

Form **990**
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 04-01-2017, and ending 03-31-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
420 FORT DUQUESNE BOULEVARD NO 625

City or town, state or province, country, and ZIP or foreign postal code
PITTSBURGH, PA 15222

F Name and address of principal officer
KEVIN BOLDING
420 FORT DUQUESNE BOULEVARD NO 625
PITTSBURGH, PA 15222

D Employer identification number
25-0969497

E Telephone number
(412) 227-3800

G Gross receipts \$ 45,272,058

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW YMCAOFPITTSBURGH ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1854 **M** State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE OPPORTUNITIES FOR INDIVIDUALS & FAMILIES TO GROW IN SPIRIT, MIND & BODY

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	62
4 Number of independent voting members of the governing body (Part VI, line 1b)	61
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	2,086
6 Total number of volunteers (estimate if necessary)	3,334
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,103,205	7,911,970
9 Program service revenue (Part VIII, line 2g)	29,003,863	30,588,178
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	743,422	1,279,014
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	161,274	174,834
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,011,764	39,953,996
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	732,510	951,960
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,798,737	20,345,775
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,242,507		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,829,811	36,179,313
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	38,361,058	57,477,048
19 Revenue less expenses Subtract line 18 from line 12	650,706	-17,523,052

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	96,759,806	80,137,849
21 Total liabilities (Part X, line 26)	32,207,065	30,621,916
22 Net assets or fund balances Subtract line 21 from line 20	64,552,741	49,515,933

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 Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer _____ Date 2019-02-04
ANGELA SCHUETTLER SENIOR VP OF FINANCE AND CFO
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name SUSAN M KIRSCH	Preparer's signature SUSAN M KIRSCH	Date	Check <input type="checkbox"/> if self-employed	PTIN P00341397
Firm's name ▶ SCHNEIDER DOWNS & CO INC			Firm's EIN ▶ 25-1408703	
Firm's address ▶ ONE PPG PLACE SUITE 1700 PITTSBURGH, PA 152225416			Phone no (412) 261-3644	

Part III Statement of Program Service Accomplishments

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

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 prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 25,550,281 including grants of \$ 456,641) (Revenue \$ 17,798,448)
See Additional Data

4b (Code) (Expenses \$ 24,365,273 including grants of \$ 352,719) (Revenue \$ 11,819,305)
See Additional Data

4c (Code) (Expenses \$ 1,923,388 including grants of \$ 142,600) (Revenue \$ 970,425)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 51,838,942

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
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? <i>If "Yes," complete Schedule C, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i>		No
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
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? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (62), 1b (61), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (Yes), 10b (Yes), 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (PA), 18 (Own website, Another's website, Upon request, Other), 19, 20 (CHRISTIAN A WILLITTS 420 FORT DUQUESNE BLVD STE 625 PITTSBURGH, PA 15222 (412) 227-5316).

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	123,459				
	b Membership dues	1b					
	c Fundraising events	1c	230,840				
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,806,297				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,751,374				
	g Noncash contributions included in lines 1a-1f \$ _____		139,915				
	h Total. Add lines 1a-1f			7,911,970			
Program Service Revenue		Business Code					
	2a HEALTHY LIVING	621500	17,798,448	17,798,448			
	b YOUTH DEVELOPMENT	900099	11,819,305	11,819,305			
	c SOCIAL RESPONSIBILITY	900099	970,425	970,425			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			30,588,178				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		475,392			475,392	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			803,622		803,622
	8a Gross income from fundraising events (not including \$ 230,840 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	496,899			
		c Net income or (loss) from fundraising events			169,375		169,375
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b	11,580				
c Net income or (loss) from gaming activities				5,459		5,459	
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			39,953,996	30,588,178	0	1,453,848	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	944,460	944,460		
2 Grants and other assistance to domestic individuals See Part IV, line 22	7,500	7,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	505,714	101,143	289,744	114,827
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	80,750	16,150	24,225	40,375
7 Other salaries and wages	16,249,345	13,709,754	1,694,407	845,184
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	893,674	659,512	194,992	39,170
9 Other employee benefits	1,015,432	843,410	126,895	45,127
10 Payroll taxes	1,600,860	1,515,645	42,067	43,148
11 Fees for services (non-employees)				
a Management				
b Legal	23,629	5,617	18,012	
c Accounting	78,151		78,151	
d Lobbying	24,000		24,000	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	61,703		61,703	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,283,203	770,823	463,397	48,983
12 Advertising and promotion	229,602	145,255	73,388	10,959
13 Office expenses	819,259	740,161	70,923	8,175
14 Information technology	385,315	17,904	367,411	
15 Royalties				
16 Occupancy	4,618,920	4,371,810	247,110	
17 Travel	607,940	502,636	83,946	21,358
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	76,887	46,785	27,162	2,940
20 Interest	1,073,919	1,073,919		
21 Payments to affiliates	360,802		360,802	
22 Depreciation, depletion, and amortization	2,648,973	2,634,437	12,828	1,708
23 Insurance	402,643	314,652	74,094	13,897
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 O.)				
a ASSET IMPAIRMENT	17,670,309	17,670,309		
b PASS-THROUGH EXPENSES	1,760,232	1,760,232		
c PROG MATERIALS/SUPPLIES	1,644,764	1,644,764		
d DIRECT SUBSIDIES	1,183,583	1,183,583		
e All other expenses	1,225,479	1,158,481	60,342	6,656
25 Total functional expenses. Add lines 1 through 24e	57,477,048	51,838,942	4,395,599	1,242,507
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	13,018	1	26,744
	2 Savings and temporary cash investments	4,044,349	2	3,742,373
	3 Pledges and grants receivable, net	2,297,973	3	1,230,154
	4 Accounts receivable, net	1,629,982	4	733,098
	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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	9,344,634	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	213,652	9	190,346
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	77,436,438		
	b Less accumulated depreciation	23,932,840		
	11 Investments—publicly traded securities	14,375,930	11	15,107,672
	12 Investments—other securities See Part IV, line 11	3,243,000	12	3,449,000
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	174,398	14	218,734
	15 Other assets See Part IV, line 11	8,114,260	15	1,936,130
16 Total assets. Add lines 1 through 15 (must equal line 34)	96,759,806	16	80,137,849	
Liabilities	17 Accounts payable and accrued expenses	3,845,807	17	2,918,029
	18 Grants payable		18	
	19 Deferred revenue	1,975,194	19	1,314,498
	20 Tax-exempt bond liabilities	15,631,039	20	20,961,357
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	9,048,511	23	4,227,956
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,706,514	25	1,200,076
	26 Total liabilities. Add lines 17 through 25	32,207,065	26	30,621,916
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	41,568,119	27	26,638,502
	28 Temporarily restricted net assets	15,435,910	28	15,102,315
	29 Permanently restricted net assets	7,548,712	29	7,775,116
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	64,552,741	33	49,515,933
	34 Total liabilities and net assets/fund balances	96,759,806	34	80,137,849

Part 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	39,953,996
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,477,048
3	Revenue less expenses Subtract line 2 from line 1	3	-17,523,052
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64,552,741
5	Net unrealized gains (losses) on investments	5	1,083,998
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	1,402,246
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	49,515,933

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes	
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 25-0969497

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER PITTSBURGH

Form 990 (2017)

Form 990, Part III, Line 4a:

HEALTHY LIVING - SEE SCHEDULE O

Form 990, Part III, Line 4b:
YOUTH DEVELOPMENT - SEE SCHEDULE O

Form 990, Part III, Line 4c:

SOCIAL RESPONSIBILITY - SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MELISSA ANDERSON DIRECTOR	1 00 0 00	X						0	0	0
LORI BENVENUTO DIRECTOR	1 00 0 00	X						0	0	0
MATTHEW F BURGER DIRECTOR	1 00 0 00	X						0	0	0
DAVID CALIGUIRI DIRECTOR	1 00 0 00	X						0	0	0
DON CHARLTON DIRECTOR	1 00 0 00	X						0	0	0
ROBERT B COTTINGTON DIRECTOR	1 00 0 00	X						0	0	0
AUSTIN DAVIS DIRECTOR	1 00 0 00	X						0	0	0
WILLIAM S DEMCHAK DIRECTOR	1 00 0 00	X						0	0	0
PATRICIA DIULUS-MYERS DIRECTOR	1 00 0 00	X						0	0	0
LESLIE BRITTON DOZIER DIRECTOR (EXITED 6/2017)	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATTHEW FALCONE DIRECTOR	1 00 0 00	X						0	0	0
CATHY FITZGERALD DIRECTOR	1 00 0 00	X						0	0	0
LEWIS B GARDNER DIRECTOR	1 00 0 00	X						0	0	0
THOMAS J GILLESPIE JR DIRECTOR	1 00 0 00	X						0	0	0
LARRY GODLESKI DIRECTOR	1 00 0 00	X						0	0	0
DAVID GROETSCH DIRECTOR	1 00 0 00	X						0	0	0
MELANIE HARRINGTON DIRECTOR	1 00 0 00	X						0	0	0
EJ HECKERT DIRECTOR	1 00 0 00	X						0	0	0
S PHILLIP HUNDLEY DIRECTOR	1 00 0 00	X						0	0	0
GARY HUNT DIRECTOR (EXITED 3/2018)	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MANOJ JEGASOTHY DIRECTOR (ENTER 6/2017)	1 00 0 00	X						0	0	0
WILLIAM T KRAHE DIRECTOR (EXITED 6/2017)	1 00 0 00	X						0	0	0
SONIA LAYNE-GARTSIDE DIRECTOR	1 00 0 00	X						0	0	0
DAMANY LEWIS DIRECTOR	1 00 0 00	X						0	0	0
MICHAEL LOWRY DIRECTOR	1 00 0 00	X						0	0	0
BRIDGET MANCOSH DIRECTOR (EXITED 3/2018)	1 00 0 00	X						0	0	0
DAVID M MARTIN DIRECTOR	1 00 1 00	X						0	0	0
GRANT MASON DIRECTOR (EXITED 6/2017)	1 00 0 00	X						0	0	0
LORETA MATHEO MD DIRECTOR (ENTER 6/2017)	1 00 0 00	X						0	0	0
GRACE MCLEE DIRECTOR	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CRAIG MCLAURIN DIRECTOR	1 00 0 00	X						0	0	0
LAURA GAILEY MOUL DIRECTOR (ENTER 6/2017)	1 00 0 00	X						0	0	0
ALEX MURRAY DIRECTOR	1 00 0 00	X						0	0	0
KEVIN O'CONNELL DIRECTOR	1 00 0 00	X						0	0	0
ANN OSTERGAARD DIRECTOR/ TRUSTEE	1 00 0 00	X						0	0	0
GREGORY K PEASLEE DIRECTOR	1 00 0 00	X						0	0	0
DOUGLAS S PEGG DIRECTOR	1 00 0 00	X						0	0	0
BRETT PITCAIRN DIRECTOR	1 00 0 00	X						0	0	0
ANTHONY PLASTINO DIRECTOR	1 00 0 00	X						0	0	0
MICHAEL POLITE DIRECTOR	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK RENDULIC DIRECTOR (EXITED 6/2017)	1 00 0 00	X						0	0	0
BLAKE RUTTENBURG DIRECTOR (EXITED 6/2017)	1 00 0 00	X						0	0	0
PATTY PAYTAS SALERNO DIRECTOR	1 00 0 00	X						0	0	0
PATRICK SENTER DIRECTOR	1 00 0 00	X						0	0	0
RICHARD SIKORA DIRECTOR	1 00 0 00	X						0	0	0
MATT SMITH DIRECTOR (ENTER 6/2017)	1 00 0 00	X						0	0	0
TRACEY SOSKA DIRECTOR	1 00 0 00	X						0	0	0
CHARLIE SPENCE DIRECTOR	1 00 0 00	X						0	0	0
TAMIKO STANLEY DIRECTOR	1 00 0 00	X						0	0	0
GREGORY STELIOTES DIRECTOR	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHANNON THIEROFF DIRECTOR	1 00 0 00	X						0	0	0
JAMES S URBAN DIRECTOR	1 00 0 00	X						0	0	0
BONNIE VAN KIRK DIRECTOR	1 00 0 00	X						0	0	0
TRAVIS WILLIAMS DIRECTOR	1 00 0 00	X						0	0	0
PENNY ZACHARIAS DIRECTOR (ENTER 6/2017)	1 00 0 00	X						0	0	0
LEE BAIERL TRUSTEE	1 00 0 00	X						0	0	0
JOHN BITTNER TRUSTEE	1 00 0 00	X						0	0	0
HOWELL BREEDLOVE TRUSTEE	1 00 0 00	X						0	0	0
RICHARD COLVER TRUSTEE	1 00 0 00	X						0	0	0
SYLVIA FIELDS TRUSTEE	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEE B FOSTER TRUSTEE CHAIRMAN	1 00 0 00	X						0	0	0
HOWARD WILLIAM HANNA III TRUSTEE	1 00 0 00	X						0	0	0
RICHARD JEWELL TRUSTEE	1 00 0 00	X						0	0	0
THOMAS VAN KIRK TRUSTEE	1 00 0 00	X						0	0	0
DAVID BLUEMLING VICE CHAIR	1 00 0 00	X		X				0	0	0
KEVIN BOLDING CEO/PRESIDENT AND BOARD SECRETARY	55 00 3 00	X		X				208,040	0	20,750
DANIEL P GREALISH VICE CHAIRMAN	1 00 1 00	X		X				0	0	0
MARGARET P JOY CHAIRMAN	1 00 0 00	X		X				0	0	0
MICHAEL J MALONE CHAIRMAN (EXITED 1/2018)	1 00 0 00	X		X				0	0	0
MICHAEL J TOMERA TREASURER	1 00 0 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM F JONES JR CFOCORP SECR TREASURER (EXITED 4/2017)	55 00 3 00			X				168,547	0	22,862
ANGELA SCHUETTLER EFF 42017 CFO/CORP SECR/TREASURER	55 00 3 00			X				107,935	0	0
STEPHAN C DAVIS SR VP HR & LEADERSHIP	55 00 0 00					X		138,609	0	33,187
CAROLYN GRADY-MOOKERJEE SR VP DEVELOPMENT	55 00 0 00					X		145,967	0	14,475
JAMES H NEEDLES III VP/BUS & INFO SYSTEMS	55 00 0 00					X		121,070	0	40,272
RICHARD PERALLO VP/ FACILITIES AND CONSTRU	55 00 0 00					X		126,209	0	12,567
CHRISTIAN WILLITTS VP/FINANCE	55 00 0 00					X		125,357	0	24,183
RIG RIGGINS FORMER OFFICER	0 00 0 00						X	195,534	0	16,319

SCHEDULE A
(Form 990 or 990-EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
25-0969497

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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 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)**.
- 4 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 _____
- 5 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)**.
- 7 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)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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 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)**.
- 12 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
 - a **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.**
 - b **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.**
 - 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.**
 - d **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.**
 - e 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
 - f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,892,138	10,344,289	9,199,746	9,103,205	7,911,970	46,451,348
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	26,937,832	27,641,728	29,002,361	29,003,863	30,588,178	143,173,962
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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	36,829,970	37,986,017	38,202,107	38,107,068	38,500,148	189,625,310
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	3,424,241	2,195,566	2,325,838	1,326,872	1,465,512	10,738,029
b 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
c Add lines 7a and 7b	3,424,241	2,195,566	2,325,838	1,326,872	1,465,512	10,738,029
8 Public support. (Subtract line 7c from line 6.)						178,887,281

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	36,829,970	37,986,017	38,202,107	38,107,068	38,500,148	189,625,310
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,533,586	537,018	470,499	511,585	475,392	3,528,080
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	4,001	2,667				6,668
c Add lines 10a and 10b	1,537,587	539,685	470,499	511,585	475,392	3,534,748
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	38,367,557	38,525,702	38,672,606	38,618,653	38,975,540	193,160,058

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	92.610 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	91.720 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	1.830 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	1.870 %

19a 33 1/3% support tests—2017. 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 more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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 Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	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.		
	1		
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.		
	3a		
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.		
	3b		
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.		
	3c		
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		
6	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		
7	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		
8	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 from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
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 line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.	Yes	No
a	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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	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)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
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)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 25-0969497

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER PITTSBURGH

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, 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 1 and 2, Part IV, Section C, 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 V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047
2017
Open to Public Inspection

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.

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER PITTSBURGH	Employer identification number 25-0969497
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and 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 employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	24,000	
c Total lobbying expenditures (add lines 1a and 1b)	24,000	
d Other exempt purpose expenditures	57,453,048	41,816,062
e Total exempt purpose expenditures (add lines 1c and 1d)	57,477,048	41,816,062
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c If zero or less, enter -0-	0	0
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	19,992	26,204	24,000	24,000	94,196
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
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?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
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), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
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 expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART IV	THE ASSOCIATION'S LOBBYING EFFORTS ARE CENTERED ON SECURING STATE AND LOCAL GOVERNMENT GRANT FUNDING

SCHEDULE D
(Form 990)

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.

OMB No 1545-0047
2017
Open to Public Inspection

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

Employer identification number
25-0969497

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,437,197	12,032,664	11,981,079	12,503,873	12,055,455
b Contributions	22,409	96,454	1,518,341	8,680	6,761
c Net investment earnings, gains, and losses	1,169,847	1,138,512	-678,722	206,561	1,183,140
d Grants or scholarships					
e Other expenditures for facilities and programs	739,533	830,433	788,034	738,035	741,483
f Administrative expenses					
g End of year balance	12,889,920	12,437,197	12,032,664	11,981,079	12,503,873

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 33 560 %
 - c** Temporarily restricted endowment ▶ 66 440 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,864,880		2,864,880
b Buildings		62,426,207	17,484,629	44,941,578
c Leasehold improvements		1,050,910	259,956	790,954
d Equipment		4,788,322	3,145,763	1,642,559
e Other		6,306,119	3,042,492	3,263,627
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				53,503,598

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. 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	
DERIVATIVE INSTRUMENTS AT FMV	1,200,076
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,200,076

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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.

1	Total revenue, gains, and other support per audited financial statements	1	41,590,303
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	1,083,998
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,735,892
e	Add lines 2a through 2d	2e	2,819,890
3	Subtract line 2e from line 1	3	38,770,413
4	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	4a	
b	Other (Describe in Part XIII)	4b	1,183,583
c	Add lines 4a and 4b	4c	1,183,583
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	39,953,996

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.

1	Total expenses and losses per audited financial statements	1	56,627,110
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	333,645
e	Add lines 2a through 2d	2e	333,645
3	Subtract line 2e from line 1	3	56,293,465
4	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	4a	
b	Other (Describe in Part XIII)	4b	1,183,583
c	Add lines 4a and 4b	4c	1,183,583
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	57,477,048

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 25-0969497

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER PITTSBURGH

Supplemental Information

Return Reference	Explanation
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

Supplemental Information

Return Reference	Explanation
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 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 2018

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	EXTINGUISHMENT OF DEBT -9,344,634 TRANSFER FROM A RELATED PARTY (TL NET ASSETS) 10,746,88 1 SPECIAL EVENTS EXPENSES 327,524 GAMING EXPENSES 6,121

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DIRECT SUBSIDIES 1,183,583

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 327,524 GAMING EXPENSES 6,121

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DIRECT SUBSIDIES 1,183,583

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number

25-0969497

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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

Part II 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)
		PNC Y TURKEY TROT (event type)	ASSOCIATION GOLF OUTING (event type)	13 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	303,820	124,650	299,269	727,739
	2 Less Contributions	31,525	20,150	179,165	230,840
	3 Gross income (line 1 minus line 2)	272,295	104,500	120,104	496,899
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		3,000	930	3,930
	7 Food and beverages	3,063	33,636	62,118	98,817
	8 Entertainment				
	9 Other direct expenses	124,330	1,418	99,029	224,777
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				327,524
11 Net income summary Subtract line 10 from line 3, column (d) ▶				169,375	

Part III 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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
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 _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? 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 No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount 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

Name ▶

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 retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

**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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
25-0969497

Part I General Information on Grants and Assistance

- 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? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 3

3 Enter total number of other organizations listed in the line 1 table ▶ _____ 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS UP TO \$2,000 FOR ELIGIBLE STUDENTS PURSUING DEGREES IN SOCIAL SERVICES	7	7,500		N/A	N/A
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	ORGANIZATIONS RECEIVING ASSISTANCE FROM THE YMCA ARE MONITORED TO ENSURE THEY MEET THE CRITERIA ASSOCIATED WITH THE RESPECTIVE AWARD
PART IV	THE CRITERIA FOR DETERMINING ELIGIBILITY FOR A SCHOLARSHIP IS 1 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 2 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 4 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 CUMULATIVE AVERAGE OF 2 0 AND JUNIORS AND SENIORS MUST MAINTAIN A CUMULATIVE AVERAGE OF 2 5 5 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 6 CANDIDATES MUST HAVE MADE FORMAL APPLICATION TO A COLLEGE OF HIS/HER CHOICE PRIOR TO THE APPLICATION FOR A SCHOLARSHIP 7 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

Additional Data

Software ID:
Software Version:
EIN: 25-0969497
Name: YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER PITTSBURGH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
THELMA LOVETTE YMCA 420 FORT DUQUESNE BOULEVARD SUITE 625 PITTSBURGH, PA 15222	27-2990653	501(C)(3)	809,360		N/A	N/A	OPERATIONAL AND PROGRAM SUPPORT
YWCA OF GREATER PITTSBURGH 305 WOOD ST PITTSBURGH, PA 15222	25-0965639	501(C)(3)	131,600		N/A	N/A	HOPE FOR ALL PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
YMCA OF THE USA 101 NORTH WACKER DROVE CHICAGO, IL 60606	36-3258969	501(C)(3)	3,500		N/A	N/A	WORLD SERVICE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

- ▶ 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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
25-0969497

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.		
	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's 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.		
	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> 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 organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
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?		No
b	Any related organization?		No
	If "Yes," on line 5a or 5b, describe in Part III.		
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:		
a	The organization?		No
b	Any related organization?		No
	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 in lines 5 and 6? If "Yes," describe in Part III.	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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 are not 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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KEVIN BOLDING CEO/PRESIDENT AND BOARD SECRETARY	(i)	207,500	0	540	20,750	0	228,790	0
	(ii)	0	0	0	0	0	0	0
2 WILLIAM F JONES JR CFOCORP SECR TREASURER (EXITED 4/2017)	(i)	74,971	0	93,576	7,043	15,819	191,409	0
	(ii)	0	0	0	0	0	0	0
3 STEPHAN C DAVIS SR VP HR & LEADERSHIP	(i)	137,422	0	1,187	14,429	18,758	171,796	0
	(ii)	0	0	0	0	0	0	0
4 CAROLYN GRADY-MOOKERJEE SR VP DEVELOPMENT	(i)	144,754	0	1,213	14,475	0	160,442	0
	(ii)	0	0	0	0	0	0	0
5 JAMES H NEEDLES III VP/BUS & INFO SYSTEMS	(i)	120,022	0	1,048	12,803	27,469	161,342	0
	(ii)	0	0	0	0	0	0	0
6 RIG RIGGINS FORMER OFFICER	(i)	128,818	65,000	1,716	10,647	5,672	211,853	65,000
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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.

Return Reference	Explanation
PART I, LINE 4A	WILLIAM F JONES RECEIVED SEVERANCE IN THE AMOUNT OF \$92,608 IN CALENDAR YEAR 2017
PART I, LINE 7	RIG RIGGINS RECEIVED \$65,000 PAYOUT IN 2017. THE DEFERRED COMPENSATION ACCRUAL OCCURED IN 2016 AND WAS REPORTED AS DEFERRED COMPENSATION ON FY 17 FORM 990

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

Complete if the organization answered "Yes" to 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.

Department of the Treasury Internal Revenue Service

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

Employer identification number 25-0969497

Part I Bond Issues

Table with columns (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include ALLEGHENY COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY SERIES A, B, and C.

Part II Proceeds

Table with columns 1-13 for bond proceeds details and 14-17 for issuance questions. Includes rows for amount of bonds retired, legally defeased, total proceeds, issuance costs, and other spent/proceeds.

Part III Private Business Use

Table with columns 1-2 for private business use questions and sub-columns A, B, C, D for Yes/No responses. Questions include partnership/LLC ownership and lease arrangements.

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X			
b Exception to rebate?		X		X		X		
c No rebate due?	X		X		X			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		
b Name of provider	PNC BANK		PNC BANK					
c Term of hedge	2000 0000000000 %		2000 0000000000 %					
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, LINE A (F)	REFINANCE MOON INDUSTRIAL DEVELOPMENT AUTHORITY BONDS

Return Reference	Explanation
SCHEDULE K, PART I, LINE B (F)	RENOVATION AND EXPANSION OF THE SAMPSON FAMILY YMCA

Return Reference	Explanation
SCHEDULE K, PART I, LINE C (F)	TAXABLE NOTE CONVERTED TO A TAX-EXEMPT NOTE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **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**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number

25-0969497

Part 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 amounts
1 Art—Works of art				
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	11	139,915	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				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	COLUMN (B) REPRESENT THE TOTAL NUMBER OF CONTRIBUTORS FOR YEAR ENDED MARCH 31, 2018

SCHEDULE O
(Form 990 or 990-EZ)

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.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION
OF GREATER PITTSBURGH

Employer identification number

25-0969497

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	THELMA LOVETTE'S PROGRAMMING BECAME A PART OF YMCA AS OF 4/1/2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FROM 990, PART III, LINE 4A</p>	<p>HEALTHY LIVING- COMBATting HEALTH DISPARITIES COMBATting HEALTH DISPARITIES ONE IN FIVE RE SIDENTS 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% THE YMCA'S DIABETES PREVENTION PROGRAM HAS BEEN DELIVERED TO 414 PARTICIPANTS IN 46 COHORTS SINCE IMPLEMENTATION THIS IS JUST ONE WAY THE Y OF GREATER PITTSBURGH IS IMPACTING THE HEALTH OF OUR REGION 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 OVER \$100,000 IN OUR NEIGHBORS' HEALTH THROUGH MEMBERSHIP AND PROGRAM SUBSIDIES - IN ADDITION TO PROVIDING FINANCIAL ASSISTANCE FOR MEMBERSHIP AND 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 - 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 2,000 FATHERS AND CHILDREN ENJOYED SCHEDULED EVENTS SUCH AS OVERNIGHT CAMPING, CARPET SKATING, SNOW TUBING, 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FROM 990, PART III, LINE 4A	<p>MOST IMPORTANT INVESTMENTS OF TIME THEY EVER MADE WITH THEIR CHILDREN - THE YMCA MOVED 5,369 YOUTH IN UNDERSERVED COMMUNITIES THROUGH GAMES AND PLAY FROM OUR MOBILE YMCA'S Y ON THE FLY PROGRAM DURING THE SUMMER OF 2018 - 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 THIS PAST SUMMER, THEY SERVED OVER 600 FAMILIES FROM 46 DIFFERENT STATES THIS SUMMER DEER VALLEY HAD ITS FIRST FULL YEAR AT THE NEW NATURE CENTER WHERE KIDS LEARNED AND TOOK CARE OF NATIVE ANIMALS, WHILE PARENTS ENJOYED A BOOK ON THE NEW DECK WE ARE ALSO PROUD TO SAY THAT WITH THIS NEW NATURE CENTER AND OUR DV EDUCATION FUND RAISED OVER \$18,000 THIS YEAR FOR LOCAL CHILDREN TO COME AND EXPERIENCE CAMP AS WELL WE ALREADY HAVE SEVERAL PROJECTS STARTED TO BE COMPLETED BY NEXT SUMMER INCLUDING CONSTRUCTION AT THE NEW SEWAGE PLANT, A NEW OUTDOOR SPORTS FACILITY, AND HOPING TO ADD A NEW SOFTBALL FIELD FOR NEXT SUMMER ACTIVITIES AS WELL AS QUIET TIME ARE PLANNED BY THE SKILLED STAFF, SOMETIMES THE DEER VALLEY EXPERIENCE IS THE FIRST IN A LONG TIME FAMILIES HAVE SPENT QUALITY TIME TOGETHER WITHOUT HAVING TO COMPETE WITH ISSUES OF SCHOOL, WORK OR PREOCCUPATIONS WITH ELECTRONICS AND MEDIA THE SIMPLE ACT OF EATING MEALS TOGETHER IS A KNOWN CONDUIT TO 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 HEALTHY 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</p>

990 Schedule O, O

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4B</p>	<p>YOUTH DEVELOPMENT - CLOSING THE ACHIEVEMENT GAP KIDS GROW-UP AT THE Y FROM SWIM LESSONS AND WATER SAFETY TO YOUTH SPORTS AND AFTER SCHOOL PROGRAMS, THE Y KEEPS KIDS SAFE WHILE THE Y LEARN, EXPLORE AND THRIVE! INSIDE A CLASSROOM OR OUTSIDE AT CAMP, YOUTH AND TEENS ARE LEARNING VALUES FROM POSITIVE ROLE MODELS WHO HELP 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 1,300 CHILDREN IN 43 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 \$210,000 IN DIRECT SUBSIDIES TO OVER 400 FAMILIES WHO COULD NOT OTHERWISE AFFORD TO ENROLL THEIR CHILD(REN) - THE Y'S LIGHTHOUSE PROJECT IS A NATIONALLY RECOGNIZED AFTERSCHOOL PROGRAM FOR TEENS IN THE EAST END OF PITTSBURGH APPROXIMATELY 80 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 SINCE 2013, 95% OF SENIORS PARTICIPATING IN THE LIGHTHOUSE PROJECT HAVE GRADUATED ON TIME (COMPARED WITH 83% FOR GENERAL STUDENT BODY) - 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 2018, THE Y CREATOR SPACE SPENT OVER 6,800 STEM</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4B</p>	<p>HOURS WITH UP TO 200 YOUTH THROUGH PROGRAMMING AT YMCA'S, PARTNER SITES, AND OUTREACH EVENTS EARLY CHILDHOOD PROGRAMS - INFANT, TODDLER AND PRESCHOOL CHILD DEVELOPMENT WAS OFFERED THROUGH FOUR EARLY CHILD DEVELOPMENT CENTERS SERVING OVER 200 CHILDREN CHILDREN ARE CHALLENGED AND ENGAGED BY TRAINED EDUCATORS THROUGH AGE-APPROPRIATE DEVELOPMENTAL ACTIVITIES THAT FOSTER A NURTURING ENVIRONMENT FOR THE YOUNGEST MEMBERS OF OUR COMMUNITY THIS APPROACH, COUPLED 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-O-KWEE SPENCER, T FRANK SOLES AND DEER VALLEY OPEN TO SCHOOL GROUPS THROUGHOUT WESTERN PENNSYLVANIA, OUR CAMPS DELIVER AN ADAPTABLE ENVIRONMENTAL EDUCATION PROGRAM BASED ON THE PRINCIPLES OF INTER-RELATIONSHIPS, CYCLES, AWARENESS, RESOURCES AND ENERGY FLOW THE LESSONS ARE HANDS-ON AND INQUIRY-BASED STAFF TAKES FULL ADVANTAGE OF THEIR OUTDOOR CLASSROOMS TO TEACH PARTICIPANTS ABOUT INDIGENOUS PLANT AND ANIMAL LIFE, SUSTAINABILITY THROUGH RECYCLING, COMPOSTING AND GREEN PRACTICES COMBINED, THESE PROGRAMS ARE ENGAGING ALMOST 7,000 INDIVIDUALS ANNUALLY OUT OF SCHOOL ACTIVITIES - YMCA SWIMMING AND SPORTS PROGRAMS ARE THE STARTING POINT FOR MANY 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 7,300 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 GRADES THE Y PROVIDES TRADITIONAL SUMMER DAY CAMP AT OVER 23 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, 2,057 CHILDREN TOOK PART IN OUR DAY CAMPS OUR YMCA DAY CAMPS PROVIDED 10,661 CAMPER WEEKS TO LOCAL AREA KIDS TO PARTICIPATE, LEARN, GROW, AND THRIVE IN THE GREATER PITTSBURGH AREA YMCA FINANCIAL ASSISTANCE WAS PROVIDED IN ADDITION TO CCIS OR OTHER THIRD PARTY FUNDING THIS INCLUDES \$11,738 IN SUBSIDIES FOR 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 - CAMP KON-O-KWEE SPENCER IS TRULY A MICROCOSM OF THE WORLD, WE HAD T</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	THE AMAZING OPPORTUNITY TO SERVE CHILDREN FROM NOT ONLY THE PITTSBURGH AREA BUT FROM 16 STATES AND 7 COUNTRIES WE HOSTED 40 YOUNG ADULTS THROUGH OUR OCCUPATIONAL AND VOCATIONAL REHABILITATION CAMP AND CURRENTLY 38 OF THEM ARE NOW EMPLOYED, 2 OF THEM WORKING AT CAMP KON-O-KWEE WE ALSO OPENED THE BEAUTIFUL TRONE AQUATIC CENTER THAT PROVIDES THE YOUTH AND ADULTS THAT ATTEND CAMP NOT ONLY A PLACE TO COOL OFF, BUT ALSO A SPOT TO LEARN THE LIFE-LONG SKILL OF WATER SAFETY

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4C</p>	<p>SOCIAL RESPONSIBILITY- SUPPORTING OUR NEIGHBORS AND ADDRESSING FOOD INSECURITY TIMES ARE T OUGH FOR MANY OF OUR NEIGHBORS FORTUNATELY, PITTSBURGHERS, AND THE Y, HAVE A KNACK FOR CO MING TOGETHER TO HELP EACH OTHER YMCA PROGRAMS LIKE THE FAMILY SUPPORT CENTER, OUR COMMUN ITY TECHNOLOGY CENTERS, HOPE FOR ALL, FREE TAX PREPARATION, WORK FORCE TRAINING AND SINGLE -RESIDENT HOUSING HELP OUR FRIENDS ONE OF THE MOST CRITICAL PROBLEMS FACING OUR URBAN COMM UNITIES TODAY IS FOOD SECURITY IN PITTSBURGH, 47% OF OUR NEIGHBORS LACK CONVENIENT ACCESS TO SUPERMARKETS, MAKING IT VERY DIFFICULT TO OBTAIN FRESH AND 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 PLA CED PROGRAMS - BY DELIVERING HEALTHY SNACKS AND MEALS THROUGH OUR AFTER SCHOOL AND DAY CA MP PROGRAMS, THE Y IS HELPING TO MAKE SURE KIDS ARE GETTING THE NUTRITION THEY NEED TO GRO W 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 PROVI DED OVER 664,00 MEALS AND SNACKS TO OVER 6,000 CHILDREN LAST YEAR - THE HOPE FOR ALL PROG RAM CONNECTED 2,995 FINANCIALLY STRUGGLING FAMILIES WITH NEEDED BENEFITS, INCLUDING FOOD, HEALTH AND SOCIAL SERVICES - Y COMMUNITY DINING PROGRAMS SERVED OVER 14,276 HOT MEALS AT TWO OF OUR BRANCHES WITH MEALS BEING PROVIDED TO OVER 350 INDIVIDUALS NO MATTER WHAT CHAL LENGES LAY BEFORE US, WE KNOW THAT WHEN WE WORK TOGETHER, WE CAN MOVE PEOPLE AND COMMUNITI ES FORWARD THE KEY TO ACHIEVING THESE GOALS IS TO INCLUDE EVERYONE IN THE PROCESS THE Y' S COMMITMENT TO INCLUSION ENCOMPASSES ALL THAT WE DO FROM PROVIDING DAY AND OVERNIGHT CAM PING FOR INDIVIDUALS WITH SPECIAL NEEDS, TO ENSURING THAT ECONOMICALLY DISADVANTAGED COMMU NITIES HAVE ACCESS TO BASIC SERVICES AND AMENITIES FOR A HEALTHY LIFE, THE Y IS PAVING THE WAY FOR PERSONAL SUCCESS ROUGHLY 10,000 PEOPLE IN ALLEGHENY COUNTY FACE CHALLENGES ACROS S A SPECTRUM OF PHYSICAL, MENTAL AND BEHAVIORAL ABILITIES OUR Y ENSURES NO-ONE IS LEFT BE HIND BY PROVIDING - ADAPTIVE DAY CAMP PROGRAMS SUCH AS THE SPENCER FAMILY CAMP A I M WHI CH SERVED MORE THAN 143 CHILDREN, AND - OVERNIGHT AND RETREAT EXPERIENCES FOR CHILDREN AND ADULTS WITH PHYSICAL AND MENTAL CHALLENGES THE SPENCER SUPERSTARS AT YMCA CAMP KON-O-KWE E SPENCER GIVES CHALLENGED CAMPERS AN OPPORTUNITY TO EXPERIENCE THE OUT-OF-DOORS FIRST HAN D CAMPERS LEARN ABOUT THEIR NATURAL SURROUNDINGS, DEVELOP NEW FRIENDSHIPS AND PARTICIPATE IN A WIDE VARIETY OF ACTIVITIES DESIGNED TO ENGAGE AND STIMULATE IT IS NEITHER OUR INTEN TION NOR DESIRE TO PROVIDE PROFESSIONAL COUNSELING OR THERAPY RATHER, THE SESSIONS ARE GE ARED TOWARDS FUN AND ENJOYMENT THAT MAKE FOR SOCIAL AND PERSONAL GROWTH AND A MEMORABLE CA MP EXPERIENCE THE YMCA CAMP SPENCER IS ACCREDITED BY THE AMERICAN CAMP ASSOCIATION (ACA) LAST YEAR, WE HOSTED 216 CAMP</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4C</p>	<p>ERS 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, MCKEE SPORT 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 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 \$19 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 SERVE 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 SOMETIMES, STAFF</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 ASSOCIATION PRESIDENT AND BOARD OF DIRECTORS CHAIR

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPARABILITY DATA REGARDING THE CEO'S AND OTHER SENIOR VICE PRESIDENTS' COMPENSATION PACKAGES IS REVIEWED AND APPROVED BY AN INDEPENDENT COMPENSATION COMMITTEE WHO MAKES RECOMMENDATIONS TO THE BOARD OF DIRECTORS WHICH IS APPROVED AT AN EXECUTIVE SESSION OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION MAKES ALL OF ITS PUBLIC DOCUMENTS AVAILABLE UPON REQUEST ANYONE INTERESTED IN REVIEWING THESE DOCUMENTS NEEDS TO MAKE A WRITTEN REQUEST TO THE ASSOCIATION'S CORPORATE OFFICES COPIES OF THE REQUESTED PUBLIC DOCUMENTS WILL BE MAILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, HONORARY BOARD	MR LOUIS J BRISKMAN IS A HONORARY BOARD MEMBER HE DOES NOT HAVE VOTING RIGHTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER FROM RELATED PARTY (TL NET ASSETS) 10,746,880 EXTINGUISHMENT OF DEBT -9,344,634

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, QUESTION 2, OVERSIGHT OF FINANCIAL STATEMENT AUDIT	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT 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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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

Employer identification number

25-0969497

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THELMA LOVETTE YMCA 420 FORT DUQUESNE BLVD STE 625 PITTSBURGH, PA 15222 27-2990653	SUPPORTING ORGANIZATION TO THE YMCA OF GREATER PITTSBURGH	PA	501(C)(3)	509(A)(3)	YMCA OF GREATER PITTSBURGH	Yes	

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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 organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) DOYLE FBO EDUCATION FUND PO BOX 4899 ATLANTA, GA 303029957	PHILANTHROPY	GA	N/A	T	5,259	29,719	100 000 %		No
(2) DOYLE FBO CHARITIES PO BOX 4899 ATLANTA, GA 303029957	PHILANTHROPY	GA	N/A	T		415,951	70 000 %		No
(3) YOUNG M C ASSN DE PARK TRUST 1735 MARKET STREET PHILADELPHIA, PA 19103 25-6088591	PHILANTHROPY	PA	N/A	T	2,344	75,256	100 000 %		No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)THELMA LOVETTE YMCA	B	809,360	FMV
(2)THELMA LOVETTE YMCA	L	271,285	FMV
(3)THELMA LOVETTE YMCA	O	844,463	FMV
(4)THELMA LOVETTE YMCA	S	10,746,881	NBV

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART II, COLUMN (B) PRIMARY ACTIVITY	THELMA LOVETTE YMCA THELMA LOVETTE'S PROGRAMMING BECAME A PART OF YMCA AS OF 4/1/2018

Schedule Form 990 2012