 x total of col 3(a) and 3(b))	
_(1)	·	<del></del>		%				<del></del>	
(2)		<u> </u>		%	<u> </u>				
(3)				%	-				
(4)				%			<b>T</b>		
			•			nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (	
Totals						0		·	0.
Total dividends-received deductions in	cluded in column	ı 8					_		0.

Schedule F - Interest,	Ailliaitie	s, Noyai	iles, ai		Controlled C			ition:	s (see in	struction	is)	
Name of controlled organization		identif	2 Employer identification number 3 Net un (loss) (se		unrelated income 4. To see instructions) pay		yments made incli		5 Part of column 4 that included in the controllir organization's gross inco.		6 Deductions directly connected with income in column 5	
(1)				<del>                                     </del>		-						
(2)				T								
(3)				1					·	1		
(4)				<del> </del>								
Nonexempt Controlled Organi	ızatıons			<u> </u>			<del></del>					
7. Taxable Income	8 Net u	nrelated incon ee instruction:		9. Total	l of specified payi made	ments	10 Part of column the controllingross	mn 9 tha ng orgai s income	nization's		eductions directly connected h income in column 10	
(1)	<del>                                     </del>	-	_	<del>                                     </del>		<del></del>						
(2)	†				···	<del></del>						
(3)	†			<del>                                     </del>			<u> </u>					
(4)				<del>                                     </del>					<del>,</del>			
17/				_l			Add colum Enter here and line 8, c		1, Part I,	Enter h	dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)	
Totals		•							0.		0.	
Schedule G - Investme	nt Incon	ne of a S	Section	501/0)/7	7) (0) or (	17) Ord	ranization		<u> </u>	<u> </u>		
	ructions)	ie oi a c	ection	301(0)(1	, , (9), 01 (	17, 01	garnzation					
	cription of incor	ne			2 Amount of	ıncome	3 Deduction directly conne (attach sched	cted	4 Set-	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)	
(1)							,				1	
·(2)					<u> </u>				1			
(3)				****	1			-			<del></del>	
(4)			-				· · · · · · · · · · · · · · · · · · ·				<del></del>	
					Enter here and Part I, line 9, co		<del></del>	-		-	Enter here and on page 1, Part I, line 9, column (B)	
Totals				•		0.					0.	
Schedule I - Exploited (see instru	-	Activity	Incom	e, Other	Than Adv		g Income			-	-/1 <u> </u>	
					4 Net incon	ne (loss)	<del></del>	-	l		7.5	
1 Description of exploited activity	2 G unrelated income trade or b	business from	directly with pr of un	y connected business ( production unrelated business (		directly connected with production		trade or olumn 2 n 3) If a e cols 5	from activity that stributable to solumn 5		able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		-							<u> </u>		1	
(2)											<del></del>	
(3)			_								-	
(4)											<del></del>	
	Enter here page 1, line 10, c	Part I, col (A)	page	ere and on 1, Part I, , col (B)		* +,					Enter here and on page 1, Part II, line 26	
Totals	<u></u>	0.		0.	<u> </u>					_	0.	
Schedule J - Advertision			nstruction	_,	12 -1 - 41	D:-						
Part I Income From I	Periodici	als Repo	ortea o	n a Con	solidated	Basis						
1. Name of periodical		2 Gross advertising income	adv	3 Direct vertising costs	or (loss) (c		5. Circulat		6. Read cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)					] <i>.</i> "	-						
(3)					·.							
(4)					\rceil・ `							
Totals (carry to Part II, line (5))	<b>•</b>		).	0				•			0.	

Page 4

### YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Form 990-T (2018) GREATER PITTSBURGH 25-09656

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

25-0965639

Page 5

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)						
(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)	· <u> </u>	0.	, , , , , , , , , , , , , , , , , , ,	ي ( s الا م ي م		0.

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

1 Name	2. Title	time devoted to business	Compensation attributable to unrelated business	
(1)		%		_
(2)		%		_
(3)		%		_
(4)		%		
Total Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0	_

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

#### UNRELATED INCOME GENERATED FROM INVESTMENTS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
PORTFOLIO ADVISORS PRIVATE EQUITY FUND V	
PORTFOLIO ADVISORS PRIVATE EQUITY FUND VI, L.P ORDINARY BUSINESS INCOME (	5,877.
PORTFOLIO ADVISORS PRIVATE EQUITY FUND VI, L.P NET RENTAL REAL ESTATE INC	14.
PORTFOLIO ADVISORS PRIVATE EQUITY FUND VI, L.P OTHER	
NET RENTAL INCOME (L	6.
PORTFOLIO ADVISORS PRIVATE EQUITY FUND VI, L.P INTEREST INCOME	108.
PORTFOLIO ADVISORS PRIVATE EQUITY FUND VI, L.P DIVIDEND INCOME	101.
PORTFOLIO ADVISORS PRIVATE EQUITY FUND VI, L.P	
ROYALTIES PORTFOLIO ADVISORS PRIVATE EQUITY FUND VI, L.P OTHER	31.
PORTFOLIO INCOME (LO	2
PORTFOLIO ADVISORS PRIVATE EQUITY FUND VI, L.P OTHER INCOME (LOSS)	-12
AP OPPORTUNITIES FUND, L.P ORDINARY BUSINESS INCOME	
(LOSS) ABERDEEN ENERGY AND RESOURCES PARTNERSHIP IV, L	151
ORDINARY BUSINESS INCOME	-20,016.
ABERDEEN ENERGY AND RESOURCES PARTNERSHIP IV, L NET RENTAL REAL ESTATE IN	-4.
ABERDEEN ENERGY AND RESOURCES PARTNERSHIP IV, L	
INTEREST INCOME ABERDEEN ENERGY AND RESOURCES PARTNERSHIP IV, L OTHER	181.
INCOME (LOSS)	10,741.
GLENMEDE - ORDINARY BUSINESS INCOME (LOSS) GLENMEDE - INTEREST INCOME	-15. 428.
GLENMEDE - DIVIDEND INCOME	119
GLENMEDE - OTHER PORTFOLIO INCOME (LOSS) GLENMEDE - OTHER INCOME (LOSS)	-115. 77.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-2,326.

#### SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to www irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

Employer identification number

YOUNG WOMEN'S CHRISTIAN ASSOCIATION GREATER PITTSBURGH

Part I | Short-Term Capital Gains and Losses (See Instructions )

25-0965639

Part I Short-Term Capital Ga	ins and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to ga	ın	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part I, line 2, column (	49, g)	column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked					
Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					-222.
<ul> <li>Short-term capital gain from installment sales</li> <li>Short-term capital gain or (loss) from like-kin</li> <li>Unused capital loss carryover (attach comput</li> <li>Net short-term capital gain or (loss). Combin</li> </ul>	d exchanges from Form 8824 ation)			5 6 7	( )
Part II   Long-Term Capital Gai	ns and Losses (See )	nstructions)	-		
See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89- Part II, line 2, column (	in 49, g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on Form(s) 8949 with Box F checked					5,487.
<ul><li>11 Enter gain from Form 4797, line 7 or 9</li><li>12 Long-term capital gain from installment sales</li></ul>	•	7		11	190.
<ul><li>13 Long-term capital gain or (loss) from like-kin</li><li>14 Capital gain distributions</li></ul>	d exchanges from Form 8824			13	
15 Net long-term capital gain or (loss). Combine Part III. Summary of Parts I and		n h	· · · · · · · · · · · · · · · · · · ·	15	5,677.
16 Enter avecage of not about term appetal gain //-	ne 7) over net long term capita	l loss (linc 15)		16	
16 Enter excess of net short term capital dain (iii					
, , ,	,	short-term capital loss (lin	ne 7)	17	5,455.
<ul><li>17 Net capital gain. Enter excess of net long-tern</li><li>18 Add lines 16 and 17. Enter here and on Form</li></ul>	n capital gain (line 15) over net		ne 7)	<u>17</u> 18	5,455. 5,455.

JWA

# Form **8949**

Department of the Treasury Internal Revenue Service

## . Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074

Attachment 12A

Name(s) shown on return

YOUNG WOMEN'S CHRISTIAN ASSOCIATION GREATER PITTSBURGH

Social security number or taxpayer identification no.

25-0965639

Before you check Box A, B, or C be statement will have the same inform broker and may even tell you which	nation as Form 10: box to check	99-B Either will s	show whether you	ır basıs (usually you	r cost) was	reported to the IF	S by your
Part   Short-Term. Transact	tions involving capit	tal assets you held	1 year or less are go	enerally short term (see	instruction	s) For long term	
transactions, see page 2 Note: You may aggregate a	all short-term transac	tions reported on l	Form(s) 1099 B sho	wing basis was reporte	d to the IRS	and for which no ac	ljustments or
codes are required. Enter the You must check Box A, B, or C below.	Check only one bo	X. If more than one b	ox applies for your sho	rt-term transactions, comp	lete a separat	te Form 8949, page 1, for	
f you have more short-term transactions than w	rill fit on this page for on	e or more of the boxes	s, complete as many for	ms with the same box che	cked as you r	eed	
(A) Short-term transactions re			-		Note ab	ove)	
(B) Short-term transactions re X (C) Short-term transactions n			-	eported to the IHS			
				(2)	Adjustmen	nt, if any, to gain or	(4)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss Ify	ou enter an amount	(h) Gain or (loss).
(Example 100 sh XYZ Co)	(Mo, day, yr)	disposed of	(sales price)	basis See the		(g), enter a code in ). See instructions	Subtract column (e)
·		(Mo , day, yr )		Note below and	(f)	(g)	from column (d) & combine the result
				see Column (e) In the instructions	Code(s)	Amount of adjustment	with column (g)
GLENMEDE				<del> </del>	· ·	aujadanene	<222.>
			<del></del>	<del></del>	<del></del>		12.22
				+			
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<del></del>	<del>                                     </del>		ļ	<del> </del>			<del></del>
<del></del>	† · · · · ·			<del> </del>			<del></del>
	<del> </del>			<del> </del>			
<del></del>	<del>                                     </del>			1			
2 Totals. Add the amounts in colu	mns (d), (e) (a) a	nd (h) (subtract		<del>                                     </del>			
negative amounts) Enter each to	( ), ( ), (0),	` ' '					
Schedule D, line 1b (if Box A ab		•					
above is checked) or line 3 (if F	•	,		1			<222.>

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Page 2

Name(s) shown on return Name and YOUNG WOMEN'S	, ,		· · · · · · · · · · · · · · · · · · ·	shown on page 1			ity number or ntification no.
GREATER PITTSB		N MODUCIA	ATTON			1 ' -	965639
Before you check Box D, E, or F belo statement will have the same information broker and may even tell you which to Part II Long-Term. Transaction	ition as Form 109 oox to check	99-B. Either will s	show whether you	r basıs (usually you	r cost) was re	our broker A sul eported to the IR	ostitute S by your
see page 1  Note: You may aggregate all codes are required Enter the You must check Box D, E, or F below. C If you have more long-term transactions than will	long-term transact totals directly on S check only one bo	tions reported on Foundations reported on Foundation Fo	orm(s) 1099 B shows , you aren't required ox applies for your long-	ng basis was reported to report these trans term transactions, compl	d to the IRS an actions on For ete a separate Fo	nd for which no adj m 8949 (see instru- orm 8949, page 2, for e	ustments or ctions)
(D) Long-term transactions rep (E) Long-term transactions rep X (F) Long-term transactions not	orted on Form(s)	1099-B showing	g basis wasn't re		Note above	e)	
Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	loss If you in column (g column (f). §	if any, to gain or enter an amount g), enter a code in See instructions.  (g)  Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
PORTFOLIO ADVISORS							
PRIVATE EQUITY							
FUND V							5,474.
GLENMEDE							13.

2 Totals. Add the amounts in columns (d), (e), (y), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

5,487.

above is checked), or line 10 (if Box F above is checked)