

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.



Charme of organization rumber   Charme of organization rumber of organiz	A	\ F	or the 2	016 calendar year, or tax year beginning	APR 1, 2016 and	dending M	IAR 31, 2017	
Control Man   S CHRISTIAN ASSOCIATION   Man   Control M	B	C	heck if	C Name of organization	1/2		· · · · · · · · · · · · · · · · · · ·	
OF CREATER PITTSBURGH   25 - 0969497		ap	plicable		ASSOCIATION //	1CH		oution number
Contributions and grants (Part VIII, Ine 1h)   S   Total unmerted to street and row of the unmerted to burses revenue from Porn 980-7, Ine 1a)   S   Total unmerted to burses revenue from Porn 980-7, Ine 1a)   S   Total unmerted dousness revenue from Porn 980-7, Ine 1a)   S   Total unmerted dousness revenue from Porn 980-7, Ine 1a)   S   Total unmerted dousness revenue from Porn 980-7, Ine 1a)   S   S   Salares, other compensator, sequence of the unmerted dousness revenue from Porn 980-7, Ine 1a)   S   Salares, other compensator, sequence of the unmerted dousness revenue from Porn 980-7, Ine 1a)   S   Salares, other compensator, sequence of the unmerted doubles and salar and and and and salar should be ported to the sequence of the powering body (Part V, Ine 1a)   S   Salares, other compensator, sequence of the government of the powering body (Part V, Ine 1a)   S   Salares, other compensator, sequence of the government of the govern	ſ		Address					
Number and storet (or P.D. box 4 mast is not diswered to streat address)   Roombauth   Capton or number   42.0 PORT DUQUESNE BOULEVARD   62.5   (4.1.2) 227-3800	ĺ	X	Name		<del></del>		25-0	969497
	i		∏Initial		alivered to etreet address)	Doom/custo	<del> </del>	
Cry or town, state or provence, country, and 2IP or foreign postal code   Part SBURGH, PA 15222   High state a group return   FITTSBURGH, PA 15222   Final and address of principal officer KEVIN BOLDING   Final and address of the governance   Final and address of principal officer KEVIN BOLDING   Final and address of the governance   Final and address   Final and address of the governance   Final and address   Final and address of the governance   Final and address	ĺ		Final					
PITTSBURCH, PA 15222			termin-			023		
Name and address of principal officer KEVIN BOLDING   To subcordinates   Ves   No   No   No   No   No   No   No   N	ſ		Amended		i ZIP or foreign postal code			
Tax-exempt status   LX   Solicity	ĭ		Applica-		TN POLDING	<del></del>	1	
Treexempt status	·			1	IN BOLDING		3	
J. Website:   WWW - MCAOFPTTSBURGH ORG	_	_		<u> </u>	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (		1 ' '	
Part   Summary						) or 527	1	· · · · · · · · · · · · · · · · · · ·
Part     Summary	_			<del></del>		<del></del> _		
Binefly describe the organization's mission or most significant activities: PROVIDE OPPORTUNITIES FOR INDIVIDUALS & FAMILIES TO GROW IN SPIRIT, MIND & BODY.	_	_			ssociation Uther	L Year	of formation: 1854	A State of legal domicile: PA
Individuals & FAMILIES TO GROW IN SPIRIT, MIND & BODY.	Ľ	ra			2001		NANHATA A	
Total number of individuals employed in calendary year 2016 (Part V, line 16)  6 Total number of volunteers (estimate if necessary)  7a Total number of volunteers (estimate if necessary)  7a Total number of volunteers (estimate if necessary)  7b 1114, 636.  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2h)  10 Investment income (Part VIII, line 2h)  11 Other revenue (Part VIII, logurin (A), line 3, 4, and 7d)  12 Total revenue. add lines 8 thiough 11 misst equal Eart VIII, column (A), line 12)  13 Grants and similar amounts (Part VIII, column (A), line 18)  14 Benefits paid to or for member of its kilotima (A) lines 18 (A)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 510)  16a Professional fundrasing sees (Part IX, column (A), lines 110)  17 Tother expenses (Part IX, column (A), lines 1111, 11124e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 25)  19 Revenue less expenses (Part IX, column (A), lines 112  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 26)  21 Total labilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 18 from line 12  21 Total labilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 And A Column (A) lines 10 and line revenue less expenses (Part X, column (A), lines 20 and linformation of which preparer has any knowledge and belief, it is true, correct, and complete. Part IX line 26)  24 Total labilities (Part X, line 26)  25 Net assets or fund balances. Subtract line 21 from line 20  26 Professional fundrasing feels tight 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. Part IX lines 26)  26 Professional fundrasing feels tight I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.  27 Part II Signatur		၉	1 Br	efly describe the organization's mission or mos	t significant activities: PROV	IDE OF	PORTUNITIES	FOR
Total number of individuals employed in calendar year 2016 (Part V, line 2a)  5		اَعَ	_					
Total number of individuals employed in calendary year 2016 (Part V, line 16)  6 Total number of volunteers (estimate if necessary)  7a Total number of volunteers (estimate if necessary)  7a Total number of volunteers (estimate if necessary)  7b 1114, 636.  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2h)  10 Investment income (Part VIII, line 2h)  11 Other revenue (Part VIII, logurin (A), line 3, 4, and 7d)  12 Total revenue. add lines 8 thiough 11 misst equal Eart VIII, column (A), line 12)  13 Grants and similar amounts (Part VIII, column (A), line 18)  14 Benefits paid to or for member of its kilotima (A) lines 18 (A)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 510)  16a Professional fundrasing sees (Part IX, column (A), lines 110)  17 Tother expenses (Part IX, column (A), lines 1111, 11124e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 25)  19 Revenue less expenses (Part IX, column (A), lines 112  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 26)  21 Total labilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 18 from line 12  21 Total labilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 And A Column (A) lines 10 and line revenue less expenses (Part X, column (A), lines 20 and linformation of which preparer has any knowledge and belief, it is true, correct, and complete. Part IX line 26)  24 Total labilities (Part X, line 26)  25 Net assets or fund balances. Subtract line 21 from line 20  26 Professional fundrasing feels tight 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. Part IX lines 26)  26 Professional fundrasing feels tight I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.  27 Part II Signatur		<u> </u>				osed of more	than 25% of its net as	
Total number of individuals employed in calendary year 2016 (Part V, line 16)  6 Total number of volunteers (estimate if necessary)  7a Total number of volunteers (estimate if necessary)  7a Total number of volunteers (estimate if necessary)  7b 1114, 636.  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2h)  10 Investment income (Part VIII, line 2h)  11 Other revenue (Part VIII, logurin (A), line 3, 4, and 7d)  12 Total revenue. add lines 8 thiough 11 misst equal Eart VIII, column (A), line 12)  13 Grants and similar amounts (Part VIII, column (A), line 18)  14 Benefits paid to or for member of its kilotima (A) lines 18 (A)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 510)  16a Professional fundrasing sees (Part IX, column (A), lines 110)  17 Tother expenses (Part IX, column (A), lines 1111, 11124e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 25)  19 Revenue less expenses (Part IX, column (A), lines 112  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 26)  21 Total labilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 18 from line 12  21 Total labilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 And A Column (A) lines 10 and line revenue less expenses (Part X, column (A), lines 20 and linformation of which preparer has any knowledge and belief, it is true, correct, and complete. Part IX line 26)  24 Total labilities (Part X, line 26)  25 Net assets or fund balances. Subtract line 21 from line 20  26 Professional fundrasing feels tight 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. Part IX lines 26)  26 Professional fundrasing feels tight I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.  27 Part II Signatur	•	۾	3 Nu	mber of voting members of the governing body	(Part VI, line 1a)		3	
B Net unrelated business taxable income from Form 990-1, line 34   Prior Year   Current Year   9,199,746.   9,103,205.   9,103,205.   10   10   10   10   10   10   10   1		ಷ	4 Nu	imber of independent voting members of the go	overning body (Part VI, line 1b)		4	
B Net unrelated business taxable income from Form 990-T, line 34   Tb	4	<u>e</u>	<b>5</b> To	tal number of individuals employed in calendar	year 2016 (Part V, line 2a)		5	
B Net unrelated business taxable income from Form 990-T, line 34   Tb	:	<b>∄</b>	<b>6</b> To	tal number of volunteers (estimate if necessary)			6	
8 Contributions and grants (Part VIII, line 1h) 9 Prior Year 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue. and dlines 8 through 11 (most ogual Eart VIII, column (A), line 12) 13 Grants and similar amounts (Part VIII, column (A), lines 13) 14 Benefits paid to or for membra (Part VIII, column (A), lines 13) 15 Benefits paid to or for membra (Part VIII, column (A), lines 13) 16 Professional fundraising series (Part X, column (A), lines 13) 17 Other expenses (Part X, column (A), lines 13) 18 Benefits paid to or for membra (Part X, column (A), lines 13) 19 Professional fundraising series (Part X, column (A), lines 13) 10 Professional fundraising series (Part X, column (A), lines 13) 11 Stale series (Part X, column (A), lines 13) 12 Total fundraising expenses (Part X, column (A), lines 13) 13 Grants and similar amounts (Part X, column (A), lines 13) 14 Benefits paid to or for membra (Part X, column (A), lines 13) 15 Total fundraising expenses (Part X, column (A), lines 13) 16 Professional fundraising expenses (Part X, column (A), lines 13) 16 Professional fundraising expenses (Part X, column (A), lines 13) 17 Other expenses (Part X, column (A), lines 11a-11d, 11f-24e) 18 Total expenses (Part X, column (A), lines 11a-11d, 11f-24e) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total fundraising expenses (Part X, line 16) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total fundraising expenses (Part X, line 26) 10 Total fundraising expenses (Part X, column (A), lines 25) 11 Total fundraising expenses (Part X, column (A), lines 25) 11 Total fundraising expenses (Part X, column (A), lines 25) 11 Total fundraising expenses (Part X, column (A), lines 25) 11 Total fund		뒇	<b>7 a</b> To	tal unrelated business revenue from Part VIII, c	olumn (C), line 12		7a	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2h) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue (Part VIII, column (A), lines 1, 274. 13 Grants and similar amounts (Part VIII, column (A), lines 1, 274. 14 Benefits paid to or for members (Part IX, column (A), lines 1, 274. 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part (SQ (Part IX, column (A), lines 5-10)) 17 Other expenses (Part IX, column (A), lines 1, 1164 (Part IX, column (A), lines 5-10) 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total labelities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Eagle (Part X, line 26) 24 Eagle (Part X, line 26) 25 Eagle (Part X, line 26) 26 Total assets (Part X, line 26) 27 Eagle (Part X, line 26) 28 Eaglinning of Current Year 29 (Part X, line 26) 29 (Part X, line 26) 30 (	_		b Ne	t unrelated business taxable income from Form	990-T, line 34		7b	114,636.
9								
11   Other revenue (Part VIII, column (A), Ilipes 5 red F (25 Dot. and 11e)   39 4, 323   161, 274   12   Total revenue add lines 8 through T1 (must-equal Part VIII)   39 249, 594   39, 011, 764   13   39, 249, 594   39, 011, 764   14   15   15   15   16   16   16   16   16		ا په	8 Cc	intributions and grants (Part VIII, line 1h)		L		
11   Other revenue (Part VIII, column (A), Ilipes 5 red F (25 Dot. and 11e)   39 4, 323   161, 274   12   Total revenue add lines 8 through T1 (must-equal Part VIII)   39 249, 594   39, 011, 764   13   39, 249, 594   39, 011, 764   14   15   15   15   16   16   16   16   16		ਜ਼ੂ	9 Pro	ogram service reveni ie (Part VIII, line 2g)	-	L		
11   Other revenue (Part VIII, column (A), Ilipes 5 red F (25 Dot. and 11e)   39 4, 323   161, 274   12   Total revenue add lines 8 through T1 (must-equal Part VIII)   39 249, 594   39, 011, 764   13   39, 249, 594   39, 011, 764   14   15   15   15   16   16   16   16   16		[ €						743,422.
12 Total revenue - add lines 8 through 11-fmst 5 adial Earl VIII, column (A), line 12)  13 Grants and similar amounts (A) (Part IX, column (A), lines 13)  14 Benefits paid to or for member Part IX, column (A), lines 13)  15 Salanes, other compensation, ethiclose benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part (A), line 14)  17 Other expenses (Part IX, column (B), lines 11-11, 11-14,	•	_	11 Ot	her revenue (Part VIII, column (A),ជ្រាំeន្ន5, 6d, β	,9c, 10c, and 11e)			161,274.
Benefits paid to or for members Part IX, Column (A), lines 5-10)  15 Salanes, other compensation, employee benefits (Part IX, Column (A), lines 5-10)  16a Professional fundraising expenses (Part IX, Column (B), lines 11a-11d, 11f-24e)  1b Total fundraising expenses (Part IX, Column (B), lines 11a-11d, 11f-24e)  18 Total expenses (Part IX, column (A), line 11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part II   Signature Block  Under penalties of perjury, I depaire 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. Metarative of prepairer (other tean officer) is based on all information of which prepairer has any knowledge.  Signature of officer  ANGELA SCHUETTLER, SENIOR VP OF FINANCE AND CFO  Type or print name and title  Print/Type prepairer's name  SUSAN M. KIRSCH  SUSAN M. KIRSCH  SUSAN M. KIRSCH  Firm's name  SCHNEIDER DOWNS & CO., INC.  Firm's address  ONE PPG PLACE, SUITE 1700  PITTSBURGH, PA 15222-5416  Phone no. (412) 261-3644	_		<b>12</b> To	tal revenue - add lines 8 through 11 (must-equa	l.Part VIII, column (A), line 12)			
15 Salanes, other compensation, employee benefits (Part IX, ofform (A), lines 5-10) 16a Professional fundraising feet (Part IX, Column (A), line 11e) 1 Total fundraising expenses (Part IX, Column (A), line 11e-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12  10 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block Under penalties of perjury, I depare 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. Detarative of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name Print/Type preparer's name SUSAN M. KIRSCH Prim's name SCHNEIDER DOWNS & CO., INC. Firm's cline 20 Phone no. (412) 261–3644  Phone no. (412) 261–3644		i	<b>13</b> Gr	ants and similar amounts rate (Part IX, column	(A), lines 1 (A)			732,510.
16a Professional fundraising fees (Part IX, Column (A), line 15) 1,186,267.  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 38,655,983. 38,361,058.  19 Revenue less expenses. Subtract line 18 from line 12 593,611. 650,706.  20 Total assets (Part X, line 16) 92,205,801. 96,759,806.  21 Total liabilities (Part X, line 26) 92,205,801. 96,759,806.  22 Net assets or fund balances. Subtract line 21 from line 20 61,531,123. 64,552,741.  Part II Signature Block  Under penalties of perjury, I depare 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 pocaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here ANGELA SCHUETTLER, SENIOR VP OF FINANCE AND CFO  Type or print name and title  Print/Type preparer's name  SUSAN M. KIRSCH  Print's name SCHNEIDER DOWNS & CO., INC.  Firm's name SCHNEIDER DOWNS & CO., INC.  Firm's EIN 25-1408703  Phone no. (412) 261-3644								• •
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I deglare 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. Signature of officer  ANGELA SCHUETTLER, SENIOR VP OF FINANCE AND CFO  Type or print name and title  Print/Type preparer's name  Preparer  SUSAN M. KIRSCH  Preparer  SUSAN M. KIRSCH  Firm's name  SCHNEIDER DOWNS & CO., INC.  Firm's address  ONE PPG PLACE, SUITE 1700  PITTSBURGH, PA 15222-5416  Phone no. (412) 261-3644		è			(LE I			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I deglare 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. Signature of officer  ANGELA SCHUETTLER, SENIOR VP OF FINANCE AND CFO  Type or print name and title  Print/Type preparer's name  Preparer  SUSAN M. KIRSCH  Preparer  SUSAN M. KIRSCH  Firm's name  SCHNEIDER DOWNS & CO., INC.  Firm's address  ONE PPG PLACE, SUITE 1700  PITTSBURGH, PA 15222-5416  Phone no. (412) 261-3644		ŝ			line 11e)	<b> </b>	0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I deglare 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. Signature of officer  ANGELA SCHUETTLER, SENIOR VP OF FINANCE AND CFO  Type or print name and title  Print/Type preparer's name  Preparer  SUSAN M. KIRSCH  Preparer  SUSAN M. KIRSCH  Firm's name  SCHNEIDER DOWNS & CO., INC.  Firm's address  ONE PPG PLACE, SUITE 1700  PITTSBURGH, PA 15222-5416  Phone no. (412) 261-3644		١٩				<u> </u>	, ` `	
19   Revenue less expenses. Subtract line 18 from line 12   593,611.   650,706.	L	<b>"</b>	17 Ot	ner expenses (Part IX, column (A), lines 11a-11c	l, 11f-24e)			
Beginning of Current Year   End of Year   92,205,801. 96,759,806.   92,205,801. 96,759,806.   30,674,678.   32,207,065.   30,674,678.   32,207,065.   22   Net assets or fund balances. Subtract line 21 from line 20   61,531,123.   64,552,741.			<b>18</b> To	tal expenses. Add lines 13-17 (must equal Part	fX, column (A), line 25)	L		
20 · Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete speciarable of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Paid Print/Type preparer's name Preparer's signature SUSAN M. KIRSCH Preparer Firm's name SCHNEIDER DOWNS & CO., INC. Firm's ElN Propagation of Propagat		_	<b>19</b> Re	venue less expenses. Subtract line 18 from line	12		593,611.	650,706.
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. Octavative of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  ANGELA SCHUETTLER, SENIOR VP OF FINANCE AND CFO Type or print name and title  Print/Type preparer's name  Preparer's signature  SUSAN M. KIRSCH  Prim's name  SCHNEIDER DOWNS & CO., INC.  Firm's address  ONE PPG PLACE, SUITE 1700  PITTSBURGH, PA 15222-5416  Phone no. (412) 261-3644	Sor	뛜				Ве		
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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. Disclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  ANGELA SCHUETTLER, SENIOR VP OF FINANCE AND CFO  Type or print name and title  Print/Type preparer's name  Preparer's signature  SUSAN M. KIRSCH  Firm's name  SCHNEIDER DOWNS & CO., INC.  Firm's address  ONE PPG PLACE, SUITE 1700  PITTSBURGH, PA 15222-5416  Phone no. (412)261-3644					n line 20		61,531,123.	64,552,741.
True, correct, and complete Octaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  ANGELA SCHUETTLER, SENIOR VP OF FINANCE AND CFO  Type or print name and title  Print/Type preparer's name  Preparer's signature  SUSAN M. KIRSCH  Firm's name  SCHNEIDER DOWNS & CO., INC.  Firm's address  ONE PPG PLACE, SUITE 1700  PITTSBURGH, PA 15222-5416  Phone no. (412)261-3644				<del></del>				
Sign Here  ANGELA SCHUETTLER, SENIOR VP OF FINANCE AND CFO  Type or print name and title  Print/Type preparer's name SUSAN M. KIRSCH  Firm's name SCHNEIDER DOWNS & CO., INC.  Firm's address ONE PPG PLACE, SUITE 1700 PITTSBURGH, PA 15222-5416  Paid  Firm's address Preparer  Preparer's signature SUSAN M. KIRSCH Firm's ElN  Preparer Phone no. (412) 261-3644								y knowledge and belief, it is
ANGELA SCHUETTLER, SENIOR VP OF FINANCE AND CFO  Type or print name and title  Print/Type preparer's name  SUSAN M. KIRSCH  Firm's name  SCHNEIDER DOWNS & CO., INC.  Firm's address  ONE PPG PLACE, SUITE 1700  PITTSBURGH, PA 15222-5416  Property Senior Print name and title  Preparer's signature  SUSAN M. KIRSCH  Firm's EIN  Property Senior Print's EIN  Phone no. (412)261-3644	tr	ue,	correct, a	nd complete. Opclaration of preparer (other than offic	er) is based on all information of w	hich preparer	has any knowledge.	- <u>-</u>
ANGELA SCHUETTLER, SENIOR VP OF FINANCE AND CFO  Type or print name and title  Print/Type preparer's name  SUSAN M. KIRSCH  Firm's name  SCHNEIDER DOWNS & CO., INC.  Firm's address  ONE PPG PLACE, SUITE 1700  PITTSBURGH, PA 15222-5416  Property Senior Print name and title  Preparer's signature  SUSAN M. KIRSCH  Firm's EIN  Property Senior Print's EIN  Phone no. (412)261-3644				Significant			Frb	7,2018
Type or print name and title  Print/Type preparer's name  SUSAN M. KIRSCH  Preparer  SUSAN M. KIRSCH  Firm's name  SCHNEIDER DOWNS & CO., INC.  Firm's address  ONE PPG PLACE, SUITE 1700  PITTSBURGH, PA 15222-5416  Polate  Check  PTIN  Firm's EIN  25-1408703  Phone no. (412)261-3644		-		•				
Print/Type preparer's name  SUSAN M. KIRSCH  Preparer  SUSAN M. KIRSCH  SUSAN M. KIRSCH  Firm's name  SCHNEIDER DOWNS & CO., INC.  Firm's address  ONE PPG PLACE, SUITE 1700  PITTSBURGH, PA 15222-5416  Phone no. (412)261-3644	Н	lere	•		ILOR VP OF FINAN	CE AND	CFO	
Paid SUSAN M. KIRSCH SUSAN M. KIRSCH  Preparer Use Only Firm's address ONE PPG PLACE, SUITE 1700  PITTSBURGH, PA 15222-5416  Piggland 3 Signature  SUSAN M. KIRSCH  Firm's name SCHNEIDER DOWNS & CO., INC.  Firm's address ONE PPG PLACE, SUITE 1700  Phone no. (412)261-3644	_				T	<del>-11</del>	lata I	TITOTIN
Preparer   Firm's name   SCHNEIDER DOWNS & CO., INC.   Firm's EIN   25-1408703   Use Only   Firm's address   ONE PPG PLACE, SUITE 1700   PITTSBURGH, PA 15222-5416   Phone no. (412)261-3644	_	-:-			1	1	Check L	<del></del>
Use Only Firm's address ONE PPG PLACE, SUITE 1700 PITTSBURGH, PA 15222-5416 Phone no. (412)261-3644			_			<u> </u>		
PITTSBURGH, PA 15222-5416 Phone no. (412) 261-3644		-				<u> </u>	Firm's EIN	25-1408703
	U	se (	ייווע † אוויע					101061 05::
May the IRS discuss this return with the preparer shown above? (see instructions)	_			· · · · · · · · · · · · · · · · · · ·			Phone no. (4	
	M	ay	tne IRS	discuss this return with the preparer shown about 114 5	ove? (see instructions)	<del> </del>		X Yes No

Form 990 (2016)

#### YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER PITTSBURGH

Form	n 990 (2016) OF GREATER PITTSBURGH	25-0969497 Pa	ge <b>2</b>
Рa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X	1
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	Yes 🕰	7 <b>I/IO</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.		
4a	(Code ) (Expenses \$ 15,826,051. including grants of \$ 242,691.) (Rever	nue <b>s</b> 11,501,93	<u>5.</u> )
	YOUTH DEVELOPMENT - SEE SCHEDULE O	<del> </del>	
		<del></del>	
		<del></del>	
	15 170 712 224 240	16,537,06	<del>/</del> \
4b	(Code ) (Expenses \$ 15,170,713. including grants of \$ 334,349.) (Rever HEALTHY LIVING - SEE SCHEDULE O	nue\$	<del>4 •</del> )
		<del> </del>	
4c	(Code ) (Expenses \$ 1,641,090 • including grants of \$ 155,470 • ) (Rever	964,86	4.)
	SOCIAL RESPONSIBILITY - SEE SCHEDULE O		
		<del> </del>	
		<del></del>	
- <u>4</u> d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ► 32,637,854.	Form <b>990</b> (	2010
		Form 330 (	ZU10)

# Form 990 (2016) OF GREATER P Part IV Checklist of Required Schedules

-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			`
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	1,7
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del>                                     </del>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ŀ	1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	4.46		x
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	İ	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<del></del>		<del> </del>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	X_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	X	
		Form	990	(2016)

Form 990 (2016) OF GREATER PITTSBU
Part IV Checklist of Required Schedules (continued) OF GREATER PITTSBURGH

-			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	L	X
, b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ـــــ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	<b>├</b> —
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
240	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			$\vdash$
444	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	X	L
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<b>L</b>	┝╧╌
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ł	Ì	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	2Eh	1	x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		<del>  ^</del>
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		1	
	complete Schedule L, Part II	26	1	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		1	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<b>├</b> —
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		Į	<sub>v</sub>
_	contributions? If "Yes," complete Schedule M	30	├—	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ĺ	x
20	If "Yes," complete Schedule N, Part I	31	$\vdash$	+≏
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<del>ات</del>	<del>                                     </del>	† <del></del>
~	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	İ	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		Ī	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	Į.		
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2016)

Fai	Check if Schedule O contains a response or note to any line in this Part V			
	Check is concedure of contains a response of note to any line in this talk v		Yes	No
4.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 128			140
•	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0	1		_
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
Ŭ	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return  2a 2127			ĺ,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		,	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			چ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		х
	any contributions that were not tax deductible as charitable contributions?	6a		<del>  ^`</del> -
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<del>                                    </del>	<del>                                     </del>	؞ؙ؞
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	*
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ū	to file Form 8282?	7c	1	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	L	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A.
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A			
	sponsoring organization have excess business holdings at any time during the year?	8	ļ	
9	Sponsoring organizations maintaining donor advised funds.	_		<i>"</i>
	Did the sponsoring organization make any taxable distributions under section 4966?  N/A  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9a		<u> </u>
	Did the sponsoring organization make a distribution to a control, control action, or research	9b		-
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12  N/A   10a			
a		1	`	
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders N/A 11a	100		
	Gross income from other sources (Do not net amounts due or paid to other sources against	1	,	
	amounts due or received from them.)	( (	i	82%
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			"
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	×		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	`		
	organization is licensed to issue qualified health plans	1	1	1
С	Enter the amount of reserves on hand	1_	<u> </u>	<del> </del>
14a		14a	<del> </del>	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	.000	(2010)
		FOLL	11 33U	(2016)

m 990 (2016) OF GREATER PITTSBURGH

25-0969497

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Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			$\mathbf{X}$
Sec	tion A. Governing Body and Management			
7			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 65			~+*c.
	If there are material differences in voting rights among members of the governing body, or if the governing	Í		~3460
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			•
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 64			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		ì	
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			× di
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent		,	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	`		[
	taxable entity during the year?	16a	L_	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	`		`
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		` ′	٥ ٧
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	
-	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	icial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	CHRISTIAN A. WILLITTS - (412)227-5316			
	420 FORT DUQUESNE BLVD, STE 625, PITTSBURGH, PA 15222			
			200	(0010)

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Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Check if Schedule O contains a response or note to any line in this Part VII

 $\mathbf{x}$ 

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(C		1		( <b>D</b> ) Reportable	(E) Reportable	(F) Estimated
Name and Title	Average hours per	(do not check more than one box, unless person is both an						compensation	compensation	amount of
	week					or/trus		from	from related	other
•	(list any	ecto				İ	l	the	organizations	compensation
	hours for	ig o	<u>ي</u>		į	ated	l	organization	(W-2/1099-MISC)	from the
	related organizations	ndividual trustee or directo	institutional trustee		8	ubeu		(W-2/1099-MISC)		organization and related
	below	뺼	trona		old I	st cor	<u></u>			organizations
	line)	In div	Instit	Officer	Key employee	Highest compensated employee	Former			
(1) MELISSA ANDERSON	1.00									
DIRECTOR		x				1		0.	0.	0
(2) LEE BAIERL	1.00									
DIRECTOR/TRUSTEE		X					L	0.	0.	0
(3) JOSEPH BALESTRINO	1.00									
DIRECTOR (EXIT 12/2016)		Х						0.	0.	0
(4) LORI BENVENUTO	1.00									
DIRECTOR		Х				L	L	0.	0.	0
(5) DAVID BLUEMLING	1.00					İ	l	_	_	_
DIRECTOR		X			L	<u>L</u>	L	0.	0.	0
(6) MATTHEW F. BURGER	1.00				1					_
DIRECTOR		Х	Ш		_	<u> </u>	L_	0.	0.	0
(7) DON CHARLTON	1.00				ļ				1	
DIRECTOR (ENTER 6/2016)		X				┞	<u> </u>	0.	0.	0
(8) ROBERT B. COTTINGTON	1.00	]	]		]		]			
DIRECTOR	1 00	X	_		<u> </u>	ļ	├—	0.	0.	0
(9) AUSTIN DAVIS	1.00	Į.,	<b> </b>		l			0.	۸ ا	_
DIRECTOR	1.00	X			_	┝	├—	<u> </u>	0.	0
(10) WILLIAM S. DEMCHAK DIRECTOR	1.00	x	1		ŀ	ł	ŀ	0.	0.	0
(11) PATRICIA DIULUS-MYERS	1.00	^	-	_	⊢	┢	├─		· · ·	
DIRECTOR	1.00	x			l			0.	٥.	0
(12) LESLIE BRITTON DOZIER	1.00	^	$\vdash$	-		$\vdash$	├			<u>_</u>
DIRECTOR	1.00	$\mathbf{x}$			ĺ	[	ĺ	0.	0.	0
(13) MATTHEW FALCONE	1.00	-	-		┢	├	╁─			-
DIRECTOR	1000	$\mathbf{x}$			1		1	0.	0.	0
(14) CATHY FITZGERALD	1.00	122				<del> </del>	┢	<del>                                     </del>	J	
DIRECTOR		x	ļ			l		0.	l o.	0
(15) LEWIS B. GARDNER	1.00	<del></del>			$\vdash$	✝	┢	<del> </del>	<del> </del>	<u>_</u>
DIRECTOR		x					İ	0.	ο.	0
(16) THOMAS J. GILLESPIE JR.	1.00	<del></del>			H	一	t	1		
DIRECTOR		x			1			0.	0.	0
(17) LARRY GODLESKI	1.00					t		†		<del></del>
DIRECTOR		x	]			]	1	0.	0.	0

632007 11-11-16

Form **990** (2016)

Page 8

Part VII Section A. Officers, Directors,	Trustees, Key Em				d Hi	ahe:	st C	ompensated Employe	es (continued)	497 Fage 0
(A)	(B)	<del>,,,</del>	<u> </u>	(0		<u> </u>		(D)	(E)	(F)
Name and title	Average hours per week	box	not ci unle	ss pe	more	than of than of sboth or/trus	าลก	Reportable compensation from	Reportable compensation from related	Estimated amount of other
~	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) MELANIE HARRINGTON	1.00	]			1					0
DIRECTOR	1 00	X	<u> </u>		_			0.	0.	0.
(19) E.J. HECKERT DIRECTOR	1.00	x						0.	0.	0.
(20) S. PHILLIP HUNDLEY	1.00									
DIRECTOR		X				l		0.	0.	0.
(21) GARY HUNT	1.00									
DIRECTOR		Х						0.	0.	0.
(22) AUSTIN IFEDIRAH	1.00									_
DIRECTOR (EXIT 9/2016)	1 00	X	_	_	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(23) WILLIAM T. KRAHE	1.00	x				ļ		0.	0.	0.
DIRECTOR CAPTELLE	1.00	₽	⊢	⊢	├	├	-	0.	· ·	0.
(24) SONIA LAYNE-GARTSIDE DIRECTOR	1.00	x						0.	0.	0.
(25) DAMANY LEWIS	1.00					<u> </u>	<u> </u>			
DIRECTOR		X	ļ					0.	0.	0.
(26) MICHAEL LOWRY	1.00					Г				
DIRECTOR		<b> </b> x		ļ				0.	0.	0.
1b Sub-total							<b>&gt;</b>	0.	0.	0.
c Total from continuation sheets to P	art VII, Section A						▶	1,272,031.	0.	294,310.
d Total (add lines 1b and 1c)							<u> </u>	1,272,031.	0.	294,310.
2 Total number of individuals (including		nose	liste	ed a	bov	e) wl	30 re	eceived more than \$100	0,000 of reportable	11
compensation from the organization	<u> </u>									Yes No
										1 163 140

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DIMARCO CONSTRUCTION COMPANY 725 NORTH STATE STREET, CLAIRTON, PA 15025	CONSTRUCTION	3,935,615.
LD ASTORINO & ASSOCIATES LTD, 227 FORT PITT BOULEVARD, PITTSBURGH, PA 15222	ARCHITECTURE	743,489.
CANNON DESIGN DEPT CHICAGO 19824, PALATINE, IL 60055	ARCHITECTURE	600,070.
WHITEHORSE WOODWORK 949 SAM CROWE ROAD, LONACONING, MD 21539	CONSTRUCTION	430,694.
SYSCO FOOD SERVICES PITTSBURGH P.O. BOX 1000, HARMONY, PA 16037	FOOD SERVICES	359,071.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization ▶ 10	ed above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2016)

YOUNG MEN'S CHRISTIAN ASSOCIATION 25-0969497 OF GREATER PITTSBURGH Form 990 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (F) Position Reportable Reportable Estimated Name and title Average (check all that apply) compensation compensation amount of hours from from related other per compensation organizations week the Highest compensated employee organization (W-2/1099-MISC) from the (list any (W-2/1099-MISC) organization hours for related Institutional trustee and related Key employee organizations organizations below Officer line) 1.00 (27) BRIDGET MANCOSH 0. 0. 0. DIRECTOR (28) DAVID M. MARTIN 1.00 0. 1.00 0. 0. Х DIRECTOR 1.00 (29) GRANT MASON 0. 0. 0. DIRECTOR 1.00 (30) GRACE MCLEE Х 0 0. 0. DIRECTOR (31) CRAIG MCLAURIN 1.00 0. 0 0. DIRECTOR 1.00 (32) ALEX MURRAY 0. 0. 0. DIRECTOR 1.00 (33) KEVIN O'CONNELL 0 0 0. DIRECTOR 1.00 (34) ANN OSTERGAARD 0. X 0 0. DIRECTOR/ TRUSTEE 1.00 (35) PATTY PAYTAS 0. 0 0. X DIRECTOR 1.00 (36) GREGORY K. PEASLEE 0 0 0. X DIRECTOR 1.00(37) DOUGLAS S. PEGG 0 0 0. DIRECTOR (38) JAKE PLOEGER 1.000. 0. 0. DIRECTOR (EXIT 12/2016) 1.00 (39) MICHAEL POLITE 0. 0. 0. X DIRECTOR 1.00 (40) MARK RENDULIC 0. 0 . 0. X

1.00

1.00

1.00

1.00

1.00

1.00

X

X

X

X

632201 04-01-16

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

(41) BLAKE RUTTENBURG

(43) SHANNON THIEROFF

DIRECTOR (ENTER 6/2016)

(42) TAMIKO STANLEY

(44) BRETT PITCAIRN

(45) JAMES S. URBAN

(46) BONNIE VAN KIRK

Total to Part VII, Section A, line 1c

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Form 990 OF GREAT										9497
Part VII Section A. Officers, Directors, T	rustees, Key E	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)			((	<del>-</del>			(D)	(E)	(F)
Name and title	Average			Pos	rtion	ı		Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per					- "		from	from related	other
	week	L				oyee		the	organizations	compensatio
	(list any	recto	1			empl		organization	(W-2/1099-MISC)	from the
	hours for	5	ぉ			sated		(W-2/1099-MISC)		organization and related
	related organizations	ruste	Itrust		g g	uadu				organizations
	below	la la	tfona		lg (	stcor	-			organization:
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) TRAVIS WILLIAMS	1.00		$\vdash$							-
DIRECTOR		x						0.	0.	O
(48) DAVID CALIGUIRI	1.00									
DIRECTOR		x						0.	0.	0
(49) DAVID GROETSCH	1.00	T								
DIRECTOR		x						0.	0.	0
(50) ANTHONY PLASTINO	1.00								"	
DIRECTOR		x						0.	0.	0
(51) PATRICK SENTER	1.00									
DIRECTOR		Х						0.	0.	0
(52) RICHARD SIKORA	1.00									
DIRECTOR		Х						0.	0.	0
(53) TRACEY SOSKA	1.00									
DIRECTOR		Х						0.	0.	0
(54) CHARLIE SPENCE	1.00							_	_	_
DIRECTOR		X						0.	0.	0
(55) GREGORY STELIOTES	1.00								_	_
DIRECTOR		Х			_			0.	0.	0
(56) LEE B. FOSTER	1.00									_
TRUSTEE		X	Ш			$ldsymbol{ld}}}}}}$		0.	0.	0
(57) JOHN BITTNER	1.00									
TRUSTEE	1 00	Х			<u> </u>			0.	0.	0
(58) HOWELL BREEDLOVE	1.00								_	
TRUSTEE	1 00	Х	Ш		_			0.	0.	0
(59) RICHARD COLVER	1.00									
TRUSTEE	1 00	Х			<u> </u>			0.	0.	0
(60) RICHARD JEWELL	1.00	1,,								,
TRUSTEE	1 00	X	<u> </u>		<b> </b> -	ļ		0.	0.	0
(61) THOMAS VAN KIRK	1.00	v						0.	0.	_
TRUSTEE	1 00	X			├	<u> </u>		U •	U •	0
(62) HOWARD WILLIAM HANNA, III TRUSTEE	1.00	x			l			0.	0.	0
(63) SYLVIA FIELDS	1.00	<u> </u>	$\vdash$	$\vdash$	$\vdash$	$\vdash$	_	"	U •	<u> </u>
TRUSTEE	1.00	x						0.	0.	0
(64) MICHAEL J. MALONE	1.00	<u> </u>	Н		$\vdash$	$\vdash$			· · · ·	ļ
CHAIRMAN	1.00	x		X				0.	0.	0
(65) DANIEL P. GREALISH	1.00	ᢡ	$\vdash \vdash$		<del> </del>		<del> </del>	<del>                                     </del>	- · · · ·	-
VICE CHAIRMAN	1.00	x		X				0.	0.	0
(66) MARGARET P. JOY	1.00	<del>  ^</del>	$\vdash$		<del>                                     </del>		├─		<b>U•</b>	
		x	1	X	1		ı	0.	0.	0

25-0969497

hours   per   week   (list any hours for related organizations below line)   Tomera   Treasurer   Tomera   Treasurer   Tomera	Part VII Section A. Officers, Directors, Tr (A)	(B)			((	<del></del>			(D)	(E)	(F)
hours per week (list any hours for related organizations below line)   REASURER	Name and title	i					1		1 - ' '		Estimated
Week (Ist any hours for related organizations below line)   Week (Ist any hours for related organizations below line)   Week (Ist any hours for related organizations below line)   Week (Ist any hours for related organizations below line)   Week (Ist any hours for related organizations below line)   Week (Ist any hours for related organizations)   Week (Ist any hours for relat		hours	(cl	heck	all t	that	app	ly)			amount of
Clist any hours for related organizations below line)   Figure 1   Figure 2		per							from	from related	other
### 1.00		ł .	L				oyee		P .		compensatio
1.00		1 '	ece		1		ğ			(W-2/1099-MISC)	from the
1.00			or d	8			ated		(W-2/1099-MISC)		organization
1.00			ustee	trust		gy.	bens				
1.00		1 -	nal tr	lonal		ploy	5				organizations
1.00			pivib	stat	ţice	e e	ghes	Ē			
X   X   X   X   X   X   X   X   X   X	(51)		드	트	Ď	×	Ē	- E			
Second Riggins (Exited 5/16)   Second Riggins (Exited 5/16)		1.00			,,						
3.00   X   X   290,869.   0. 114,5		FF 00	A	ļ	<u> </u>	<u> </u>	<u> </u>		0.	υ.	
SECONDARY   SECO					l				000 000	_	
X   X   155,995.   0. 22,1			X	L	X.	<u>L</u>	_	<u> </u>	290,869.	0.	114,517
Top   William F. Jones, Jr.   S5.00   X   182,271.   O. 35,5		55.00	l				l			_	
SERVING   SECRITER			X		X			L.	155,995.	0.	22,178
STEPHAN C. DAVIS   55.00   X   134,707.   0. 33,0	(70) WILLIAM F. JONES, JR.		]				Ī				
X   134,707.   0. 33,0   (72) CAROLYN GRADY-MOOKERJEE   55.00   X   143,886.   0. 14,2   (73) JAMES H. NEEDLES III   55.00   X   123,087.   0. 38,9   (74) RICHARD PERALLO   (75) CHRISTIAN WILLITS   55.00   X   121,073.   0. 12,0   (75) CHRISTIAN WILLITS   55.00   X   121,073.   0. 12,0   (75) CHRISTIAN WILLITS   55.00   (76) CHRISTIAN WILLITS   55.00   (76) CHRISTIAN WILLITS   (76) CHRISTIAN WILLITS   (77) CHRISTIAN			L	L	X		L	$oxed{oxed}$	182,271.	0.	35,522
(72) CAROLYN GRADY-MOOKERJEE 55.00 X 143,886. 0. 14,2 (73) JAMES H. NEEDLES III 55.00 X 123,087. 0. 38,9 (74) RICHARD PERALLO 55.00 X 121,073. 0. 12,0 (75) CHRISTIAN WILLITS 55.00	(71) STEPHAN C. DAVIS	55.00			į į						_
X   143,886.   0. 14,2	SR VP HR & LEADERSHIP						X		134,707.	0.	33,007
(73) JAMES H. NEEDLES III 55.00 X 123,087. 0. 38,9 VP/BUS.& INFO SYSTEMS X 123,087. 0. 38,9 VP/ FACILITIES AND CONSTRUCTION X 121,073. 0. 12,0 (75) CHRISTIAN WILLITS 55.00	(72) CAROLYN GRADY-MOOKERJEE	55.00									
(73) JAMES H. NEEDLES III 55.00 X 123,087. 0. 38,9 VP/BUS.& INFO SYSTEMS X 123,087. 0. 38,9 VP/ FACILITIES AND CONSTRUCTION X 121,073. 0. 12,0 (75) CHRISTIAN WILLITS 55.00	SR VP DEVELOPMENT		1		1	ļ	Х		143,886.	0.	14,267
(74) RICHARD PERALLO	(73) JAMES H. NEEDLES III	55.00					Г			·	<u> </u>
(74) RICHARD PERALLO	VP/BUS.& INFO SYSTEMS		1				х		123,087.	0.	38,981
VP/ FACILITIES AND CONSTRUCTION X 121,073. 0. 12,0 (75) CHRISTIAN WILLITS 55.00	(74) RICHARD PERALLO	55.00									· · ·
(75) CHRISTIAN WILLITTS 55.00	VP/ FACILITIES AND CONSTRUCTION		1				x		121,073.	0.	12,055
	(75) CHRISTIAN WILLITTS	55.00				$\vdash$	Т				
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Par	t VII	Statement of Rever	nue	_				<del></del> -
		Check if Schedule O cont	ains a response	or note to any lin		<b>/B</b> \	(C)	(B)
1 1 F.					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts st	1 a	Federated campaigns	1a	130,820.				
اعق		Membership dues	1b					
A, E	c	Fundraising events	1c	307,206.				
	d	Related organizations	1d			•		
, E	е	Government grants (contribut	tions) 1e	3,285,933.			^	
Sign		All other contributions, gifts, gran						
를		similar amounts not included abo	ve 1f	5,379,246.				-
양	g	Noncash contributions included in lines	1a-1f \$	327,865.	- **		×	
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	<del>-</del>	<b>&gt;</b>	9,103,205.			· · ·
				<b>Business Code</b>	•		` .	
8	2 a	HEALTHY LIVING		621500	16,537,064.	16,537,064.		
Program Service Revenue	b	YOUTH DEVELOPMENT		900099	11,501,935.	10,811,554.	690,381.	
ه قا	С	SOCIAL RESPONSIBILITY		900099	964,864.	964,864.		
e a	d							
<u>6</u>	е							
-	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			29,003,863.		<u> </u>	· · · · · ·
1	3	Investment income (including	dıvıdends, ınter	est, and				514 505
		other similar amounts)		<b>&gt;</b>	511,585.			511,585
	4	Income from investment of ta	x-exempt bond	proceeds				
	5	Royalties				,		
			(ı) Real	(ii) Personal		<b>\</b>		
- 1	6 a	Gross rents				\ <u>}</u>	,	<b>)</b>
	b	Less rental expenses			. *	*	Y,s	( ,
	C	, ,		l	*	, <u>;</u>	2 ×	\$ \$2
		Net rental income or (loss)				ļ		· · · ,
l	7 a	Gross amount from sales of	(i) Securities	(ii) Other				ž '.;
		assets other than inventory	2,677,661	. 297,440.		` `		
	b	Less. cost or other basis	2 667 114	76 150	*	`		/ X
ļ		and sales expenses	2,667,114			3	Ŕ	, 3
- 1		Gain or (loss)	10,547	. 221,290.	231,837.	( )	ž	231 837
İ		Net gain or (loss)			231,637.			3 %
e l	Ва	Gross income from fundraisin	•	]				* 1
Other Revenue			7,206. of			,	} }	1 3 3 3
å		contributions reported on line		525,829.	, \$`	/ ``	:	1 3
ē		Part IV, line 18	a L					
٥		Less, direct expenses		,	178,463.			178,463
j		<ul> <li>Net income or (loss) from fund</li> <li>Gross income from gaming ad</li> </ul>	-		1,0,103.	<del>                                     </del>		1 2.5,255
	y a	Part IV, line 19	ctivities. See	17,865.	₹.			833
	1.	Less: direct expenses	i I		ĺ	1		1
		<ul> <li>Less. direct expenses</li> <li>Net income or (loss) from gan</li> </ul>	_	,	-17,189.	^ *		-17,189
j		Gross sales of inventory, less	=				`,	<del>                                     </del>
	10 6	and allowances	a recome	,	73.3	<b>\</b>		5,
	H	Less. cost of goods sold	ŀ			· ``	, ,	
		: Net income or (loss) from sale				1	`	
ŀ		Miscellaneous Revent		Business Code		<b>†</b> /		
}	11 a	*********			aá	- * *	20 3min	
ļ	t					<del></del>		<u> </u>
						<del>                                     </del>	1	
}	•					+	<del> </del>	
	c					٠ ,		

## Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)
-	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	710 202	718,202.	×c	
	and domestic governments. See Part IV, line 21	718,202.	/10,202.		
2	Grants and other assistance to domestic	14,308.	14,308.	,	
_	individuals. See Part IV, line 22	14,500.	11,3000	<del></del>	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign			,	,
	individuals. See Part IV, lines 15 and 16				. `
4	Benefits paid to or for members			·	
5	Compensation of current officers, directors,				
•	trustees, and key employees	778,250.	155,650.	342,729.	279,871
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	15,535,095.	13,030,622.	1,876,566.	627,907
8	Pension plan accruals and contributions (include				40 440
	section 401(k) and 403(b) employer contributions)	891,412.	618,154.	224,840.	48,418 46,100
9	Other employee benefits	1,049,385.	751,380.	251,905.	46,100
0	Payroll taxes	1,544,595.	1,454,394.	49,575.	40,626
11	Fees for services (non-employees)	:			
а	Management	10 045	2 005	( )5)	
b	Legal	10,247.	3,995.	6,252. 76,877.	<del></del>
C	Accounting	76,877.		24,000.	<del></del>
d	Lobbying	24,000.		24,000.	, , , , , , , , , , , , , , , , , , ,
е	_	55,975.	*	55,975.	
f	Investment management fees	33,313.		33,373.	<del> </del>
g	•	1,126,104.	770,441.	286,482.	69.181
	column (A) amount, list line 11g expenses on Sch O.)	236,313.	141,757.	83,172.	69,181 11,384
12	Advertising and promotion	732,293.	647,198.	76,228.	8,867
13	Office expenses Information technology	348,905.	13,108.	335,797.	
14 15	Royalties			· · · · · · · · · · · · · · · · · ·	
16	Occupancy	4,752,582.	4,510,375.	236,107.	6,100
17	Travel	603,144.	491,348.	82,852.	28,944
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	42,320.	24,591.	15,054.	2,675
20	Interest	878,822.	878,822.		
21	Payments to affiliates	372,524.		372,524.	-
22	Depreciation, depletion, and amortization	2,369,537.	2,356,263.	11,390.	1,884
23	Insurance	330,720.	265,175.	54,918.	10,627
24	Other expenses, Itemize expenses not covered	,	* * * * * * * * * * * * * * * * * * * *	*	×
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				°
а	PASS-THROUGH EXPENSES	1,881,872.	1,881,872.		
t	PROG.MATERIALS/SUPPLIES	1,533,543.	1,533,543.		
c	DIRECT SUBSIDIES	1,360,115.	1,360,115.		
c	EQUIP.RENTAL/REPLACE	776,107.	745,664.	26,760.	3,683
e	All other expenses	317,811.	270,877.	46,934.	4 4 6 6 6 6 6
25	Total functional expenses. Add lines 1 through 24e	38,361,058.	32,637,854.	4,536,937.	1,186,26
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)		<u> </u>		Form <b>990</b> (20

632010 11-11-16

art X		Balance Sheet			
•		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
1		Cash - non-interest-bearing	17,898.	_1	13,018
2	2	Savings and temporary cash investments	6,710,851.	2_	4,044,349
3	}	Pledges and grants receivable, net	3,525,080.	3_	2,297,973
4		Accounts receivable, net	1,588,025.	4	1,629,982
5	;	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete			
- }		Part II of Schedule L		5	
6	;	Loans and other receivables from other disqualified persons (as defined under		,	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		•	2
İ		employers and sponsoring organizations of section 501(c)(9) voluntary	·		
3		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6_	
7	,	Notes and loans receivable, net	9,344,634.	7	9,344,634
ί   8	3	Inventories for sale or use		8	
9	)	Prepaid expenses and deferred charges	239,530.	9_	213,652
10	)a	Land, buildings, and equipment cost or other			, ,
		basis Complete Part VI of Schedule D   10a   82,370,422.		· \	
	b	Less accumulated depreciation 10b 29,061,812.	53,051,879.	10c	53,308,610
11	í	Investments - publicly traded securities	13,048,763.	11	14,375,930
12	2	Investments - other securities. See Part IV, line 11	3,112,000.	12	3,243,000
13	3	Investments - program-related See Part IV, line 11		13	
14	1	Intangible assets	182,195.	14	174,398
15	5	Other assets. See Part IV, line 11	1,384,946.	15	8,114,260
16	3	Total assets. Add lines 1 through 15 (must equal line 34)	92,205,801.	16	96,759,800
17	7	Accounts payable and accrued expenses	3,355,171.	17	3,845,807
18	3	Grants payable	4 600 206	18	1 075 10
19	9	Deferred revenue	1,697,376.	19	1,975,194
20	)	Tax-exempt bond liabilities	16,424,231.	20	15,631,039
21	1	Escrow or custodial account liability Complete Part IV of Schedule D		21	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
្ឋ 22	2	Loans and other payables to current and former officers, directors, trustees,	* * *		
		key employees, highest compensated employees, and disqualified persons.	, \		ж. ж
		Complete Part II of Schedule L	C 204 1C2	22	0.040 511
1   23	3	Secured mortgages and notes payable to unrelated third parties	6,384,163.	23	9,048,513
24	4	Unsecured notes and loans payable to unrelated third parties		24	
25	5	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of	2,813,737.		1,706,51
		Schedule D	30,674,678.	25 26	32,207,06
26	6	Total liabilities. Add lines 17 through 25	30,074,070.	26	JZ,ZU1,00.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and	;		
<u>,                                    </u>	_	complete lines 27 through 29, and lines 33 and 34.	36,991,327.	27	41,568,11
27		Unrestricted net assets	17,216,616.		15,435,91
28		Temporarily restricted net assets	7,323,180.		7,548,71
g   29	9	Permanently restricted net assets	7,323,100.	29	,,540,71
[ ]		Organizations that do not follow SFAS 117 (ASC 958), check here	<b>,</b> , , , , , , , , , , , , , , , , , ,	<b>l</b> `	<b>!</b> / ` `
5	_	and complete lines 30 through 34.	` ` `	20	,
30		Capital stock or trust principal, or current funds		30	<del> </del>
ã   31 ₹   31		Paid-in or capital surplus, or land, building, or equipment fund		32	<del> </del>
Net Assets or Fund Balances		Retained earnings, endowment, accumulated income, or other funds	61,531,123.	33	64,552,74
3		Total net assets or fund balances	92,205,801.	34	96,759,80
34	4	Total liabilities and net assets/fund balances	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Form <b>990</b> (20

Form	1990 (2016) OF GREATER PITTSBURGH	25-09	69497	Pag	<sub>je</sub> 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
,1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,011 38,361	L,7	64.
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>38,361</u>	L, 0	<u>58.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			06.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	61,531		
5	Net unrealized gains (losses) on investments	5	2,370	9:	<u> 12.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u>64,552</u>	2,7	<u>41.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				[X]
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1 1		
	separate basis, consolidated basis, or both:			ŀ	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,		ŀ	
	consolidated basis, or both		1 1	\$1	
	Separate basis X Consolidated basis Both consolidated and separate basis		1 1	` < `	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		、* ′	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		`	3 1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			; · .
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	<b>990</b> (	2016)

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Name of the organization Employer identification number YOUNG MEN'S CHRISTIAN ASSOCIATION 25-0969497 OF GREATER PITTSBURGH Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (III) Type of organization (iv) is the organization listed (ı) Name of supported (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

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Schedule A (Form 990 or 990-EZ) 2016 OF GREATER PITTSBURGH 25-09694

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

_	ction A. Public Support		<del></del>	<del></del>			<del></del>		
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not		}		1	}			
	include any "unusual grants ")			ļ					
2	Tax revenues levied for the organ-	Ì				<u> </u>			
	ization's benefit and either paid to					ĺ			
	or expended on its behalf			L					
3	The value of services or facilities			ļ	1	ļ j			
	furnished by a governmental unit to								
	the organization without charge	<u> </u>							
4	Total. Add lines 1 through 3								
5	The portion of total contributions	,	`			l , l			
	by each person (other than a				1				
	governmental unit or publicly	,				· .			
	supported organization) included								
	on line 1 that exceeds 2% of the	<b>*</b> ,		(	1 - 5	<u>\$</u>			
	amount shown on line 11,	`			\$ 1	, , ,			
	column (f)				*	× .			
	Public support. Subtract line 5 from line 4	L	/	\ <u>``</u>	`	*			
Sec	ction B. Total Support	<b></b>							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7	Amounts from line 4		<u>.</u> .	<u></u>					
8	Gross income from interest,	}			1	}			
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
9	Net income from unrelated business	ļ							
	activities, whether or not the				1				
	business is regularly carried on								
10	Other income Do not include gain	i							
	or loss from the sale of capital	ĺ	1		1	[			
	assets (Explain in Part VI)								
11	Total support. Add lines 7 through 10	L		1 2	į				
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12			
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	n 501(c)(3)			
<u>c</u> -	organization, check this box and stor				· — — —	<del> </del>			
	ction C. Computation of Publ	<del></del>	<u> </u>			<del>,</del>			
	Public support percentage for 2016 (		<del>-</del>	column (f))	-	14	%		
	Public support percentage from 2015					15	%		
16a	33 1/3% support test - 2016. If the c				e 14 is 33 1/3% or r	nore, check this bo	x and		
	stop here. The organization qualifies		•				<b>▶</b>		
b	33 1/3% support test - 2015. If the c	=			d line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual						<b>▶</b>		
17a	10% -facts-and-circumstances tes	-					· ·		
	and if the organization meets the "fac			•	•	rt VI how the organ	ızatıon		
	meets the "facts-and-circumstances"	_	•		-		<b>▶</b>		
b	10% -facts-and-circumstances tes								
	more, and if the organization meets the		·				L		
	organization meets the "facts-and-circ		_	-			▶ٰ		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instructions	<u> </u>		
	Schedule A (Form 990 or 990-EZ) 2016								

## Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Şe	ction A. Public Support	ciow, picase comp	note i di titi			<del></del>					
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
	Gifts, grants, contributions, and membership fees received (Do not						1				
	include any "unusual grants.")	9,918,150.	9,892,138.	10,344,289.	9,199,746.	9,103,205.	48,457,528.				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	25,337,080.	26,937,832.	27,641,728.	29,002,361.	29,003,863.	137,922,864.				
3	Gross receipts from activities that are not an unrelated trade or business under section 513										
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf			·							
5	The value of services or facilities furnished by a governmental unit to the organization without charge			,							
6	Total. Add lines 1 through 5	35,255,230.	36,829,970.	37,986,017.	38,202,107.	38,107,068.	186,380,392.				
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	2,899,531.	3,424,241.	2,195,566.	2,325,838.	1,326,872.	12,172,048.				
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.				
	Add lines 7a and 7b	2,899,531.	3,424,241.	2,195,566.	2,325,838.	1,326,872.	12,172,048.				
_8_	Public support. (Subtract line 7c from line 6.)						174,208,344.				
Se	ction B. Total Support										
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
	Amounts from line 6	35,255,230.	36,829,970.	37,986,017.	38,202,107.	38,107,068.	186,380,392.				
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	488,865.	1,533,586.	537,018.	470,499.	511,585.	3,541,553.				
	Unrelated business taxable income										
	(less section 511 taxes) from businesses acquired after June 30, 1975	5,363.	4,001.	2,667.		1	12,031.				
(	Add lines 10a and 10b	494,228.	1,537,587.	539,685.	470,499.	511,585.	3,553,584.				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				,						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	25 740 450	20 207 557	20 525 702	39 672 606	20 610 652	190 022 076				
	Total support. (Add lines 9, 10c, 11, and 12)	35,749,458.	38,367,557.	38,525,702.	38,672,606.	38,618,653.					
14	First five years. If the Form 990 is for check this box and stop here	r the organization's	s tirst, second, thir	a, tourin, or timn ta	ax year as a sectio	n 501(c)(3) organiz	zation,				
Se	ction C. Computation of Publ	ic Support Pe	rcentage	<del></del>							
	Public support percentage for 2016 (	<del></del>		column (f))		15	91.72 %				
	Public support percentage from 2015		<del>-</del>			16	91.75 %				
_	ction D. Computation of Inve										
17	17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 1.87 %										
18	18 Investment income percentage from 2015 Schedule A, Part III, line 17										
19	19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not										
ı	more than 33 1/3%, check this box a 33 1/3% support tests - 2015. If the	=	-		- · ·		<b>▶</b> X				
_	, ,	•					. $\square$				
20	line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions										

#### Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

Section A. All Supporting Organizations

Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V) No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below За b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. Зb c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit ۷. from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9с 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below 10a

632024 09-21-16

10b

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

Sche	edule A (Form 990 or 990-EZ) 2016 OF GREATER PITTSBURGH 2	5-09694	97 P	age 5
Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	1
, а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			-
_	below, the governing body of a supported organization?	11a		├
	A family member of a person described in (a) above?	11b	<del></del>	├
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  tion B. Type I Supporting Organizations	) 11c		<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<u> </u>	1,00	1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1 .	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year			Ĺ
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	, ·		<b> </b>
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			*
	supervised, or controlled the supporting organization	2		<u> </u>
Sec	tion C. Type II Supporting Organizations	<u></u>		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	,	,	,
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		*,	
	or management of the supporting organization was vested in the same persons that controlled or managed		`	
	the supported organization(s)			<u>L</u>
Sec	tion D. All Type III Supporting Organizations			
		<del></del>	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		<u>.</u>	ļ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	١.		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1_1	<del>-</del>	├
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		<i>'</i>	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		]
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<del>-</del>	+	<del>                                     </del>
	significant voice in the organization's investment policies and in directing the use of the organization's	ļ		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		`	
	supported organizations played in this regard	3		}
Sec	tion E. Type III Functionally Integrated Supporting Organizations			1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru	ctions).		
а	The organization satisfied the Activities Test, Complete line 2 below	,		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see instruction	ns)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			, ·
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1.	ĺ .
	those supported organizations and explain how these activities directly furthered their exempt purposes,	24,	İ	
	how the organization was responsive to those supported organizations, and how the organization determined	į .		1
	that these activities constituted substantially all of its activities	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Ì	1 '	j
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	,		ļ
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	<u>2b</u>		<del> </del> _
3	Parent of Supported Organizations. Answer (a) and (b) below.	<b>)</b> ;	\ \ \	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			4
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	<del> </del>	<del> </del>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			ľ
00000	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	(Farra 2000 and	200 ==	1
63202	5 09-21-16 Schedule A	(Form 990 or	<del>39</del> 0- <b>⊨</b> Z	., ZU16

Schedule A (Form 990 or 990-EZ) 2016 OF GREATER PITTSBURGH 25-0969497 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 4 4 Add lines 1 through 3 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by .035 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 Mınımum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 Income tax imposed in prior year 5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

_	 _			_			_
		/E	$\alpha \alpha \alpha$	 200	E71	20:	16

6

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2016 OF GREATER PITTSBURGH 25-0969497 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (iii) (i) (ii) Distributable Underdistributions **Excess Distributions** Amount for 2016 Pre-2016 Section E - Distribution Allocations (see instructions) Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2016 а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount 4 Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D, a Applied to underdistributions of prior years **b** Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017. Add lines 3<sub>j</sub> and 4c Breakdown of line 7: 8 b Excess from 2013

Schedule A (Form 990 or 990-EZ) 2016

c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 OF GREATER PITTSBURGH	25-0969497 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V. Section B. line 1e. Part V.
·	(See instructions.)	
	•	
<del> </del>		
		<u> </u>
<del></del> -		
		· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	9 : 504/ V/V (5)				
	Section 501(c)(4), (5), or (6) organization YOUNG M	tions: Complete Part III. EN'S CHRISTIAN A	CCOCTAUTON	Emp	loyer identification number
IVAII			PPOCTATION	- mp	25-0969497
ī Ба	or GREA	TER PITTSBURGH panization is exempt und	or coction 501/c)	or is a section 527 c	
Га	oniplete if the org	janization is exempt und	er section sor(c)	OI IS a Section SET C	nganization.
	Provide a description of the organiz	•	al campaign activities i	n Part IV.	
	Political campaign activity expendit				
3	Volunteer hours for political campai	gn activities		•••••	
		<del></del>			
	<del></del>	janization is exempt und			
	Enter the amount of any excise tax	• •		<b>&gt;</b> \$	
	Enter the amount of any excise tax			▶\$	; <u></u>
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?				☐ Yes ☐ No
_	If "Yes," describe in Part IV.		1' FA37.1		7.776)
Pa	rt I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501	(c)(3).
1	Enter the amount directly expended	d by the filing organization for se	ction 527 exempt funct	tion activities	·
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for se	ection 527	
	exempt function activities			▶ \$	·
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	ind on Form 1120-POL,		
	line 17b			▶ \$	
4	Did the filing organization file Form	1120-POL for this year?			└ Yes └ No
5	Enter the names, addresses and er	nployer identification number (El	N) of all section 527 po	litical organizations to which	ch the filing organization
	made payments For each organiza	tion listed, enter the amount paid	d from the filing organiz	ation's funds. Also enter the	ne amount of political
	contributions received that were pr	omptly and directly delivered to	a separate political orga	anization, such as a separa	ate segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	ride information in Part	IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
				1	If none, enter -0
		·	<del></del>	<del>                                     </del>	<del> </del>
	<del></del>				<del> </del>
					1
					<del> </del>
				1	J
			<del>                                     </del>	<del> </del>	<del> </del>
			<del>                                     </del>	<del> </del>	<del> </del>
_			<del></del>	<del> </del>	<del> </del>
			J		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

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632041 11-10-16

Schedule C (Form 990 or 990-EZ) 2016	OF GREATI	ER.	PITTSBURGH	- F04/-V0V	25-0	969497 Page 2
Part II-A Complete if the org section 501(h)).	anization is	exer	npt under sectioi	n 501(c)(3) and til	ea Form 5/68 (ei	ection under
				Dod IV and officer	Lessus member's nom	o address EIN
	_		iated group (and list in	Part IV each affiliated	group member's nam	e, address, Eliv,
expenses, and share			expenditures) nd "limited control" pro	vicione apply		
	-			мыонь арру.	(a) Filing	(b) Affiliated group
	ts on Lobbying E	-	nditures Ints paid or incurred.)		organization's	totals
(The term expend	illules illealis a	ailiou	into paid of incurred.)		totals	
1a Total lobbying expenditures to influ	ience public opir	non (	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influ	ience a legislativ	e boo	ly (direct lobbying)		24,000.	
c Total lobbying expenditures (add li	nes 1a and 1b)				24,000.	105 016
d Other exempt purpose expenditure	es					40,495,916.
<ul> <li>Total exempt purpose expenditure</li> </ul>	•		•			40,495,916.
f Lobbying nontaxable amount Ente		m the	following table in both	h columns.	1,000,000.	1,000,000.
If the amount on line 1e, column (a) o	r (b) is: Th	e lob	bying nontaxable am	ount is:		"
Not over \$500,000			the amount on line 1e.			,
Over \$500,000 but not over \$1,000	· · · · · · · · · · · · · · · · · · ·		0 plus 15% of the exc		S <sub>2</sub>	, v ,
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exc			, , , , , , , , , , , , , , , , , , ,
Over \$1,500,000 but not over \$17,			0 plus 5% of the exce	ss over \$1,500,000.		,
Over \$17,000,000	] \$1	,000,0	000.			
	. 050/ (1 4				250,000.	250,000.
g Grassroots nontaxable amount (en					230,000.	0.
h Subtract line 1g from line 1a. If zer					0.	0.
i Subtract line 1f from line 1c If zero	· ·		4:	stron file Form 4700		
j If there is an amount other than ze		in or	line 11, did the organiza	ation the Form 4720	Г	Yes No
reporting section 4911 tax for this		- A.	eraging Period Under	section 501(h)		165
(Some organizations ti					of the five columns b	elow.
(000 0. 94			ate instructions for li			
	Lobbying I	Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year					4 0 0040	(-) T
(or fiscal year beginning in)	(a) 2013		<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,0	00.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount			1			
(150% of line 2a, column(e))		/	·	"、	<b>*</b>	6,000,000.
c Total lobbying expenditures	3,2	25.	19,992.	26,204.	24,000.	73,421.
d Grassroots nontaxable amount	250,0	00.	250,000.	250,000.	1,000,000.	1,750,000.
e Grassroots ceiling amount	5.		,	* : * :	) y	2 625 000
(150% of line 2d, column (e))				Ψ	``	2,625,000.
6 Consequents labely upon avenue diturne						

Schedule C (Form 990 or 990-EZ) 2016

25-0969497 Page 3

Schedule C (Form 990 or 990-EZ) 2016 OF GREATER PITTSBURGH 25-096949

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(	a)	(b	)
f the lobbying activity.	Yes	No	Amo	unt
1 During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of			·	
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?		<u> </u>		
e Publications, or published or broadcast statements?		ļ		
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?		<u> </u>		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912		, ^ \	_	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		\		
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	ction 501(c	)(5), or se	ection	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		. 1	_	<u> </u>
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from tart III-B Complete if the organization is exempt under section 501(c)(4), sec	n the prior yea	ar? 3		L
answered "Yes."  1 Dues, assessments and similar amounts from members		1		
<ol> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of po</li> </ol>	litical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying ar				
expenditure next year?	•	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV   Supplemental Information		<u> </u>		
rovide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated gr	oup list): Part	II-A. lines 1	and 2 (see	<u>-</u>
instructions), and Part II-B, line 1. Also, complete this part for any additional information.	,	,	`	
PART IV				
			<del> </del>	
THE ASSOCIATION'S LOBBYING EFFORTS ARE CENTERED ON	SECURIN	G STAT	E AND	
OCAL GOVERNMENT GRANT FUNDING.				
	-			

## **SCHEDULE D**

(Form 990)

632051 08-29-16

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

YOUNG MEN'S CHRISTIAN ASSOCIATION

Emplo

OMB No 1545-0047 Open to Public Inspection

Name of the organization

OF GREATER PITTSBURGH

Employer identification number 25-0969497

Pa			or Accounts.Complete	of the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6. (a) Donor advised funds	(b) Funds and other a	noounto.
_	Table wheels and of the	(a) bollor advised lunds	(b) Fullus and Other a	
1	Total number at end of year			_
2	Aggregate value of contributions to (during year)	<u> </u>		
3	Aggregate value of grants from (during year)	<b> </b>		
4	Aggregate value at end of year			<del></del>
5	Did the organization inform all donors and donor advisors in	-	ea tunas <b>Ye</b> :	
_	are the organization's property, subject to the organization's	<del>-</del>		s L No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose		_ 🗆
Pa	impermissible private benefit?  † II Conservation Easements. Complete if the or	gapization answered "Ves" on Form 990.	Ye.	s L No
			art IV, line I	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or		rically important land area	
	Protection of natural habitat	Preservation of a cert	ried historic structure	
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	fied conservation contribution in the form		of the Tax Year
	day of the tax year		<del> </del>	or the rax rear
a	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements	A Contradict of Asia	2b	
	Number of conservation easements on a certified historic st	* * * * * * * * * * * * * * * * * * * *	2c	
d	Number of conservation easements included in (c) acquired	after 8/1 //06, and not on a historic structi		
_	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax	(
_	year -			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per		☐ Ye	s 🗆 No
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	, nariditing of violations, and emorcing cons	ervation easements during	ine year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing consensa	ion escemente during the i	vear.
•	\$	uling of violations, and emorcing conserva	ion easements during the y	eai
8	Does each conservation easement reported on line 2(d) abo	ve esticfy the requirements of section 170	h)(A)(B)(i)	
	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170	<b>Ye</b>	s No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense		
•	include, if applicable, the text of the footnote to the organization	-		
	conservation easements	ation 3 interior statements that describes	ine organization s accounti	ig 101
Pa	rt III   Organizations Maintaining Collections	of Art, Historical Treasures, or O	her Similar Assets.	
	Complete if the organization answered "Yes" on Forr			
	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet wor	ks of art
	historical treasures, or other similar assets held for public ex			
	the text of the footnote to its financial statements that descri		o. pas o., p. o., .	,
b	If the organization elected, as permitted under SFAS 116 (A		and balance sheet works of	f art. historical
_	treasures, or other similar assets held for public exhibition, e	•		•
	relating to these items.	addation, or receases in tartification of par	mo oo moo, promoo ano rom	owning amounts
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$	
	(ii) Assets included in Form 990, Part X		\$	
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	gain, provide	
_	the following amounts required to be reported under SFAS		3, p. 0 2 100	
a	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$	
	Assets included in Form 990, Part X		<b>\$</b>	
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		orm 990) 2016

		TER PITTSB	JRGH				25-09	69497	Page 2
Pa	t III Organizations Maintaining C	collections of Ar	t, Historical	Treasures,	or Oth	er Simil	ar Asse	ts(contini	ued)
3 .	Using the organization's acquisition, accessi	on, and other record	s, check any of	he following th	at are a s	significant	use of its	collection	rtems
	(check all that apply):								
. а	Public exhibition	d		exchange progr	rams				
Ь	Scholarly research	e	U Other_						
С	Preservation for future generations								
4	Provide a description of the organization's co			_			ose in Par	rt XIII.	
5	During the year, did the organization solicit of		•	•	ner sımıla	r assets	_	٦	
ID-	to be sold to raise funds rather than to be m						<u>_</u>	Yes	U No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organiz	ation answered	"Yes" or	n Form 99	0, Part IV,	line 9, or	
10	Is the organization an agent, trustee, custod		ion, for contribu	tions or other s	acata na	t included			
Ia	on Form 990, Part X?	ian or other intermed	lary for contribu	dons or other a	55et5 1101	Lincidaea	<u></u>	Yes	□ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table				_	_ 169	
	ires, explain the arrangement in rait xiii	and complete the lo	liowing table				Γ	Amount	
С	Beginning balance					1c	<del> </del>	Amount	
d	Additions during the year					1d	····		
e	Distributions during the year					1e	<del> </del>		
f	Ending balance			•		1f		<del> </del>	
	Did the organization include an amount on F	orm 990. Part X. line	21. for escrow of	r custodial acc	ount liab			Yes	□ No
	If "Yes," explain the arrangement in Part XIII					-			
	t V Endowment Funds. Complete								
		(a) Current year	(b) Prior year	(c) Two yea	ı		years back	(e) Four	years back
1a	Beginning of year balance	12,032,664.	11,981,0	79. 12,50	3,873.	12,0	055,455.	11,	945,533.
b	Contributions	96,454.	1,518,3	11.	8,680.		6,761.		6,165.
С	Net investment earnings, gains, and losses	1,138,512.	-678,7	22. 20	6,561.	1,:	183,140.		832,624.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	830,433.	788,0	34. 73	8,035.		741,483.		728,867.
f	Administrative expenses								
g	End of year balance	12,437,197.	12,032,6	11,98	1,079.	12,	503,873.	12,	055,455.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, colum	n (a)) held as					
а	Board designated or quasi-endowment	13.19	_%						
b	Permanent endowment ► 34.62	%							
С	Temporarily restricted endowment ▶5	2.19 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are he	d and admınıst	ered for t	the organi	zation	-	<del></del>
	by.							`	Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization			R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere				ľ		· -r		
	Description of property	(a) Cost or of	1 ' '	ost or other		ccumulat		(d) Book	value
		basis (investri		sis (other)	de	preciation	<u>'</u>	2 000	104
	Land	<u> </u>		387,104.	22	0 = 6 0	00-1-		,104.
	Buildings	<del></del>		162,817.		856,9			,818.
C	Leasehold improvements			136,362.		$\frac{782,6}{644,6}$			,686.
d	Equipment			320,500.		$\frac{644,6}{777}$			135
	Other	aval Form COO. D: ±		363,639.		777,5			,135.
ıota	. Add lines 1a through 1e. (Column (d) must e	quai F0ππ 990, Paπ	∧, coiumn (B), III	e 100)			<b>▶</b>   ⊃	,,,,,,,,,,	, UIU.

Schedule D (Form 990) 2016

OF	GREATER	PITTSBURGH

Part VII Investments - Other Securities.		<del>-</del>		- Tage •
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	duation Cost or end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	· ·		· · · · · · · · · · · · · · · · · · ·	
(A)				
(B) (C)		<del>-  -</del>		
(D)		-		
(E)	<del> </del>			
(F)				
(G)	•			
(H)				<del></del>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			× .	
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				t - £
(a) Description of investment	(b) Book value	(c) Method of va	iluation: Cost or end	f-of-year market value
(1)		_ <del> </del>	<del></del>	· · · · · · · · · · · · · · · · · · ·
(2)				
(3)				
(4) (5)				
(6)			······································	, ,
(7)				
(8)				
(9)	-			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	• • • • • • • • • • • • • • • • • • • •	7.657		, ~ 3
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990, F	Part X, line 15	
	Description	-		(b) Book value
(1) CONSTRUCTION IN PROGRESS		<del>, , . ,</del>	<del></del>	8,114,260.
(2)		**		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			·	
Total. (Column (b) must equal Form 990, Part X, col (B) line	2 15 )			8,114,260.
Part X Other Liabilities.	= 13)			0,114,200.
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f. See Form	990, Part X, line 25	
(a) Description of liability		(b) Book value	, ·	`
(1) Federal income taxes			,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(2) DERIVATIVE INSTRUMENTS AT	FMV	1,706,514.	J.	` .>
(3)				, "III, ", "
(4)			,	
(5)				"
(6)		_	· * * * * * * * * * * * * * * * * * * *	****
(7)			,3	,
(8)			* ` ` `	· 1
(9)			* 2	(*)
Total. (Column (b) must equal Form 990, Part X, col (B) line	25)	1,706,514.	, `	
2. Liability for uncertain tax positions. In Part XIII, provide				
organization's liability for uncertain tax positions under	FIN 48 (ASC 740) Ch	eck here if the text of the	footnote has been	provided in Part XIII

632053 08-29-16

Schedule D (Form 990) 2016

25-0969497 Page 4 OF GREATER PITTSBURGH Schedule D (Form 990) 2016 Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 40,404,981. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2,370,912 a Net unrealized gains (losses) on investments 2b b Donated services and use of facilities c Recovenes of prior year grants 2c 360,115 2d d Other (Describe in Part XIII) 1,010,797. Add lines 2a through 2d 39,394,184. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b -382,420. b Other (Describe in Part XIII ) -382,420. c Add lines 4a and 4b 39,011,764. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 37,383,363. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a **b** Pnor year adjustments 2b c Other losses 2c 382,420. d Other (Describe in Part XIII.) 2d 382,420. e Add lines 2a through 2d 2e 37,000,943. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b ,360,115 4b b Other (Describe in Part XIII.) 1,360,115. c Add lines 4a and 4b 38,361,058. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: ENDOWMENTS CONSIST OF VARIOUS INVESTMENT FUNDS ESTABLISHED FOR THE OPERATING NEEDS OF THE ASSOCIATION AND INCLUDE DONOR RESTRICTED AND BOARD DESIGNATED AMOUNTS. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON PENNSYLVANIA STATE LAW AND THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. PART X, LINE 2: THE ASSOCIATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR

Schedule D (Form 990) 2016

632054 08-29-16

Part XIII Supplemental Information (continued)
FEDERAL AND STATE INCOME TAX IS REQUIRED.
•
THE ASSOCIATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A
RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON
EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX
UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT
DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION
THRESHOLD IN 2017 AND 2016.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
DIRECT SUBSIDIES -1,360,12
PART XI, LINE 4B - OTHER ADJUSTMENTS:
SPECIAL EVENTS EXPENSES -347,36
GAMING EXPENSES -35,0
TOTAL TO SCHEDULE D, PART XI, LINE 4B -382,42
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 347,30
GAMING EXPENSES 35,09
TOTAL TO SCHEDULE D, PART XII, LINE 2D 382,42
PART XII, LINE 4B - OTHER ADJUSTMENTS:
DIRECT SUBSIDIES 1,360,13

### **SCHEDULE G**

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. YOUNG MEN'S CHRISTIAN ASSOCIATION

**Employer identification number** 

OF GREATER PITTSBURGH 25-0969497 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

632081 09-12-16

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2016

YOUNG MEN'S CHRISTIAN ASSOCIATION Schedule G (Form 990 or 990-EZ) 2016 OF GREATER PITTSBURGH 25-0969497 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events PNC Y TURKEYASSOCIATION (add col (a) through 21 TROT GOLF OUTING col. (c)) (total number) (event type) (event type) 833,035. 286,159 139,700 407,176 Gross receipts 44,040 16,700 246,466 307,206. 2 Less: Contributions 123,000. 160,710. 242,119. 525,829. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes 3,000. 650. 3,650. Rent/facility costs 2,437 36,248 70,451 109,136. 7 Food and beverages 8 Entertainment 119,646. 3,028. 111,906 234,580. Other direct expenses 347,366. 10 Direct expense summary Add lines 4 through 9 in column (d) 178,463. 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col (c)) 17,865 17,865. Gross revenue 2 Cash pnzes 3 Noncash pnzes 4 Rent/facility costs 35,054. 35,054. 5 Other direct expenses X Yes 100.00% Yes Yes 6 Volunteer labor 35,054. 7 Direct expense summary. Add lines 2 through 5 in column (d) <17<u>,189.</u>> 8 Net gaming income summary Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization conducts gaming activities PA	
a Is the organization licensed to conduct gaming activities in each of these states?	X Yes No
b If "No," explain:	
Oa Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year	ar? Yes X No
b If "Yes," explain:	

Schedule G (Form 990 or 990-EZ) 2016

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016 OF GREATER PITTSBURGH	25-0969497 Page 3
11 Does the organization conduct gaming activities with nonmembers?	X Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes X No
13 Indicate the percentage of gaming activity conducted in	
a The organization's facility	$ _{13a} 100.00\%$
<b>b</b> An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:
Name > CHRISTIAN A. WILLITTS	
Address ► 420 FORT DUQUESNE BLVD, SUITE 625 - PITTSBURGH, PA	15222
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	unt
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name	
Address >	
16 Gaming manager information	
Carring manager information	
Name	
0	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
·	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes X No
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year \( \bigs \) \\$ <b>Part IV</b>   Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III lines 0 0h 10h 15h
15c, 16, and 17b, as applicable Also provide any additional information. See instructions	raft III, IIIIes 9, 90, 100, 130,
100, 10, and 110, do approach 1100 pro-100 any accumulation constitution	
632083 09-12-16 Schedule	G (Form 990 or 990-EZ) 2016

	YOUNG MEN'S CHRISTIAN ASSOCIATION	
Schedule G (Form 990 or 990-EZ)  Part IV Supplemental Infor	OF GREATER PITTSBURGH	25-0969497 Page 4
Supplemental infor	mation (continued)	<del></del>
		<del></del>
		·
		<del>_</del>
		· · · · · · · · · · · · · · · · · · ·
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		<del></del>
		<del></del>
		Schedule G (Form 990 or 990-EZ
632084	•	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2016	Open to Public	Inspection

OMB No 1545-0047

► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

S CHRISTIAN ASSOCIATION YOUNG MEN'

X Yes	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
	Part I General Information on Grants and Assistance
25-0969497	OF GREATER PITTSBURGH
Employer identification number	

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	r be duplicated if additi	ional space is need	ed.			
1 (a) Name and address of organization or government	( <b>a)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THELMA LOVETTE YMCA 420 FORT DUQUESNE BOULEVARD, SUITE PITTSBURGH, PA 15222	27-2990653	501(C)(3)	590,202.	0.	0.N/A	N/A	OPERATIONAL AND PROGRAM SUPPORT
YWCA OF GREATER PITTSBURGH 305 WOOD ST PITTSBURGH, PA 15222	25-0965639	501(0)(3)	127,000.	0.	N/A	N/A	HOPE FOR ALL PROJECT
YMCA OF THE USA 101 NORTH WACKER DROVE CHICAGO, IL 60606	36-3258969	501(C)(3)	1,000.	0	N/ A	N/A	WORLD SERVICE
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	nd government o	rganizations listed in th 1 table	le line 1 table				3.
	, see the instruc	tions for Form 990.					Schedule I (Form 990) (2016)

YOUNG MEN'S CHRISTIAN ASSOCIATION

Page 2

25-0969497

OF GREATER PITTSBURGH

Schedule I (Form 990) (2016)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SPECIFIC ASSISTANCE TO PROGRAM PARTICIPANTS TO SUPPLEMENT TRANSPORTATION, FOOD, CLOTHING AND SHELTER.	102	6,348.	0	0.N/A	N/A
SCHOLARSHIPS UP TO \$2,000 FOR ELIGIBLE STUDENTS PURSUING DEGREES IN SOCIAL SERVICES	6	.096,7	0	0.N/A	N/A
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	quired in Part I, lin	2, Part III, column	ı (b), and any other a	dditional information	
PART I, LINE 2:					
ORGANIZATIONS RECEIVING ASSISTANCE		3 YMCA ARE	FROM THE YMCA ARE MONITORED TO ENSURE	TO ENSURE	
THEY MEET THE CRITERIA ASSOCIATED	WITH THE	RESPECTIVE AWARD.	Æ AWARD.		

PART IV

CRITERIA FOR DETERMINING ELIGIBILITY FOR A SCHOLARSHIP IS: THE THE INDIVIDUAL HAS DECLARED A DESIRE TO BECOME A CANDIDATE FOR THE

YMCA PROFESSION OR A RELATED PERSON-SERVICE CAREER, OR CONTRIBUTE

HIS/HER ENERGIES AS A LAY LEADER IN THE YMCA.

632102 11-01-16

CUMULATIVE AVERAGE OF 2.5.

- Part IV | Supplemental Information THE CANDIDATE HAS DEMONSTRATED LEADERSHIP POTENTIAL THROUGH PARTICIPATION FOR A REASONABLE PERIOD OF TIME IN PROGRAMS, COMMITTEES, BOARDS, COUNCILS, OR HAS BEEN SATISFACTORILY EMPLOYED ON A FULL-TIME, PART-TIME OR VOLUNTEER BASIS ON A YMCA STAFF. 3. THE CANDIDATE FOR CONSIDERATION IS RECOMMENDED BY A YMCA DIRECTOR BASED UPON PERSONAL OBSERVATIONS AND EXPERIENCE WITH THE INDIVIDUAL. THE CANDIDATE SHOULD PRESENT A SATISFACTORY SCHOLARSHIP STANDING (ACCEPTANCE BY A COLLEGE WILL BE CONSIDERED SATISFACTORY EVIDENCE OF SCHOLARSHIP ACHIEVEMENT). FRESHMAN AND SOPHOMORES MUST MAINTAIN A
- THERE IS A DECLARED FINANCIAL NEED. CANDIDATES MUST SUBMIT A STATEMENT OF NEED AND LIST ALL EXPENSES AND ALL SOURCES OF PLANNED INCOME AND UPDATE AS ACTUAL GRANTS ARE RECEIVED.

CUMULATIVE AVERAGE OF 2.0 AND JUNIORS AND SENIORS MUST MAINTAIN A

- CANDIDATES MUST HAVE MADE FORMAL APPLICATION TO A COLLEGE OF HIS/HER CHOICE PRIOR TO THE APPLICATION FOR A SCHOLARSHIP.
- SCHOLARSHIP AWARDS WILL BE AWARDED FOR UNDERGRADUATE STUDIES ONLY. OTHERS MAY BE CONSIDERED ON AN EXCEPTION BASIS ONLY.

SCHEDULE I, PART III: THE HOMEWOOD YMCA OPERATES A FOOD BANK AND EMERGENCY FOOD PROGRAMS. STAFFED ALMOST ENTIRELY BY COMMUNITY VOLUNTEERS, YMCA FOOD PROGRAMS ARE VITAL TO DISTRESSED COMMUNITIES. MORE THAN 5,000 FOOD ITEMS WERE PROVIDED FREE OF COST TO PEOPLE OF ALL AGES RESIDING IN THESE AND SURROUNDING NEIGHBORHOODS. THE ORGANIZATION CURRENTLY DOES NOT HAVE A FINANCIAL ACCOUNTING SYSTEM IN PLACE TO CAPTURE THE VALUE OF THE DISTRIBUTED FOOD PRODUCT.

### SCHEDULE J (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

➤ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Employer identification number

25-0969497

Department of the Treasury
Internal Revenue Service
Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION

OF GREATER PITTSBURGH

Part I | Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.		-	l
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		İ	ĺ
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
				`
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		ı ^	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		4	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
			-	-
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		X.	,:
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			3
	Independent compensation consultant  X Compensation survey or study		İ	
	X Form 990 of other organizations Approval by the board or compensation committee			√\$
		,		, ·
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	À		*
	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<u> </u>	Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		ŀ	
				* /
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	· *		100
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			,
	contingent on the revenues of:		*	
a	The organization?	5a	ļ	X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			5
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			` ;
	contingent on the net earnings of:		4	`
a	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	**		
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		`	<
	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	ļ	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2016

25-0969497

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	ſ					Γ	Total of contract	(1)
		(B) Breakdown of V	W-2 and/or 1099-MISC compensation	SC compensation	(C) Hetirement and Other deferred	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(r) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RIG RIGGINS (EXITED 5/16)	€	269,295.	13,968.	7,606.	91,500.	23,017.	405,386.	0
CEO/PRESIDENT	: E		0	0.				0.
(2) KEVIN BOLDING (EFF. 5/16)	Ξ	155,	0	432.	15,67	6,500.	178,173.	0
CEO/PRESIDENT	: <b>E</b>		0	0				0
(3) WILLIAM F. JONES, JR.	Ξ	179,	0	2,903.	18,69	16,825.	217,793.	0
CFO/CORP SECR/TREASURER	<b>E</b>		0	0.		- 1		0
(4) STEPHAN C. DAVIS	Ξ	133,52	0	1,187.	14,04	18,962.	167,71	0
SR VP HR & LEADERSHIP	Ξ		0	0		0		0
(5) CAROLYN GRADY-MOOKERJEE	ε	142,67	0	1,213.	14,267.	0.	158,15	0
SR VP DEVELOPMENT	<u>(E)</u>		0	0		1		0
(6) JAMES H. NEEDLES III	Ξ	122,03	0	1,048.	13,01	25,967.	162,068.	0
VP/BUS.& INFO SYSTEMS	€	0	0	• 0	0	0.	0	0
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Schedule J (Form 990) 2016

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER PITTSBURGH

Page 3 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. 25-0969497 Schedule J (Form 990) 2016

Part III | Supplemental Information

										THIS WAS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS.	RIG RIGGINS RECEIVED A BONUS OF \$13,968 BASED ON HIS PERFORMANCE REVIEW.	PART I, LINE 7:		
											BY THE COMPENSATION COMMITTEE OF THE	WAS APPROVED BY THE COMPENSATION COMMITTEE OF THE	I, LINE 7: RIGGINS RECEIVED A BONUS OF \$13,968 BASED ON HIS PE WAS APPROVED BY THE COMPENSATION COMMITTEE OF THE	I, LINE 4B: RIGGINS PARTICIPATED IN A DEFERRED COMPENSATION PLA ENSATION ACCRUAL OF \$65,000 IS REPORTED IN PART III BE PAID IN 2017.  I, LINE 7:  RIGGINS RECEIVED A BONUS OF \$13,968 BASED ON HIS PE WAS APPROVED BY THE COMPENSATION COMMITTEE OF THE
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SCHEDULEK (Form 990)

Supplemental Information on Tax-Exempt Bonds

(g) Defeased (h) On behalf (i) Pooled financing Yes No × × Employer identification number OMB No 1545-0047 2016 Open to Public ŝ ŝ Inspection 25-0969497 Yes No of issuer × × Yes ŝ × × Yes ٩ N٥ ► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

YOUNG MEN'S CHRISTIAN ASSOCIATION (f) Description of purpose ပ Yes Yes Ņ H PART PART 8,650,310 346,311 87,800,000 49,690 × × ş ŝ SEE 700,000,855 m œ ,500,000 Yes Yes SEE PART VI FOR COLUMN (A) CONTINUATIONS (e) Issue price 11, 65,870 447,881 11,500,000 11,434,130 × ŝ ŝ (d) Date Issued 10/31/12 10/31/12 ×∣ĕ Yes (c) CUSIP# NONE NONE Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, A25-1269117 A25-1269117 GREATER PITTSBURGH (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds INDUSTRIAL DEVELOPMENT INDUSTRIAL DEVELOPMENT Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion OF. ALLEGHENY COUNTY ALLEGHENY COUNTY (a) Issuer name Part III Private Business Use Other unspent proceeds Amount of bonds retired Total proceeds of Issue Other spent proceeds Name of the organization Bond Issues Proceeds Department of the Treasury Internal Revenue Service Part II Part I N Ŋ œ O 9 Ξ 4 ភ 9 8 O 9 2 5 Ω

 $_{632121\ 10-19-16}$  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 46

bond-financed property?

Schedule K (Form 990) 2016

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER PITTSBURGH

Schedule K (Form 990) 2016

25-0969497

% % ŝ ŝ Yes Yes % % % % ŝ ŝ Yes Yes 20.0000000 % % ፠ ፠ 2 ⋈ 2 ⋈ × × × × × 000 00. 00. PNC BANK Yes Yes × × × 20.0000000 % % % % ŝ 윈서 00. 00. 00. × × × × × × PNC BANK Yes Yes × × c Are there any research agreements that may result in private business use of bond-financed property? counsel to review any management or service contracts relating to the financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside governmental person other than a 501(c)(3) organization since the bonds were issued? Enter the percentage of financed property used in a private business use as a result of b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed 8a Has there been a sale or disposition of any of the bond-financed property to a nonc If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Has the organization established written procedures to ensure that all nonqualified entities other than a section 501(c)(3) organization or a state or local government bonds of the issue are remediated in accordance with the requirements under counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by unrelated trade or business activity carried on by your organization, another 3a Are there any management or service contracts that may result in private If "Yes" to line 2c, provide in Part VI the date the rebate computation was Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and 4a Has the organization or the governmental issuer entered into a qualified Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government Regulations sections 1 141-12 and 1.145-2? business use of bond-financed property? If "No" to line 1, did the following apply? Part III Private Business Use (Continued) 3 Is the bond issue a variable rate issue? hedge with respect to the bond issue? Penalty in Lieu of Arbitrage Rebate? d Was the hedge superintegrated? e Was the hedge terminated? 1.141-12 and 1 145-2? Total of lines 4 and 5 b Exception to rebate? a Rebate not due yet? b Name of provider c No rebate due? Part IV Arbitrage c Term of hedge performed 4 S ဖ 6

Schedule K (Form 990) 2016

632122 10-19-16

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER PITTSBURGH

Page 3 Schedule K (Form 990) 2016 ŝ ŝ ۵ Yes Yes ŝ ŝ Yes Yes 25-0969497 윈× ž × × 8 Yes Yes × Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions SCHEDULE K, PART I, BOND ISSUES: SERIES B 윈× ŝ × × SERIES REFINANCE MOON INDUSTRIAL DEVELOPMENT AUTHORITY BONDS Yes Yes × RENOVATION AND EXPANSION OF THE SAMPSON FAMILY YMCA ALLEGHENY COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY, ALLEGHENY COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY, d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation isn't available under applicable 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 6 Were any gross proceeds invested beyond an available temporary period? Part V Procedures To Undertake Corrective Action I, LINE A(F) SCHEDULE K, PART I, LINE B(F) Part IV Arbitrage (Continued) SCHEDULE K, PART ISSUER NAME: ISSUER NAME: Schedule K (Form 990) 2016 **b** Name of provider section 148? c Term of GIC 632123 10-19-16 (A) A)

# SCHEDULE M (Form 990)

### **Noncash Contributions**

201

2016

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.
YOUNG MEN'S CHRISTIAN ASSOCIATION Employ.

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER PITTSBURGH

Employer identification number 25-0969497

Par	t I Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amo	-
1	Art - Works of art		items contributed	Tom oso, Tare Vin, mile 19		
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	X	14	327,865.	FMV	
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests				· · · · · · · · · · · · · · · · · · ·	
12	Securities - Miscellaneous				· · · · · · · · · · · · · · · · · · ·	
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential	ļ. <u>.</u>		****		
16	Real estate - Commercial					
17	Real estate - Other	ļ				
18	Collectibles	<u> </u>				
19	Food inventory	-				
20	Drugs and medical supplies	,				
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens			<del></del>		
24	Archeological artifacts	}				
25	Other () Other ()		<del>                                     </del>		<u> </u>	
26			<u> </u>			
27	Other ()		<u> </u>			
28	Other (				<u></u>	<del></del>
29	Number of Forms 8283 received by the organ		•			0
	for which the organization completed Form 82	263, Part IV,	Donee Acknowled	gement 29 ]		res No
20-	During the year, did the organization receive b		an any proporty ro	norted in Part Lines 1 throu		es No
30a	must hold for at least three years from the dat					
			ai contribution, and	a william issue required to be c	30a	x
_	exempt purposes for the entire holding period	17			300	<del></del>
	If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance	policy that	equires the review	of any nonetandard contable	utions? 31	х
31						<del></del>
32a	Does the organization hire or use third parties	or related 0	rganizations to sol	ion, process, or seminoricasm	32a	x
h	contributions?  If "Yes," describe in Part II.				328	<del></del>
	If the organization didn't report an amount in	column (a) fa	or a type of proport	v for which column (a) is che	ocked ,	
33	<del>-</del>	column (c) ic	or a type or propert	y for willou column (a) is the	incu,	
	describe in Part II.				Sahadula M /Farm O	

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Schedule M (Form 990) (2016)

### YOUNG MEN'S CHRISTIAN ASSOCIATION

Schedule N	И (Form 9	90) (2016)	OF C	REATI	SR PIT	TSBURGH					09694		Page 2
Part II	ıs repor	ting in Part	i, colum	ın (b), the	number of	information re contributions,	quired the nu	by Part I, lines 30b mber of items receiv	, 32b, ar /ed, or a	id 33, and combinati	whether the	organizati Nso compl	on ete
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### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

YOUNG MEN'S CHRISTIAN ASSOCIATION Emplo OF GREATER PITTSBURGH

Employer identification number 25-0969497

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION'S MISSION THE YMCA OF GREATER PITTSBURGH IS COMMITTED TO ENSURING THAT OUR PROGRAMS ARE OPEN TO EVERYONE REGARDLESS OF THEIR ABILITY TO PAY. SERVICES PROVIDED BY THE YMCA OF GREATER PITTSBURGH ADDRESS NEEDS AS DIVERSE AS THE COMMUNITIES WHERE WE ARE LOCATED. OUR PROGRAM DELIVERY IS FOCUSED ON CREATING HOPE FOR CHILDREN, ENGAGING FAMILIES. ESTABLISHING BALANCED HEALTH FOR ALL AND HELPING STRENGTHEN COMMUNITIES THROUGH OUTREACH SUPPORT SERVICES. IN ADDITION TO PROGRAMS IN CHILD CARE, SUMMER CAMPS, AND HEALTH AND WELLNESS, THE YMCA ALSO DELIVERS AN ARRAY OF SOCIAL SERVICE PROGRAMS DESIGNED TO ADDRESS THE SPECIFIC NEEDS OF THE COMMUNITIES IN WHICH THE YMCA SERVES. THESE PROGRAMS INCLUDE SERVICES SUCH AS FOOD PANTRIES, FAMILY SUPPORT SERVICES, JOB AND COMPUTER TRAINING, TEEN ENRICHMENT PROGRAMS, DRUG AND ALCOHOL COUNSELING, SPECIAL NEEDS CAMPS, SERVICE LEARNING PROJECTS, SINGLE RESIDENT HOUSING, LITERACY INITIATIVES, AND SENIOR PROGRAMS. BY RESPONDING TO NEEDS AND COLLABORATING WITH LOCAL GROUPS, THE YMCA CONTINUES TO BE A PLACE TO WHICH INDIVIDUALS FEEL CONFIDENT TURNING FOR HELP.

FORM 990, PART III, LINE 4A

YOUTH DEVELOPMENT - CLOSING THE ACHIEVEMENT GAP

FROM SWIM LESSONS AND WATER SAFETY TO YOUTH KIDS GROW-UP AT THE Y. SPORTS AND AFTER SCHOOL PROGRAMS, THE Y KEEPS KIDS SAFE WHILE THEY LEARN, EXPLORE AND THRIVE! INSIDE A CLASSROOM OR OUTSIDE AT CAMP,

YOUTH AND TEENS ARE LEARNING VALUES FROM POSITIVE ROLE MODELS WHO HELP

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THEM SET AND ACHIEVE THEIR GOALS.

HOWEVER, STUDIES ALSO SHOW THAT CHILDREN FROM ECONOMICALLY

DISADVANTAGED HOUSEHOLDS EXPERIENCE A MEASURABLE GAP IN LEARNING AND

ACHIEVEMENT. IN ALLEGHENY COUNTY ALONE, OVER 52,000 KIDS ARE AT RISK.

THE Y IS STEPPING-UP, WORKING SIDE-BY-SIDE WITH PARENTS, TEACHERS AND

STUDENTS TO PROVIDE EVERY CHILD AN OPPORTUNITY TO SUCCEED THROUGH:

- A FOCUS ON 21ST CENTURY SKILLS THROUGH STEAM BASED PROGRAMS (SCIENCE, TECHNOLOGY, ENGINEERING, ARTS AND MATH),
- VALUES BASED EXPERIENCES PROMOTING POSITIVE BEHAVIORS AND EXPLORATION
  OF UNIQUE TALENTS AND INTERESTS, AND
- WHERE NECESSARY, WRAP-AROUND PROGRAMMING ADDRESSING NEEDS OUTSIDE OF SCHOOL SO STUDENTS ARE READY TO LEARN AND ACHIEVE AT SCHOOL.

OUR EFFORTS TO CLOSE THE ACHIEVEMENT GAP DURING THE PAST YEAR INCLUDED:

SCHOOL AGE PROGRAMS

THE Y'S BEFORE AND AFTER SCHOOL ENRICHMENT (BASE) PROGRAMS PROVIDE A

SAFE PLACE TO LEARN FOUNDATIONAL SKILLS, DEVELOP HEALTHY, TRUSTING

RELATIONSHIPS AND BUILD SELF-RELIANCE. SERVING OVER 1,700 CHILDREN IN

48 SITES ACROSS ALLEGHENY COUNTY, WE PLANT THE SEEDS FOR LEARNING HOW

TO PLAY, INTERACT WITH OTHERS AND LIVE A HEALTHY LIFESTYLE. ENRICHMENT

ACTIVITIES, FIELD TRIPS, WELLNESS AND NUTRITION ARE PART OF ALL

PROGRAMS. IN ADDITION TO CCIS FUNDING, THE Y PROVIDES OVER \$280,000 IN

DIRECT SUBSIDIES TO OVER 400 FAMILIES WHO COULD NOT OTHERWISE AFFORD TO

ENROLL THEIR CHILD(REN).

Schedule O (Form 990 or 990-EZ) (2016)

THE Y'S LIGHTHOUSE PROJECT IS A NATIONALLY RECOGNIZED AFTERSCHOOL PROGRAM FOR TEENS IN THE EAST END OF PITTSBURGH. APPROXIMATELY 75 STUDENTS PARTICIPATE ANNUALLY LEARNING LEADERSHIP SKILLS AND CAREER READINESS THROUGH CURRICULUM-BASED INSTRUCTION IN THE MEDIA ARTS, INCLUDING FILM, PHOTOGRAPHY, GRAPHIC DESIGN, FASHION, AND MUSIC PRODUCTION. IN ADDITION TO THE CURRICULUM AND THROUGH A PARTNERSHIP WITH THE HOMEWOOD CHILDREN'S VILLAGE, TEENS RECEIVE THREE HOURS OF ACADEMIC SUPPORT EACH WEEK (INCLUDING HOMEWORK HELP AND COLLEGE PREP), AS WELL AS HEALTHY SNACK, EVENING MEAL AND A RIDE HOME. OVER THE LAST THREE YEARS, 100% OF SENIORS PARTICIPATING IN THE WESTINGHOUSE LIGHTHOUSE HIGH SCHOOL PROGRAM HAVE GRADUATED (COMPARED WITH 83% FOR GENERAL STUDENT BODY).

THE STARFISH LITERACY PROGRAM EMPLOYS LICENSED TEACHERS TO DELIVER HANDS-ON LESSONS TO 2ND AND 3RD GRADERS PERFORMING AT OR BELOW GRADE LEVEL IN READING OR MATH. LAST SCHOOL YEAR, 91% OF SECOND GRADERS INCREASED THEIR MATH SCORES AN AVERAGE OF 6% BY THE END OF THE SCHOOL YEAR.

THE Y CREATOR SPACE (YCS) IS AN OUT-OF-SCHOOL-TIME YOUTH STEM (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH) PROGRAM OPERATING AT THE HOMEWOOD-BRUSHTON YMCA WITH SATELLITE WORK IN THE ALLENTOWN NEIGHBORHOOD OF PITTSBURGH AND THROUGHOUT THE GREATER PITTSBURGH REGION. THE Y CREATOR SPACE TEACHES SKILLS LIKE ROBOTICS, 3D PRINTING, GRAPHIC DESIGN, AND PROBLEM-SOLVING WHILE HELPING INCREASE YOUTH'S INTEREST IN STEM. IN FISCAL YEAR 2017, THE Y CREATOR SPACE SERVED OVER 700 YOUTH THROUGH PROGRAMMING AT YMCAS, PARTNER-SITES, AND SPECIAL 632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER PITTSBURGH	Employer identification number 25-0969497
EVENTS.	<u></u>
EARLY CHILDHOOD PROGRAMS	
- INFANT, TODDLER AND PRESCHOOL CHILD DEVELOPMENT WAS OFF	ERED THROUGH
FIVE EARLY CHILD DEVELOPMENT CENTERS SERVING OVER 200 CHI	LDREN. 27% OF
THOSE ENROLLED RECEIVE FINANCIAL ASSISTANCE FROM THE YMCA	. CHILDREN
ARE CHALLENGED AND ENGAGED BY TRAINED EDUCATORS THROUGH A	GE-APPROPRIATE
DEVELOPMENTAL ACTIVITIES THAT FOSTER A NURTURING ENVIRONM	ENT FOR THE
YOUNGEST MEMBERS OF OUR COMMUNITY. THIS APPROACH, COUPLE	D WITH FAMILY
ENGAGEMENT, PROVIDES THE ATMOSPHERE THAT CHILDREN NEED TO	LEARN, GROW
AND THRIVE.	
OUTDOOR EDUCATIONAL PROGRAMMING	
- ENVIRONMENTAL EDUCATION IS OFFERED AT THE Y'S CAMPS KON	I-O-KWEE
SPENCER, T. FRANK SOLES AND DEER VALLEY. OPEN TO SCHOOL	GROUPS
THROUGHOUT WESTERN PENNSYLVANIA, OUR CAMPS DELIVER AN ADA	APTABLE
ENVIRONMENTAL EDUCATION PROGRAM BASED ON THE PRINCIPLES OF	)F
INTER-RELATIONSHIPS, CYCLES, AWARENESS, RESOURCES AND EN	RGY FLOW.
STAFF TAKES FULL ADVANTAGE OF THEIR RUSTIC SETTINGS TO TE	EACH
PARTICIPANTS ABOUT INDIGENOUS PLANT AND ANIMAL LIFE, SUST	AINABILITY
THROUGH RECYCLING, COMPOSTING AND GREEN PRACTICES. COMBI	NED, THESE
PROGRAMS ARE ENGAGING OVER 5,200 INDIVIDUALS ANNUALLY.	
OUT OF SCHOOL ACTIVITIES	
~ YMCA SWIMMING AND SPORTS PROGRAMS ARE THE STARTING POIN	JT FOR MANY

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YOUTH TO LEARN ABOUT BECOMING AND STAYING ACTIVE, AND DEVELOPING HEALTHY HABITS THEY'LL CARRY THROUGH THEIR LIVES. AND THE BENEFITS ARE FAR GREATER THAN JUST PHYSICAL HEALTH. PARTICIPATION IN SPORTS AT THE Y IS ABOUT BUILDING THE WHOLE CHILD, FROM THE INSIDE OUT WHETHER THROUGH LEARNING TO SWIM OR BUILDING POSITIVE RELATIONSHIPS. EACH YEAR OVER 9,000 YOUTH PARTICIPATE IN YMCA AQUATICS, YOUTH SPORTS AND RECREATIONAL ACTIVITIES.

POSITIVE OUT-OF-SCHOOL ACTIVITIES LIKE SUMMER CAMP ARE STRONG PREDICTORS OF FUTURE ACADEMIC SUCCESS-HIGHER TEST SCORES, LOWER ABSENTEEISM RATES, LOWER DROP-OUT RATES, COMPLETED HOMEWORK AND HIGHER THE Y PROVIDES TRADITIONAL SUMMER DAY CAMP AT OVER 28 CAMP SITES. WITH A GROWING FOCUS ON STEMMING SUMMER LEARNING LOSS AND WEIGHT GAIN, DAY CAMP ALSO FEATURES A CURRICULUM THAT EMPHASIZES CHARACTER DEVELOPMENT THROUGH TEAM BUILDING, EXPLORATION OF SCIENCE AND NATURE, COMMUNITY SERVICE AND HEALTHY LIVING. Y DAY CAMPS GIVE KIDS A MEANINGFUL EXPERIENCE AND A HEALTHIER ALTERNATIVE TO UNSUPERVISED DAYS AND SCREEN-BASED ENTERTAINMENT. LAST YEAR, 2,369 CHILDREN TOOK PART IN OUR DAY CAMPS. YMCA FINANCIAL ASSISTANCE WAS PROVIDED IN ADDITION TO CCIS OR OTHER THIRD PARTY FUNDING. THIS INCLUDES 264 DIRECT SCHOLARSHIPS TO FAMILIES WHO COULD NOT OTHERWISE AFFORD TO ATTEND AS WELL AS THE INDIRECT SUBSIDIES THAT WERE DIRECTED TO OFFSET THE HIGH COST OF PROVIDING SPECIAL NEEDS CAMPING WHILE MAINTAINING A LEVEL OF AFFORDABILITY FOR THOSE FAMILIES AND CAREGIVERS.

- OUR SEND KIDS TO CAMP SCHOLARSHIP PROGRAM MAKES OVERNIGHT CAMPING AT YMCA CAMP KON-O-KWEE SPENCER AND YMCA CAMP T. FRANK SOLES AFFORDABLE REGARDLESS OF FAMILY INCOME. LAST YEAR 473 SCHOLARSHIPS WERE AWARDED 632212 08-25-16

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AND ACTIVE MILITARY.

PURPOSE.

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TO FINANCIALLY STRUGGLING FAMILIES AS WELL AS THE CHILDREN OF VETERANS

- CAMP KON-O-KWEE SPENCER ALSO OFFERS A TEEN WILDERNESS & HIGH

ADVENTURE CAMP WHICH HAS YIELDED SIGNIFICANT RESULTS IN DEVELOPING

PARTICIPANTS' LEADERSHIP SKILLS. PRE/POST SURVEY DATA, INDICATES A

CAMPER'S LIKELIHOOD TO LEAD OR HELP TO LEAD A CLUB OR TEAM INCREASED

SIGNIFICANTLY AS A RESULT OF PARTICIPATION, AS DID THEIR OWN SENSE OF

FROM 990, PART III, LINE 4B

HEALTHY LIVING- COMBATTING HEALTH DISPARITIES

COMBATTING HEALTH DISPARITIES

ONE IN FIVE RESIDENTS OF SOUTHWESTERN PENNSYLVANIA DESCRIBES THEIR

HEALTH AS FAIR OR POOR. OUR NEIGHBORS ARE FACING A HEALTH CRISIS,

BATTLING DIABETES, OBESITY AND OTHER PREVENTABLE CHRONIC DISEASES. THE

Y IS AT THE FOREFRONT OF THIS BATTLE, EQUIPPING PEOPLE WITH KNOWLEDGE

AND ACCESS TO PROGRAMS AND FACILITIES THAT CAN CHANGE THEIR FUTURES AND

IMPROVE THEIR QUALITY OF LIFE. BECAUSE WE KNOW THAT HEALTHY LIFESTYLES

ARE ACHIEVED THROUGH NURTURING MIND, BODY AND SPIRIT, WELL-BEING AND

FITNESS AT THE Y INCLUDES MORE THAN JUST WORKING OUT. IN ADDITION TO

OUR PHYSICAL FITNESS CLASSES AND FACILITIES, WE PROVIDE EDUCATIONAL

PROGRAMS TO PROMOTE HEALTHIER DECISIONS, AND OFFER A VARIETY OF

PROGRAMS THAT SUPPORT PHYSICAL, INTELLECTUAL AND SPIRITUAL STRENGTH.

A SAMPLING OF THESE PROGRAMS INCLUDES:

THE YMCA DIABETES PREVENTION PROGRAM. ACCORDING TO THE NATIONAL

INSTITUTES OF HEALTH, THE YMCA'S DIABETES PREVENTION PROGRAM CAN REDUCE

OR DELAY THE ONSET OF TYPE 2 DIABETES BY 58-71%. AVAILABLE AT A

SUBSIDIZED RATE TO QUALIFIED PARTICIPANTS, THIS IS JUST ONE WAY THE Y

OF GREATER PITTSBURGH IS IMPACTING THE HEALTH OF OUR REGION. THE YMCA'S

DIABETES PREVENTION PROGRAM HAS BEEN DELIVERED TO 220 PARTICIPANTS IN

26 COHORTS SINCE IMPLEMENTATION. THE PROGRAM IS SET TO CONTINUE IN THE

COMING YEAR.

TAKING PART IN Y WELLNESS PROGRAMS IS ABOUT MORE THAN WEIGHT LOSS. IT

PROVIDES THOSE WITH LIMITED RESOURCES ACCESS TO REAL SOLUTIONS FOR

DISEASE PREVENTION AND MANAGEMENT OF EXPENSIVE CHRONIC CONDITIONS.

FAMILIES AND INDIVIDUALS WITH LOW INCOMES ARE OFTEN AMONG THOSE WITH

HIGH HEALTH RISK FACTORS FOR DISEASES LIKE DIABETES, SMOKING RELATED

ILLNESSES OR POOR NUTRITION BECAUSE OF LIMITED ACCESS TO HEALTHY FOODS.

ANNUALLY, THE Y INVESTS NEARLY \$547,000 IN OUR NEIGHBORS' HEALTH

THROUGH MEMBERSHIP AND PROGRAM SUBSIDIES.

PROGRAMS, THE Y HAS BEEN ABLE TO ENSURE ACCESS TO HEALTHY LIVING

PROGRAMS IN SOME OF SOME OF PITTSBURGH'S MOST ECONOMICALLY

DISADVANTAGED NEIGHBORHOODS THROUGH OUR FACILITIES IN HOMEWOOD,

MCKEESPORT, THE NORTH SIDE, HAZELWOOD AND THE HILL DISTRICT. THESE

LOCATIONS AND PROGRAM SERVICE SITES RECEIVE OVER \$3.25 MILLION IN

INDIRECT SUBSIDIES, ENABLING THEM TO MAINTAIN OPERATIONS, SUPPORTING A

QUALITY OF LIFE AND A SENSE OF COMMUNITY. IN DOING SO, THE Y IS ABLE

TO MAINTAIN AN OPEN-DOOR POLICY TO THOSE IN NEED.

' Schedule O (Form 990 or 990-EZ) (2016)

VISIT THE EVENT, OR OUR WEBSITE.

EACH YEAR IN APRIL, THE Y JOINS YMCAS ACROSS THE NATION TO CELEBRATE HEALTHY KIDS DAY. LOCALLY, WE USE THIS AS AN OPPORTUNITY TO POOL COMMUNITY RESOURCES AND PARTNER WITH LIKE-MINDED ORGANIZATIONS TO HOST FREE EVENTS PROMOTING HEALTHY ACTIVITIES FOR CHILDREN. LAST YEAR, THE YMCA OF GREATER PITTSBURGH PROVIDED 1,800 PARTICIPANTS IN EIGHT HEALTHY KIDS DAY EVENTS THROUGHOUT THE ASSOCIATION. ACTIVITIES ARE DESIGNED TO BUILD FUN AND EXCITEMENT AROUND FITNESS AND NUTRITION. FUN ACTIVITIES, KID-FRIENDLY AND NUTRITIOUS RECIPES, AND PHYSICAL GAMES THAT CAN BE PLAYED AT HOME, ALONG WITH SUGGESTIONS AND GUIDELINES FOR OUTDOOR PLAY, SLEEP AND SCREEN TIME, ARE ALL PROVIDED FREE TO THOSE WHO

- PARENT-CHILD PROGRAMS ARE A HALLMARK OF THE YMCA MOVEMENT. ADVENTURE GUIDES, ONCE KNOWN AS THE INDIAN GUIDES/PRINCESSES, IS A UNIQUE FATHER-CHILD PROGRAM THAT PROVIDES SPECIAL ONE-ON-ONE EXPERIENCES THAT MIGHT NOT OTHERWISE BE HAD, DUE TO BUSY SCHEDULES AND STRAINS ON TIME. ORGANIZED INTO LOCAL GROUPS, OVER 1,900 FATHERS AND CHILDREN ENJOYED SCHEDULED EVENTS SUCH AS OVERNIGHT CAMPING, ICE CREAM SOCIALS, MINIATURE GOLF, FUNDRAISING TO SUPPORT LOCAL CAUSES AND OTHER OUTDOOR FUN AND CIVIC ENGAGEMENT. THESE PROGRAMS HAVE BEEN RECOGNIZED BY GENERATIONS OF FATHERS AS ONE OF THE MOST IMPORTANT INVESTMENTS OF TIME THEY EVER MADE WITH THEIR CHILDREN.

ANOTHER LEGACY IN THE Y'S SERVICE TO FAMILIES IS DEER VALLEY YMCA FAMILY CAMP. NOW OVER 50 YEARS OLD, DEER VALLEY WAS ONE OF THE FIRST FAMILY CAMPS IN THE NATIONAL YMCA SYSTEM AND SERVES OVER 1,000 FAMILIES ANNUALLY. ACTIVITIES AS WELL AS QUIET TIME ARE PLANNED BY THE SKILLED STAFF; SOMETIMES THE DEER VALLEY EXPERIENCE IS THE FIRST IN A LONG TIME

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FAMILIES HAVE SPENT QUALITY TIME TOGETHER WITHOUT HAVING TO COMPETE WITH ISSUES OF SCHOOL, WORK OR PREOCCUPATIONS WITH ELECTRONICS AND THE SIMPLE ACT OF EATING MEALS TOGETHER IS A KNOWN CONDUIT TO MEDIA. CONVERSATION AND SHARING, WHICH LEADS TO REDUCTION OF ALIENATION AND RISK-TAKING BEHAVIORS IN YOUNG ADULTS.

THE Y IS A HUB OF COMMUNITY WHERE PEOPLE COME TOGETHER FOR SOCIAL INTERACTION AND PERSONAL ENRICHMENT. THIS INTERACTION AND CONNECTION WITH A LARGER COMMUNITY PLAYS A BIG ROLE IN KEEPING SENIORS ENGAGED AND IN ADDITION TO OCCASIONAL ADULT LEISURE AND INSTRUCTIONAL PROGRAMS, SEVERAL Y BRANCHES SCHEDULE BI-MONTHLY ACTIVITIES FOR SENIORS SUCH AS TRIPS TO LOCAL ATTRACTIONS, LECTURES, BOOK CLUBS, AND ARTS AND HUMANITY WORKSHOPS.

FORM 990, PART III, LINE 4C

SOCIAL RESPONSIBILITY- SUPPORTING OUR NEIGHBORS AND ADDRESSING FOOD INSECURITY

TIMES ARE TOUGH FOR MANY OF OUR NEIGHBORS. FORTUNATELY, PITTSBURGHERS, AND THE Y, HAVE A KNACK FOR COMING TOGETHER TO HELP EACH OTHER. YMCA PROGRAMS LIKE THE FAMILY SUPPORT CENTER, OUR COMMUNITY TECHNOLOGY CENTERS, HOPE FOR ALL, FREE TAX PREPARATION, WORK FORCE TRAINING AND SINGLE-RESIDENT HOUSING HELP OUR FRIENDS AND NEIGHBORS THROUGH DIFFICULT TIMES AND PLACE THEM ON A PATH TO SELF-SUFFICIENCY

ONE OF THE MOST CRITICAL PROBLEMS FACING OUR URBAN COMMUNITIES TODAY IS FOOD SECURITY. IN PITTSBURGH, 47% OF OUR NEIGHBORS LACK CONVENIENT ACCESS TO SUPERMARKETS, MAKING IT VERY DIFFICULT TO OBTAIN FRESH AND 632212 08-25-16

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NUTRITIOUS FOODS. COMPARED TO OTHER CITIES OF THE SAME SIZE,

PITTSBURGH HAS THE HIGHEST PERCENTAGE OF PEOPLE RESIDING IN FOOD

DESERTS. OUR Y WORKS TO ALLEVIATE THE NEED THROUGH A VARIETY OF

STRATEGICALLY PLACED PROGRAMS:

- BY DELIVERING HEALTHY SNACKS AND MEALS THROUGH OUR AFTER SCHOOL AND
DAY CAMP PROGRAMS, THE Y IS HELPING TO MAKE SURE KIDS ARE GETTING THE
NUTRITION THEY NEED TO GROW AND THRIVE. OVER 74,000 KIDS IN ALLEGHENY
COUNTY QUALIFY FOR FREE OR REDUCED-RATE SCHOOL LUNCHES. CHILDREN CAN'T
LEARN WHEN THEY ARE HUNGRY. TO HELP ADDRESS THE NEED, THE Y SERVED
778,453 MEALS AND 471,488 HEALTHY SNACKS LAST YEAR.

- THE GARDEN PROGRAM GROWS OVER 2,000 POUNDS OF FOOD ANNUALLY FOR

COMMUNITY MEMBERS. PRODUCE GROWN IN THE GARDENS IS DISTRIBUTED TO Y

STAFF AND MEMBERS, COMMUNITY RESIDENTS, YOUTH AFTER-SCHOOL AND SUMMER

CAMPS PROGRAMS, TEEN INTERNS, AND PROGRAM VOLUNTEERS.

- IN PARTNERSHIP WITH PHIPPS CONSERVATORY AND BOTANICAL GARDENS, THE Y
GARDEN PROGRAM HOSTS A SEEDLING SALE FOR COMMUNITY RESIDENTS TO

PURCHASE ORGANIC SEEDLINGS AT COST, SO THAT THE COST OF ORGANIC

GARDENING IS AFFORDABLE FOR HOMEWOOD RESIDENTS. THE SEEDLINGS ARE

STARTED IN A LOCKER ROOM AT THE HOMEWOOD YMCA. AT FULL PRODUCTION,

ABOUT 1400 SEEDLINGS CAN BE STARTED AT ONE TIME.

- THE GARDEN PROGRAM DELIVERED PRODUCE TO A DYLAMATO'S MARKET, A NEW

MARKET IN HAZELWOOD, (A COMMUNITY THAT HAD BEEN WITHOUT A GROCERY STORE

FOR A LONG TIME) ON A WEEKLY BASIS. A FARM STAND WAS STARTED IN

PARTNERSHIP WITH DYLAMATOS FOR 2017.

- OVERNIGHT AND RETREAT EXPERIENCES FOR CHILDREN AND ADULTS WITH PHYSICAL AND MENTAL CHALLENGES. THE SPENCER SUPERSTARS AT YMCA CAMP KON-O-KWEE SPENCER GIVES CHALLENGED CAMPERS AN OPPORTUNITY TO EXPERIENCE THE OUT-OF-DOORS FIRST HAND. CAMPERS LEARN ABOUT THEIR

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NATURAL SURROUNDINGS, DEVELOP NEW FRIENDSHIPS AND PARTICIPATE IN A WIDE VARIETY OF ACTIVITIES DESIGNED TO ENGAGE AND STIMULATE. IT IS NEITHER OUR INTENTION NOR DESIRE TO PROVIDE PROFESSIONAL COUNSELING OR THERAPY. RATHER. THE SESSIONS ARE GEARED TOWARDS FUN AND ENJOYMENT THAT MAKE FOR SOCIAL AND PERSONAL GROWTH AND A MEMORABLE CAMP EXPERIENCE. THE YMCA CAMP SPENCER IS ACCREDITED BY THE AMERICAN CAMP ASSOCIATION (ACA). LAST YEAR, WE HOSTED 216 CAMPERS WITH SPECIAL NEEDS THROUGH THE Y'S CAMP SPENCER ALL STARS.

SOCIAL SERVICE PROGRAMS ARE PRIMARILY DELIVERED THROUGH OUR BRANCHES IN HOMEWOOD, THE HILL DISTRICT, HAZELWOOD, MCKEESPORT AND THE NORTHSIDE AND IMPACT THE LIVES OF THOUSANDS OF INDIVIDUALS AND FAMILIES EACH YEAR. THESE PROGRAMS ARE IN PLACE TO ASSIST OUR NEIGHBORS IN ACCESSING BASIC NEEDS WHILE BUILDING CAPACITY FOR FUTURE SUCCESS.

- JOB EMPLOYMENT SERVICES PROVIDES INDIVIDUALS WITH ASSISTANCE ON EMPLOYMENT SEARCHING, JOB READINESS SKILLS, RESUME BUILDING, AND APPLYING FOR EMPLOYMENT-RELATED BENEFITS.
- FINANCIAL EDUCATION WORKSHOPS PROVIDED THROUGHOUT THE YEAR INCLUDE SUBJECT AREAS LIKE TAX PREPARATION, CREDIT REPAIR AND HOME BUYING.
- FOR FINANCIALLY STRUGGLING FAMILIES, HOPE FOR ALL (A COLLABORATIVE PARTNERSHIP WITH YWCA), LEVERAGES RESOURCES, RELATIONSHIPS AND REFERRAL NETWORKS TO PROVIDE PRE-SCREENED FAMILIES IN TARGETED COMMUNITIES WITH ACCESS TO BENEFITS THROUGH THE BENEFIT BANK ; SERVICES ALSO INCLUDE FREE TAX AND FAFSA PREPARATION; AND COORDINATE DIRECT AND/OR REFERRAL SERVICES TO FINANCIALLY VULNERABLE FAMILIES ACROSS MULTI-SERVICE

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER PITTSBURGH

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SYSTEMS. HOPE FOR ALL ALSO CONVENES LOCAL AND STATE OFFICIALS AND KEY COMMUNITY STAKEHOLDERS TO RAISE AWARENESS OF BENEFITS ACCESS ISSUES AND DEVELOPS STRATEGIES TO HELP STABILIZE FINANCIALLY STRUGGLING FAMILIES. LAST YEAR, WELL OVER 3,500 FAMILIES WERE ASSISTED THROUGH THIS PROGRAM, IN COLLABORATION WITH THE YWCA.

 VOLUNTEERS DONATED OVER 2,000 HOURS OF FREE TAX PREPARATION COMPLETING ALMOST 1,100 TAX RETURNS IN COLLABORATION WITH THE YWCA THIS PAST YEAR, RETURNING \$1.9 MILLION BACK INTO THE COMMUNITY.

- THE Y OF GREATER PITTSBURGH HAS PROVIDED SINGLE RESIDENT OCCUPANCY HOUSING SINCE ITS INCEPTION OVER 158 YEARS AGO. UNDERSTANDING THAT NO PERSON CAN LEARN, GROW AND THRIVE UNTIL HIS/HER BASIC NEEDS ARE MET, THE Y PROVIDES FOOD AND SHELTER WITHIN A SUPPORTIVE COMMUNITY THAT WELCOMES ALL. BASED AT OUR TWO MOST HISTORIC LOCATIONS, THE ALLEGHENY YMCA AND THE CENTRE AVENUE YMCA HOUSING PROGRAMS PROVIDE SINGLE OCCUPANCY ROOMS FOR MEN. TOGETHER, THE TWO BRANCHES HOUSE 200 MEN AND HAVE RECEIVED \$95,000 IN SUBSIDIES.

THE GENEROSITY OF OTHERS IS AT THE CORE OF OUR EXISTENCE. IT IS ONLY THROUGH THE SUPPORT OF OUR THOUSANDS OF VOLUNTEERS AND PUBLIC AND PRIVATE DONORS THAT WE ARE ABLE TO GIVE BACK TO THE COMMUNITIES WE BEYOND PROVIDING SERVICES AND SUBSIDIES TO INDIVIDUALS, WE MAKE EVERY EFFORT TO SUPPORT OUR FELLOW NON-PROFITS AND COMMUNITY AGENCIES THROUGH DONATED SERVICES, FACILITY USAGE AND COLLABORATIONS. THE YMCA ALSO PLAYS A VITAL ROLE AMONG OTHER HEALTH AND HUMAN SERVICE AGENCIES, SCHOOLS, CHURCHES, VETERAN'S GROUPS, CIVIC GROUPS, NONPROFITS AND THE COMMUNITY AT LARGE BY DONATING THE USE OF Y FACILITIES, PROPERTIES AND

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER PITTSBURGH

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SOMETIMES, STAFF.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE HAS POWERS TO ACT FOR THE BOARD OF DIRECTORS IN THE INTERIM BETWEEN BOARD MEETINGS.

FORM 990, PART VI, SECTION A, LINE 2:

DANIEL GREALISH AND MIKE MALONE, BOTH MEMBERS OF THE BOARD OF DIRECTORS, ARE EMPLOYED BY HENDERSON BROTHERS. HENDERSON BROTHERS IS THE HEALTH INSURANCE CONSULTANT OF THE YMCA OF GREATER PITTSBURGH AND RECEIVES A CONSULTING FEE.

LEE FOSTER, MEMBER OF THE BOARD OF TRUSTEES, IS AN OWNER OF A COMPANY THAT EMPLOYS DAVID MARTIN, A MEMBER OF THE BOARD OF DIRECTORS.

CLIFFORD R. ROWE, JR., MEMBER OF THE BOARD OF TRUSTEES AND JAKE PLOEGER, A MEMBER OF THE BOARD OF DIRECTORS ARE BOTH EMPLOYED BY P.J.DICK, INC. JAKE PLOEGER IS CLIFFORD R. ROWE, JR.'S SON-IN-LAW.

FORM 990, PART VI, SECTION A, LINE 6:

THERE IS A GENERAL ASSEMBLY OF THE ASSOCIATION, WHICH IS COMPRISED OF NOT LESS THAN 200 NOR MORE THAN 400 MEMBERS OF THE ASSOCIATION. THE EXACT NUMBER OF SUCH MEMBERS IS DETERMINED BY THE BOARD OF DIRECTORS OF THE ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS OF THE ASSOCIATION IS ELECTED BY THE GENERAL

ASSEMBLY BY MAJORITY VOTE OF THE MEMBERS PRESENT. IN ADDITION, THERE IS ONE Schedule O (Form 990 or 990-EZ) (2016) 632212 08-25-16

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER PITTSBURGH

**Employer identification number** 25-0969497

MEMBER ON THE BOARD OF DIRECTORS FROM EACH BRANCH. MEMBERS FROM EACH BRANCH ARE APPOINTED BY THE BOARD OF MANAGEMENT OF EACH BRANCH FROM AMONG ITS MEMBERSHIP. EACH APPOINTED MEMBER FROM EACH BRANCH SHALL HAVE A VOICE AND VOTE WITH THE BOARD OF DIRECTORS.

THE GENERAL ASSEMBLY SHALL BE RESPONSIBLE FOR LEGISLATING ON GENERAL POLICIES OF THE ASSOCIATION, REVIEWING THE WORK AND AFFAIRS OF THE ASSOCIATION AND AMENDING THE CONSTITUTION OF THE ASSOCIATION.

FORM 990, PART VI, SECTION A, LINE 7B:

THE BOARD OF TRUSTEES (SEPARATE FROM THE BOARD OF DIRECTORS) HAVE CERTAIN RESERVED POWERS RELATED TO PROPERTY AND INVESTMENT MATTERS. THE BOARD OF TRUSTEES IS SELF PERPETUATING AND INCLUDES THE PRESIDENT AND CHAIR.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 AND SUPPORTING SCHEDULES IS REVIEWED BY MANAGEMENT WITH THE FINANCE AND EXECUTIVE COMMITTEES. SUBSEQUENT TO ANY CHANGES ASSOCIATED WITH THAT REVIEW, THE FINAL DRAFT OF THE FORM 990 AND SUPPORTING SCHEDULES IS POSTED TO AN INFORMATION BOARD PORTAL ACCESSIBLE BY THE FULL BOARD FOR THEIR APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO SUBMIT EXECUTED CONFLICT OF INTEREST STATEMENTS ANNUALLY. IN SITUATIONS WHERE A TRANSACTION IS CONTEMPLATED WITH ANY OF THESE PARTIES, THE AWARD OF THAT TRANSACTION IS SUBJECT TO COMPETITIVE BIDDING APPROVED BY THE APPROPRIATE BOARD COMMITTEE FOR CAPITAL PROJECTS OR FINANCING AND BY MANAGEMENT

REGARDING NORMAL OPERATING EXPENSES.

Schedule O (Form 990 or 990-EZ) (2016)

ACCOUNTING FIRM. IN ADDITION, THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND ITS SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▼ Attach to Form 990.

Open to Public Inspection 2016

OMB No 1545-0047

Employer identification number 25-0969497

Direct controlling

entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year End-of-year assets ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

S CHRISTIAN ASSOCIATION Total income ਉ Part I 📜 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) Primary activity OF GREATER PITTSBURGH YOUNG MEN' Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part II

(g) Section 512(b)(13) å controlled Yes × Direct controlling MCA OF GREATER entity PITTSBURGH status (if section Public charity 501(c)(3)) 509(A)(3) Exempt Code section 501(C)(3) ፱ Legal domicile (state or foreign country) PENNSYLVANIA SUPPORTING ORGANIZATION TO Primary activity THE YMCA OF GREATER PITTSBURGH THELMA LOVETTE YMCA - 27-2990653 Name, address, and EIN of related organization 420 FORT DUQUESNE BLVD., STE 625 PITTSBURGH, PA 15222

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

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Schedule R (Form 990) 2016

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER PITTSBURGH Schedule R (Form 990) 2016

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Page 2

25-0969497

(j) (k) General or Percentage managing ownership partner? Yes No			 ore related	Section 512(b)(13) controlled entity?		×	×	
(j) General or managing bartner? Syfes No			 d one or mo	(h) Percentage ownership	100.008	70.00%	100.00%	
(ı) Code V-UBI amount ın box 20 of Schedule K-1 (Form 1065)			 4 because it had	(g) Share of Fend-of-year assets	12,425.	283,479.	69,601.	
(h) Disproportionate allocations? Yes No			Part IV, line 3	(f) Share of total income	10,874.	0.	2,548.	
(g) Share of end-of-year assets			ר Form 990,	ty Share				
(f) Share of total income			wered "Yes" or	(e) Type of entity (C corp, S corp, or trust)	TRUST	TRUST	TRUST	
	}		 janization ansv	(d) Direct controlling entity				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			aplete if the org	(c) Legal domicile Direct (state or foreign country)	GA N/A	GA N/A	PA N/A	
(d) Direct controlling entity			 vation or Trust. Con/ear.	(b) Primary activity	OPY	OPY	ХdО	
(c) Legal domicile (state or foreign country)			as a Corporing the tax y	Prim	PHILANTHROPY	PHILANTHROPY	PHILANTHROPY	
(b) Primary activity			ianizations Taxable	Z -			25-6088591	
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related or grant or trust during the tax year.	(a) Name, address, and EIN of related organization	DOYLE F/B/O EDUCATION FUND P.O. BOX 4899 ATLANTA, GA 30302-9957	DOYLE F/B/O CHARITIES P.O. BOX 4899 ATLANTA, GA 30302-9957	YOUNG M C ASSN DE PARK TRUST - 1735 MARKET STREET PHILADELPHIA, PA 19103	

Schedule R (Form 990) 2016

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632162 09-06-16

# YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER PITTSBURGH

Schedule R (Form 990) 2016

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2016		69	632163 09-06-16
			(6)
			(5)
		1	(4);
FMV	830,794.FI	0	(3) THELMA LOVETTE YMCA
FMV	293,079.FI	ū	(2) THELMA LOVETTE YMCA
ΛV	590,202.FMV	В	(1) THELMA LOVETTE YMCA
(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
ormation on who must complete this line, including covered relationships and transaction thresholds.	is line, including covered rel	ho must complete th	2 If the answer to any of the above is "Yes," see the instructions for information on w
X X			<ul> <li>r Other transfer of cash or property to related organization(s)</li> <li>s Other transfer of cash or property from related organization(s)</li> </ul>
1p X X			<ul> <li>p Reimbursement paid to related organization(s) for expenses</li> <li>q Reimbursement paid by related organization(s) for expenses</li> </ul>
t t t v v		nization(s) on(s)	<ul> <li>m Performance of services or membership or fundraising solicitations by related organization(s)</li> <li>n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> <li>o Sharing of paid employees with related organization(s)</li> </ul>
x x 1		nization(s)	<ul> <li>k Lease of facilities, equipment, or other assets from related organization(s)</li> <li>l Performance of services or membership or fundraising solicitations for related organization(s)</li> </ul>
= 1; X			<ul> <li>i Exchange of assets with related organization(s)</li> <li>j Lease of facilities, equipment, or other assets to related organization(s)</li> </ul>
19 4 X			<ul><li>g Sale of assets to related organization(s)</li><li>h Purchase of assets from related organization(s)</li></ul>
1f X			f Dividends from related organization(s)
1d X X			<ul> <li>d Loans or loan guarantees to or for related organization(s)</li> <li>e Loans or loan guarantees by related organization(s)</li> </ul>
10 T			<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> <li>c Gift, grant, or capital contribution from related organization(s)</li> </ul>
1a	lated organizations listed in	s with one or more re	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
Ves			Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule

25-0969497

YOUNG MEN'S CHRISTIAN ASSOCIATION Schedule R (Form 990) 2016 OF GREATER PITTSBURGH

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Predominant income	Are all partners sec	(f) Share of	(g) Share of	(h) Dispropor- tionate	(I) Code V-UBI	(j) General c	(k) Percentage
of entity		(state or foreign country)	excluded from tax und sections 512-514)	Yes No	total	end-of-year assets	Allocations?	of Schedule K-1 partner? ownership (Form 1065)	partner?	ownership
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# YOUNG MEN'S CHRISTIAN ASSOCIATION 25-0969497 Page 5 OF GREATER PITTSBURGH Schedule R (Form 990) 2016 Part VII | Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions. SCHEDULE R, PART II, COLUMN (B) PRIMARY ACTIVITY: THELMA LOVETTE YMCA: THELMA LOVETTE YMCA IS A NATIONALLY AFFILIATED ASSOCIATION WHICH STRENGTHENS COMMUNITIES BY NURTURING THE POTENTIAL OF CHILDREN, PROMOTING HEALTHY LIVING FOR ALL AND FOSTERING SOCIAL RESPONSIBILITY WITHIN THE HILL DISTRICT AREA OF PITTSBURGH, PENNSYLVANIA. LOVETTE YMCA WAS FORMED FOR THE PURPOSE OF COMPLETING A NEW MARKET TAX CREDIT TRANSACTION TO FUND THE CONSTRUCTION OF THE FACILITY. THELMA LOVETTE YMCA IS CLASSIFIED AS A TYPE I SUPPORTING ORGANIZATION OF THE YMCA OF GREATER PITTSBURGH AS DEFINED BY INTERNAL REVENUE CODE SECTION 509(A)(3). THELMA LOVETTE YMCA FILES A SEPARATE FORM 990.