•				XTENDED TO M						
Form	990-T	į E	exempt Org	anization Bu						OMB No 1545-0047
				(and proxy tax und				2000		2040
		For cal		x year beginning JUL 1					<u>~</u>	2019
	ment of the Treasury I Revenue Service	▶	-	ww.irs.gov/Form990T for i nbers on this form as it ma						Open to Public Inspection for 501(c)(3) Organizations Only
\overline{A}	Check box if		Name of organization	(Check box if name	changed	and s	see instructions.)		D Empl	oyer identification number loyees' trust, see
	address changed		YOUNG WOME	N'S CHRISTIA	N A	sso	CIATION			uctions)
B Ex	empt under section	Print	GREATER P	TTSBURGH					_	5-0965639
X		Type		oom or suite no. If a P.O. bo	ox, see i	nstruct	tions.			ated business activity code nstructions)
<u> </u>	408(e) 220(e)	,,,,	305 WOOD S						-	
<u> </u>	408A530(a) 529(a)			province, country, and ZIP (tai code		900	003
C Boo	k value of all assets	L		umber (See instructions.)	<u> </u>	<u> </u>			<u> </u>	003
ate	46,579,9	08.		type ► X 501(c) co	rporatio	n	501(c) trust	401(a)	trust	Other trust
H Ent			tion's unrelated trades		1			the only (or first) un	-	
trac	le or business here	S	EE STATEME	NT 1			If only one,	complete Parts I-V.	If more	than one,
des	cribe the first in the b	lank spa	ce at the end of the pre	vious sentence, complete P	arts I ar	nd II, c	omplete a Schedule	M for each addition	al trade	or
	iness, then complete									
				an affiliated group or a pare	nt-subs	idiary	controlled group?	▶ {	Ye	es X No
			ifying number of the particle				Talanh	ana numbar 🕨 🐧	1 2	391-5100
Par			LISA SCANLO le or Business l			I	(A) Income	one number > 4 (B) Expenses		/ (C) Net
Ь	Gross receipts or sale				T		(M) modilie	(B) Expended	<u>, </u>	1 1
	Less returns and allov			c Balance	10					
_	Cost of goods sold (S		Λ, line 7)		2					į į
	Gross profit Subtract		•		3				1	
4 a	Capital gain net incon	ne (attac	h Schedule D)		4a		7,645.			7,645.
b	Net gaın (loss) (Form	4797, P	art II, line 17) (attach F	orm 4797)	4b	ļ				
	Capital loss deduction				4c	ļ	2 4 2 2	~		2 122
			ship or an S corporation	n (attach statement)	5_		-3,133.	STMT	<u> </u>	-3,133.
	Rent income (Schedu	•	(0.1.11.5)		6	_				
7	Unrelated debt-financ	ed incon	ne (Schedule E)	HOME CEIVE	⊅ :	\vdash				
8 9	interest, annuities, roy Investment income of	/aities, ai f a coctio	on 501/c)/7) (9) or (1	ed organization (Schedule G	T :	없				
	Exploited exempt active			V 1		ĞΪ				
	Advertising income (S	-		MAR 29 20	11	121		/		
	Other income (See in:			0	.12	=				
	Total. Combine lines	3 throu	gh 12		U13_		4,512.			4,512.
Pa				ere (See Instructions f						
	<u>`</u>			d with the unrelated busin	ness in	come	<i>y</i>			- `
14		icers, dir	rectors, and trustees (S	Schedule K)					14	
15	Salaries and wages								15	
16 17	Repairs and mainten Bad debts	lance							16 17	
18	Interest (attach sche	dule) (se	ee instructions)						18	
19	Taxes and licenses		50 mstructions)						19	
20	Depreciation (attach		· 662)				20			
21			Schedule A and elsew	there on return			21a		21b	
22	Depletion								22	
23	Contributions to defe	erred cor	mpensation plans						23	
24	Employee benefit pro	-							24	
25	Excess exempt expe		, ·						25	
26	Excess readership co								26	
27	Other deductions (at Total deductions. A								27	0.
28 29				iting loss deduction. Subtra	ct line 2	8 from	line 13		29	4,512.
30				beginning on or after Janu						
	(see instructions)		and and gould	gg + artor sarial	., ., -,				30	0.
31	. ,	axable ır	ncome Subtract line 30	from line 29					31	4,512.
				tice, see instructions.						Form 990-T (2019)

			YOUNG WOMEN'S CHRISTIAN ASSOCIATION GREATER PITTSBURGH	25-0965	639 Page 2
	Part		Total Unrelated Business Taxable Income	-	4 510
	32	Total o	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		4,512.
	33	Amour	its paid for disallowed fringes	33	
	34	Chanta	ble contributions (see instructions for limitation rules)	34	0.
	35	Total u	nrelated business taxable income before pre 2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33 7	35	4,512.
	36	Deduct	ion for not operating loss arising in tax years beginning before January 1, 2018 (sec instructions)	36	
	37	Total o	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35		4,512.
	38	Specifi	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
	39	Unrela	ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
ľ		-enter ti	ne smaller of zero or line 37	39	3,512.
	Part	IV.	Tax Computation	1	
•	40	Organi	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	738.
	41	•	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
	••		ax rate schedule or Schedule D (Form 1041)	41	
	42		ax. See instructions	42	
	43	•	tive minimum tax (trusts only)	43	
			Noncompliant Facility Income See instructions	44\	
	44		· · · · · · · · · · · · · · · · · · ·	45	738.
''	45. Part		Add lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Payments	45 -	730.
-					
	46a	-	n tax credit (corporations attach Form 1118; trusts attach Form 1116)		
	b		credits (see instructions)		
	C		I business credit Attach Form 3800		
	d		for prior year minimum tax (attach Form 8801 or 8827)		
	ê	Total c	redits. Add lincs 40a through 40d	46e	
	47		ct line 46e from line 45	47	738.
	48	Other t	axes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
	49	Total ta	ax Add lines 47 and 48 (see instructions)	49 .	738.
	50	2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	\$0	<u> </u>
	51 a	Payme	nts: A 2018 overpayment credited to 2019		
	b	2019 e	stimated tax payments 51b		
	Ċ	Tax dep	posited with Form 8868		
	d	Lorcign	organizations; lax paid or withheld at source (see instructions) 51d		
	e	Backup	withholding (see instructions) 51e		
	t	Credit 1	or small employer health insurance premiums (attach Form 8941) 51f		
	Q	Other o	redits, adjustments, and payments: Form 2439		
	٠	_	orm 4136 Other Total > 51g		
	52		ayments. Add lines 51a through 51g	52	
	53	•	ted tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	53	13.
	54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	751.
	55		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
	56	_	ne amount of line 55 you want. Credited to 2020 estimated tax	56	
1	Part		Statements Regarding Certain Activities and Other Information (see instructions)	1	
ı	57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	37	_	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		163 110
			Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		
		here			X
	58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
			see instructions for other forms the organization may have to file.		
	59		ne amount of tax-exempt interest received or accrued during the tax year > \$		
	Sign	U	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledg priect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ge and belief, it is true	ο,
	Here		$\mathcal{A} \mathcal{A} \supset \mathcal{P}_{\bullet} \mathcal{A} \mathcal{A}$	y the IRS discuss this	return with
	Heie			preparer shown below	
				tructions)? X Ye	s No
			Print/Type preparer's name Gh. 3-94-C ICC L Date Check If	PTIN	
	Paid	1	Print/Type preparer's name ELIZABETH E. Elizabet E. Gusher Date Check if self- employed	1	
		arer	KRISHER	P01275	
		Only	Firm's name ► MAHER DUESSEL, CPA'S Firm's EIN ►	25-162	2758
		,	503 MARTINDALE STREET, SUITE 600		
				12-471-5	500
-	923711	01-27-20			90-T (2019)

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Form 990-T (2019) GREATER PITTSBURGH

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Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory valuation N/A				<u> </u>	
1 Inventory at beginning of year	1	-	6 Inventory at end of year			6		
2 Purchases	2		7 Cost of goods sold. S					
3 Cost of labor 3			from line 5 Enter here	and in f	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	263A (1	Yes	No		
 Other costs (attach schedule) 	4b		proporty produced or a	cquired	l for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income ((see instructions)	From Real	Property and	i Personal Property L	.ease	d With Real Prop	erty)		
. Description of property								
(1)								
(2)								
(3)								
(4)					r			
	:	ed or accrued			3(a) Deductions directly	connect	ed with the income in	
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge columns 2(a) and 2(b) (attach schedule)				
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.]			
c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column		ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb		Income (see	instructions)					
	-		2. Gross income from		3. Deductions directly con to debt-finance	nected w	rith or allocable arty	
1. Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	s
(1)								
(2)								
(3)								
(4)							·	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property a schedule)	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(0	8. Allocable deduction of x total of column 6 x total of column 3(a) and 3(b))	
(1)			%		. —	1		
(2)			%					
(3)			%			I^-		
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)		nter here and on page Part I, line 7, column (B	
Totals			_		0			0.
Total dividends-received deductions in	cluded in column	18				:		0.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Form 990-T (2019) GREATER PITTSBURGH

Schedule F - Interest,	Annuitie	s, Royan	ies, and					tions	(see ins	truction	s)
				Exempt (Controlled O	rganizati	ons				
Name of controlled organize	lion	2, Emj identifi num	cation	3. Net unrelated incom (loss) (see instructions				ınclud	5. Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5
(1)											
(2)											
(3)		<u> </u>									
(4)											
Nonexempt Controlled Organ	zations										
7 Taxable Income		nrelated incom		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 that ng organ income	is included ization's	11 , Dewith	ductions directly connected income in column 10
(1)											·
(2)	1										
(3)											
(4)											
Totals						•	Add colum Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (R)
Schedule G - Investme	nt incon	ne of a S	ection	501(c)(7), (9), or (17) Org	anization				-
	ructions)				,, , , ,	, ,	•				
1 . Desc	cription of inco	me			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)				-							
(4)					-						
					Enter here and o Part I line 9 co						Enter here and on page 1 Part I, line 9, column (B)
Totals				▶		0.					0.
Schedule I - Exploited (see instri	~	Activity	Income	, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. G unrelated incom- trade or l	e from	3. Exp directly or with pro of unre business	onnected duction elated	4 Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a n cots 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Exp attribute colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
Totals ►	Enter her page 1, line 10,	, Part I,	Enter her page 1, line 10,	, Part I,							Enter here and on page 1, Pert II, line 25
Schedule J - Advertisi	ng Incon		struction		·						
Part I Income From					olidated	Basis					
1. Name of periodical		2 Gross advertising income		3 Direct ritising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Crculat income	ion	6 Reade cost		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))	>		<u>.</u>	0	<u>.</u> l		<u> </u>			ļ	0 . Form 990-T (2019)

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Form 990-T (2019) GREATER PITTSBURGH

Därtill	Income From Perio	dicals Reporte	ed on a Separ	ate Basis (For ea	ch periodical lister	tin Part II fill in							
ir-ai cini	III Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)												
		2 Gross	3. Direct	4. Advertising gain or (loss) (col. 2 minus	5. Circulation	6. Readership							

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)				L		
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, lino 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
fotals, Part II (lines 1-5)	· U.	<u>0.</u>	T			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)		n/u	
(3)		%	
(1)		%	
Total. Enter here and on page 1, Part II, line 14		>	Ü.

Form 990-T (2019)

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 VI, L.P ORDINARY BUSINESS INCOME (1,968.
PORTFOLIO ADVISORS PRIVATE EQUITY FUND VI, L.P NET RENTAL REAL ESTATE INC	-6.
PORTFOLIO ADVISORS PRIVATE EQUITY FUND VI, L.P OTHER NET RENTAL INCOME (L	1.
PORTFOLIO ADVISORS PRIVATE EQUITY FUND VI, L.P INTEREST INCOME	60.
PORTFOLIO ADVISORS PRIVATE EQUITY FUND VI, L.P DIVIDEND INCOME PORTFOLIO ADVISORS PRIVATE EQUITY FUND VI, L.P	. 58.
ROYALTIES PORTFOLIO ADVISORS PRIVATE EQUITY FUND VI, L.P OTHER	1.
PORTFOLIO INCOME (LO ABERDEEN ENERGY AND RESOURCES PARTNERSHIP IV, L	-1,349.
ORDINARY BUSINESS INCOME ABERDEEN ENERGY AND RESOURCES PARTNERSHIP IV, L NET	-5,801.
RENTAL REAL ESTATE IN ABERDEEN ENERGY AND RESOURCES PARTNERSHIP IV, L	45.
INTEREST INCOME ABERDEEN ENERGY AND RESOURCES PARTNERSHIP IV, L OTHER	197.
PORTFOLIO INCOME (L GLENMEDE - ORDINARY BUSINESS INCOME (LOSS) GLENMEDE - INTEREST INCOME	-8,145. -34. 3,166.
GLENMEDE - INTEREST INCOME GLENMEDE - DIVIDEND INCOME GLENMEDE - OTHER PORTFOLIO INCOME (LOSS)	1,017. 5,709.
- ORDINARY BUSINESS INCOME (LOSS)	-20.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-3,133.

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

Name

YOUNG WOMEN'S CHRISTIAN ASSOCIATION GREATER PITTSBURGH

25-0965639

Employer identification number

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?

Yes X No

Part I Short-Term Capital Gai	ns 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 gain or loss from Form(s) 894	9,	(ħ) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)	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					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 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					3,885.
4 Short-term capital gain from installment sales	from Form G252, line 26 iii 31	7		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach compute	ilion)			6	(
7 Net short-term capital gain or (loss) Combine	e lines 1a through 6 in column	h		7	3,885.
Part II Long-Term Capital Gain					
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round of each to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part II, line 2, column (g	9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.					
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					3,715.
11 Enter gain from Form 4797, line 7 or 9				11	45.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum	nh	·	15	3,760.
Part III Summary of Parts I and	111				
16 Enter excess of net short-term capital gain (lin	ie 7) over net long-term capita	l loss (line 15)		16	3,885.
17 Net capital gain. Enter excess of net long-term	capital gain (line 15) over net	short-term capital loss (line	: 7)	17	3,760.
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pro	oper line on other returns	ļ	_18	7,645.
Note: If Insses exceed dains, see Conito! Loo	and in the instructions				

LHA

Department of the Treasur 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

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 below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your proker and may even tell you which box to check Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short term (see instructions). For long term

transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (h) (d) (e) loss. If you enter an amount Cost or other **Proceeds** Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of column (f). See instructions. from column (d) & Note below and (Mo, day, yr) (g) Amount of see Column (e) Ir combine the result Code(s) with column (g) the instructions adjustment PORTFOLIO ADVISORS PRIVATE EOUITY FUND V GLENMEDE 3,627. LIBERTY SPECIAL STRATEGIES TE FUND, LLC 256 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D. line 1b (if Box A above is checked), line 2 (if Box B 3,885.

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

above is checked), or line 3 (if Box C above is checked)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

YOUNG WOMEN'S CHRISTIAN ASSOCIATION GREATER PITTSBURGH

X (F) Long-term transactions not reported to you on Form 1099-B

Social security number or taxpayer identification no.

25-0965639

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Partill Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions) For short term transactions, see page 1

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box if you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

1 (a) Description of property (Example 100 sh XYZ C		(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 y	nt, if any, to gain or ou 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)
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2 Totals. Add the amounts in negative amounts) Enter of Schedule D, line 8b (if Botabove is checked), or line	each total here and incli	ude on your line 9 (If Box E					3,715.

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