

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
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 04-01-2018, and ending 03-31-2019

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
680 ANDERSEN DRIVE NO 400
City or town, state or province, country, and ZIP or foreign postal code
PITTSBURGH, PA 15220

D Employer identification number
25-0969497

E Telephone number
(412) 227-3800

G Gross receipts \$ 46,727,036

F Name and address of principal officer
KEVIN BOLDING
680 ANDERSEN DRIVE NO 400
PITTSBURGH, PA 15220

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

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

J Website: WWW YMCAOPITTSBURGH 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

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box, 3 Number of voting members (52), 4 Number of independent voting members (51), 5 Total number of individuals employed (2,069), 6 Total number of volunteers (2,758), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 4 columns: Description, Prior Year, Current Year. Rows 8-19: 8 Contributions and grants (7,911,970 / 7,244,481), 9 Program service revenue (30,588,178 / 29,835,689), 10 Investment income (1,279,014 / 742,277), 11 Other revenue (174,834 / 67,394), 12 Total revenue (39,953,996 / 37,889,841), 13 Grants and similar amounts paid (951,960 / 96,073), 14 Benefits paid (0 / 0), 15 Salaries, other compensation (20,345,775 / 18,530,725), 16a Professional fundraising fees (0 / 0), 16b Total fundraising expenses (886,885), 17 Other expenses (36,179,313 / 20,276,654), 18 Total expenses (57,477,048 / 38,903,452), 19 Revenue less expenses (-17,523,052 / -1,013,611).

Table with 4 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (80,137,849 / 78,780,811), 21 Total liabilities (30,621,916 / 31,091,124), 22 Net assets or fund balances (49,515,933 / 47,689,687).

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: ANGELA SCHUETTLER SENIOR VP HR AND CFO
Date: 2020-01-29

Paid Preparer Use Only
Print/Type preparer's name: SCHNEIDER DOWNS & CO INC
Preparer's signature
Date
Check if self-employed
PTIN P00341397
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

<b>4a</b>	(Code )	(Expenses \$ 15,617,573	including grants of \$	(Revenue \$ 16,834,145 )
	See Additional Data			

<b>4b</b>	(Code )	(Expenses \$ 15,870,298	including grants of \$	(Revenue \$ 11,798,731 )
	See Additional Data			

<b>4c</b>	(Code )	(Expenses \$ 1,354,500	including grants of \$ 96,073 )	(Revenue \$ 1,202,813 )
	See Additional Data			

<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
-----------	--	--------------	------------------------	---------------

<b>4e</b>	Total program service expenses ▶	32,842,371
-----------	----------------------------------	------------

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	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> . . . . .	23 Yes	
<b>24a</b>	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> . . . . .	24a Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	25a	No
<b>b</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> . . . . .	25b	No
<b>26</b>	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> . . . . .	26	No
<b>27</b>	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> . . . . .	27	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	No
<b>c</b>	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> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29 Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	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> . . . . .	32	No
<b>33</b>	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> . . . . .	33	No
<b>34</b>	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> . . . . .	34 Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
<b>b</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> . . . . .	35b	No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	No
<b>37</b>	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> . . . . .	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38 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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	117
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c Yes	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	2,069		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>		No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>		<b>3b</b>			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>4a</b>		No	
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>	Yes		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>	Yes		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .		<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>		<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .		<b>15</b>		No	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .		<b>16</b>		No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (52); 1b Enter the number of voting members included in line 1a, above, who are independent (51); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (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 Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply
Own website [ ] Another's website [x] Upon request [x] Other (explain in Schedule O) [ ]
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CHRISTIAN A WILLITTS 680 ANDERSEN DRIVE SUITE 400 PITTSBURGH, PA 15220 (412) 227-5316

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(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			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets to Part VII, Section A, and Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Questions 3, 4, and 5 regarding compensation reporting for former officers, high compensation thresholds, and unrelated compensation.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Table for independent contractors with columns (A) Name and business address, (B) Description of services, and (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization



Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a HEALTHY LIVING, 2b YOUTH DEVELOPMENT, 2c SOCIAL RESPONSIBILITY, 2d, 2e, 2f All other program service revenue, and 2g Total.

Table for Other Revenue with columns for revenue amounts. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6d Rental income, 7a-7d Gain from sales of assets, 8a-8c Net income from fundraising events, 9a-9c Net income from gaming activities, 10a-10c Net income from sales of inventory, 11a-11d Miscellaneous Revenue, and 12 Total revenue.

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	93,073	93,073		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	3,000	3,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	422,251	84,450	211,937	125,864
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	14,804,173	12,221,685	1,975,510	606,978
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	849,279	651,218	172,851	25,210
<b>9</b> Other employee benefits.	918,774	700,237	192,032	26,505
<b>10</b> Payroll taxes.	1,536,248	1,372,403	130,038	33,807
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.				
<b>b</b> Legal.	536,497		536,497	
<b>c</b> Accounting.	73,042		73,042	
<b>d</b> Lobbying.	18,000		18,000	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	70,378		70,378	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,363,788	989,508	339,863	34,417
<b>12</b> Advertising and promotion.	294,384	213,727	69,987	10,670
<b>13</b> Office expenses.	722,478	618,514	93,813	10,151
<b>14</b> Information technology.	408,200	16,688	391,512	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	3,485,090	3,216,656	268,434	
<b>17</b> Travel.	543,043	453,336	71,318	18,389
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	33,627	13,155	19,230	1,242
<b>20</b> Interest.	1,214,602	1,214,602		
<b>21</b> Payments to affiliates.	384,363		384,363	
<b>22</b> Depreciation, depletion, and amortization.	2,528,424	2,519,388	9,036	
<b>23</b> Insurance.	448,781	352,426	96,355	
<b>24</b> 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.)				
<b>a</b> LEASE SETTLEMENT EXP	2,462,995	2,462,995		
<b>b</b> PASS-THROUGH EXPENSES	1,732,288	1,732,288		
<b>c</b> PROG MATERIALS/SUPPLIES	1,579,178	1,579,178		
<b>d</b> DIRECT SUBSIDIES	1,065,724	1,065,724		
<b>e</b> All other expenses	1,311,772	1,268,120	50,000	-6,348
<b>25</b> Total functional expenses. Add lines 1 through 24e.	38,903,452	32,842,371	5,174,196	886,885
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	26,744	<b>1</b>	14,050
	<b>2</b> Savings and temporary cash investments . . . . .	3,742,373	<b>2</b>	5,649,403
	<b>3</b> Pledges and grants receivable, net . . . . .	1,230,154	<b>3</b>	722,819
	<b>4</b> Accounts receivable, net . . . . .	733,098	<b>4</b>	701,645
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	190,346	<b>9</b>	219,477
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 76,297,090		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 24,213,824	53,503,598	<b>10c</b> 52,083,266
	<b>11</b> Investments—publicly traded securities . . . . .	15,107,672	<b>11</b>	14,452,968
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	3,449,000	<b>12</b>	3,362,000
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	218,734	<b>14</b>	203,264
	<b>15</b> Other assets See Part IV, line 11 . . . . .	1,936,130	<b>15</b>	1,371,919
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	80,137,849	<b>16</b>	78,780,811	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,918,029	<b>17</b>	2,401,436
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,314,498	<b>19</b>	1,350,817
	<b>20</b> Tax-exempt bond liabilities . . . . .	20,961,357	<b>20</b>	18,737,896
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	4,227,956	<b>23</b>	5,120,399
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	1,200,076	<b>25</b>	3,480,576
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	30,621,916	<b>26</b>	31,091,124
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	26,638,502	<b>27</b>	25,552,525
	<b>28</b> Temporarily restricted net assets . . . . .	15,102,315	<b>28</b>	14,423,736
	<b>29</b> Permanently restricted net assets	7,775,116	<b>29</b>	7,713,426
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	49,515,933	<b>33</b>	47,689,687	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	80,137,849	<b>34</b>	78,780,811	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	37,889,841
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	38,903,452
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-1,013,611
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	49,515,933
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-812,635
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	47,689,687

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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
- 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?
- 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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 25-0969497

**Name:** YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF GREATER PITTSBURGH

Form 990 (2018)

---

**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 .....	X						0	0	0
KEVIN ACKLIN ..... DIRECTOR (ENTERED 6/2018)	1 00 .....	X						0	0	0
LORI BENVENUTO ..... DIRECTOR	1 00 .....	X						0	0	0
MATTHEW F BURGER ..... DIRECTOR (EXITED 5/2018)	1 00 .....	X						0	0	0
DAVID CALIGUIRI ..... DIRECTOR	1 00 .....	X						0	0	0
DON CHARLTON ..... DIRECTOR	1 00 .....	X						0	0	0
ROBERT B COTTINGTON ..... DIRECTOR	1 00 .....	X						0	0	0
BILL CRAMER ..... DIRECTOR (ENTERED 4/2018)	1 00 .....	X						0	0	0
TOM CROOKS ..... DIRECTOR (ENTERED 4/2018)	1 00 .....	X						0	0	0
AUSTIN DAVIS ..... DIRECTOR	1 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			
WILLIAM S DEMCHAK ..... DIRECTOR (EXITED 4/2018)	1 00 .....	X						0	0	0
PATRICIA DIULUS-MYERS ..... DIRECTOR	1 00 .....	X						0	0	0
MATTHEW FALCONE ..... DIRECTOR (EXITED 4/2018)	1 00 .....	X						0	0	0
CATHY FITZGERALD ..... DIRECTOR	1 00 .....	X						0	0	0
LEWIS B GARDNER ..... DIRECTOR	1 00 .....	X						0	0	0
THOMAS J GILLESPIE JR ..... DIRECTOR	1 00 .....	X						0	0	0
LARRY GODLESKI ..... DIRECTOR	1 00 .....	X						0	0	0
DAVID GROETSCH ..... DIRECTOR	1 00 .....	X						0	0	0
MELANIE HARRINGTON ..... DIRECTOR	1 00 .....	X						0	0	0
EJ HECKERT ..... DIRECTOR	1 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			
S PHILLIP HUNDLEY ..... DIRECTOR	1 00 .....	X						0	0	0
MANOJ JEGASOTHY ..... DIRECTOR	1 00 .....	X						0	0	0
SONIA LAYNE-GARTSIDE ..... DIRECTOR (EXITED 4/2018)	1 00 .....	X						0	0	0
DAMANY LEWIS ..... DIRECTOR	1 00 .....	X						0	0	0
MICHAEL LOWRY ..... DIRECTOR	1 00 .....	X						0	0	0
DAVID M MARTIN ..... DIRECTOR	1 00 .....	X						0	0	0
LORETA MATHEO MD ..... DIRECTOR	1 00 .....	X						0	0	0
GRACE MCLEE ..... DIRECTOR (EXITED 4/2018)	1 00 .....	X						0	0	0
CRAIG MCLAURIN ..... DIRECTOR (EXITED 8/2018)	1 00 .....	X						0	0	0
LAURA GAILLEY MOUL ..... DIRECTOR	1 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			
ALEX MURRAY ..... DIRECTOR	1 00 .....	X						0	0	0
KEVIN O'CONNELL ..... DIRECTOR	1 00 .....	X						0	0	0
ANN OSTERGAARD ..... DIRECTOR/ TRUSTEE	1 00 .....	X						0	0	0
GREGORY K PEASLEE ..... DIRECTOR	1 00 .....	X						0	0	0
DOUGLAS S PEGG ..... DIRECTOR	1 00 .....	X						0	0	0
BRETT PITCAIRN ..... DIRECTOR (EXITED 5/2018)	1 00 .....	X						0	0	0
ANTHONY PLASTINO ..... DIRECTOR (EXITED 4/2018)	1 00 .....	X						0	0	0
PATTY PAYTAS SALERNO ..... DIRECTOR (EXITED 10/2018)	1 00 .....	X						0	0	0
CURTIS RANDLE EL III ..... DIRECTOR (ENTERED 6/2018)	1 00 .....	X						0	0	0
GARY REGAN ..... DIRECTOR (ENTERED 4/2018)	1 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			
PATRICK SENTNER ..... DIRECTOR	1 00 .....	X						0	0	0
RICHARD SIKORA ..... DIRECTOR (EXITED 8/2018)	1 00 .....	X						0	0	0
MATT SMITH ..... DIRECTOR	1 00 .....	X						0	0	0
TRACEY SOSKA ..... DIRECTOR (EXITED 8/2018)	1 00 .....	X						0	0	0
CHARLIE SPENCE ..... DIRECTOR	1 00 .....	X						0	0	0
TAMIKO STANLEY ..... DIRECTOR	1 00 .....	X						0	0	0
RAY STEEB ..... DIRECTOR (ENTERED 4/2018)	1 00 .....	X						0	0	0
GREGORY STELIOTES ..... DIRECTOR (EXITED 4/2018)	1 00 .....	X						0	0	0
SHANNON THIEROFF ..... DIRECTOR	1 00 .....	X						0	0	0
JAMES S URBAN ..... DIRECTOR	1 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			
BONNIE VAN KIRK ..... DIRECTOR	1 00 .....	X						0	0	0
TRAVIS WILLIAMS ..... DIRECTOR (EXITED 1/2019)	1 00 .....	X						0	0	0
PENNY ZACHARIAS ..... DIRECTOR (EXITED 11/2018)	1 00 .....	X						0	0	0
JOHN BITTNER ..... TRUSTEE	1 00 .....	X						0	0	0
HOWELL BREEDLOVE ..... TRUSTEE	1 00 .....	X						0	0	0
RICHARD COLVER ..... TRUSTEE	1 00 .....	X						0	0	0
SYLVIA FIELDS ..... TRUSTEE (EXITED 12/2018)	1 00 .....	X						0	0	0
LEE B FOSTER ..... TRUSTEE CHAIRMAN (EXITED 1/2019)	1 00 .....	X						0	0	0
JAMES RUMBAUGH ..... TRUSTEE (ENTERED 4/2018)	1 00 .....	X						0	0	0
HOWARD WILLIAM HANNA III ..... TRUSTEE	1 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			
RICHARD JEWELL ..... TRUSTEE CHAIRMAN (EFF 3/2019)	1 00 .....	X						0	0	0
THOMAS VAN KIRK ..... TRUSTEE	1 00 .....	X						0	0	0
MICHAEL POLITE ..... VICE CHAIRMAN	1 00 .....	X		X				0	0	0
DANIEL P GREALISH ..... VICE CHAIRMAN (EXITED 5/18), TRUSTEE	1 00 .....	X		X				0	0	0
DAVID BLUEMLING VICE CHAIRMAN ..... (THRU 6/18), CHAIRMAN (AS OF 6/18)	1 00 .....	X		X				0	0	0
MARGARET P JOY CHAIRMAN ..... (THRU 6/18), DIRECTOR (AS OF 6/18)	1 00 .....	X		X				0	0	0
MICHAEL J TOMERA ..... TREASURER	1 00 .....	X		X				0	0	0
KEVIN BOLDING CEOPRESIDENT ..... AND BOARD SECRETARY	55 00 .....	X		X				225,540	0	22,500
ANGELA SCHUETTLER ..... CFO/CORP SECR/TREASURER	55 00 .....			X				170,745	0	0
STEPHAN C DAVIS ..... SR VP HR & LEADERSHIP	55 00 .....					X		143,734	0	28,712

**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			
CAROLYN GRADY-MOOKERJEE ..... SR VP DEVELOPMENT	55 00 .....					X		148,880	0	14,767
CHRISTIAN WILLITTS ..... VP/FINANCE	55 00 .....					X		132,169	0	24,830
RICHARD PERALLO ..... VP/FACILITIES AND CONSTRUCTION	55 00 .....					X		128,355	0	12,782
GREG SWETOHA ..... SENIOR VP/COO	55 00 .....					X		135,999	0	29,606

**SCHEDULE A**  
**(Form 990 or**  
**990EZ)**

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**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 **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		
<b>Total</b>						



**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**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**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	10,344,289	9,199,746	9,103,205	7,911,970	7,244,481	43,803,691
<b>2</b> 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	27,641,728	29,002,361	29,003,863	30,588,178	29,835,689	146,071,819
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	37,986,017	38,202,107	38,107,068	38,500,148	37,080,170	189,875,510
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	2,195,566	2,325,838	1,326,872	1,465,512	888,289	8,202,077
<b>b</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
<b>c</b> Add lines 7a and 7b	2,195,566	2,325,838	1,326,872	1,465,512	888,289	8,202,077
<b>8 Public support.</b> (Subtract line 7c from line 6)						181,673,433

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6	37,986,017	38,202,107	38,107,068	38,500,148	37,080,170	189,875,510
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	537,018	470,499	511,585	475,392	457,748	2,452,242
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	2,667					2,667
<b>c</b> Add lines 10a and 10b	539,685	470,499	511,585	475,392	457,748	2,454,909
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	38,525,702	38,672,606	38,618,653	38,975,540	37,537,918	192,330,419
<b>14 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	94.460 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	92.610 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1.280 %
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	1.830 %

- 19a 33 1/3% support tests—2018.** 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—2017.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	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.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>	Yes	No
<b>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## 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)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
  
**Open to Public Inspection**

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

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

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

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

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

- 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
--	--

**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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	18,000													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	18,000													
<b>d</b>	Other exempt purpose expenditures	38,885,452													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	38,903,452													
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
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														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-	0													
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-	0													
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	26,204	24,000	24,000	18,000	92,204
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> 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
<b>1</b> 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			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b> 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?	<b>5</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)		

**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.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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	
<b>6</b> 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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	11,141,654	10,796,966	9,591,461	9,331,697	9,823,782
<b>b</b> Contributions . . . . .	25,310	20,404	96,454	1,511,420	4,688
<b>c</b> Net investment earnings, gains, and losses	96,977	984,819	1,864,484	-538,533	206,561
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	604,571	660,535	755,433	713,123	703,334
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	10,659,370	11,141,654	10,796,966	9,591,461	9,331,697

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶ 41 000 %
  - c** Temporarily restricted endowment ▶ 59 000 %
- 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 |
| <b>(i)</b> unrelated organizations . . . . . | No  | No |
| <b>(ii)</b> related organizations . . . . .  | No  | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 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
<b>1a</b> Land . . . . .		2,564,613		2,564,613
<b>b</b> Buildings . . . . .		61,852,880	18,103,118	43,749,762
<b>c</b> Leasehold improvements		1,050,910	286,902	764,008
<b>d</b> Equipment . . . . .		3,912,301	2,613,973	1,298,328
<b>e</b> Other . . . . .		6,916,386	3,209,831	3,706,555
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				52,083,266

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DERIVATIVE INSTRUMENTS AT FMV	1,451,122
LEASE SETTLEMENT PAYABLE	2,029,454
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	3,480,576

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	36,352,602
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-812,635
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	341,120
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-471,515
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	36,824,117
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,065,724
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,065,724
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	37,889,841

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	38,178,848
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	341,120
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	341,120
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	37,837,728
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,065,724
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,065,724
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	38,903,452

**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	ENDOWMENT FUNDS REPRESENT THE PRINCIPAL AMOUNT AND ACCUMULATED EARNINGS OF GIFTS AND BEQUESTS ACCEPTED WITH THE STIPULATION THAT THE PRINCIPAL BE MAINTAINED INTACT IN PERPETUITY UNTIL THE OCCURRENCE OF A SPECIFIED EVENT, OR FOR A SPECIFIED PERIOD, WITH ONLY THE INCOME TO BE UTILIZED. THE BOARD OF TRUSTEES CURRENTLY EVALUATES EACH ENDOWMENT AGREEMENT AND DETERMINES THE SPENDING POLICY FOR THE YEAR. THE ASSOCIATION IS GOVERNED BY THE COMMONWEALTH OF PENNSYLVANIA'S ACT 141 ("ACT 141") IN ACCORDANCE WITH ACT 141, THE ASSOCIATION HAS ADOPTED A WRITTEN INVESTMENT GUIDELINE, OF WHICH A SECTION SPECIFICALLY RELATES TO THE ENDOWMENT. THE ENDOWMENT BALANCES WERE CORRECTED DUE TO AN ADJUSTMENT MADE ON THE AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2019.



## 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 2018 AND 2019

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSES 341,120

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DIRECT SUBSIDIES 1,065,724

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 341,120

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DIRECT SUBSIDIES 1,065,724

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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. Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

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...
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (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. Includes a Total row at the bottom.

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)
		<b>Y TURKEY TROT</b> (event type)	<b>ASSOCIATION GOLF OUTING</b> (event type)	<b>16</b> (total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	284,463	104,850	359,904	749,217
	<b>2</b> Less Contributions . . . . .	39,100	31,350	270,253	340,703
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	245,363	73,500	89,651	408,514
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .		3,000	4,297	7,297
	<b>7</b> Food and beverages . . . . .	2,326	27,540	110,424	140,290
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	126,533	1,223	65,777	193,533
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				341,120
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				67,394	

**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))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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
- |          |                             |   |
|----------|-----------------------------|---|
| <b>a</b> | The organization's facility | % |
| <b>b</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
------------------	-------------



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 2018 Open to Public Inspection

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

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? [X] 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

Table with 8 columns: (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. Row 1: YWCA OF GREATER PITTSBURGH, 25-0965639, 501(C)(3), 93,073, N/A, N/A, HOPE FOR ALL PROJECT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
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	4	3,000	0	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

**Schedule J**  
**(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

# 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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

# 2018

**Open to Public Inspection**

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

Employer identification number  
25-0969497

## Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> 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 type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b> Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III	<b>5b</b>	No
<b>6</b> 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		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III	<b>6b</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> 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	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

**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				
<b>1</b> KEVIN BOLDING CEOPRESIDENT AND BOARD SECRETARY	(i)	225,000	0	540	22,500	0	248,040	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> ANGELA SCHUETTLER CFO/CORP SECR/TREASURER	(i)	170,000	0	745	0	0	170,745	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> STEPHAN C DAVIS SR VP HR & LEADERSHIP	(i)	94,352	0	49,382	9,522	19,190	172,446	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> CAROLYN GRADY- MOOKERJEE SR VP DEVELOPMENT	(i)	147,667	0	1,213	14,767	0	163,647	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> CHRISTIAN WILLITTS VP/FINANCE	(i)	131,589	0	580	13,637	11,193	156,999	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> GREG SWETOHA SENIOR VP/COO	(i)	135,668	0	331	14,000	15,606	165,605	0
	(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	SENIOR VP HR AND LEADERSHIP RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$48,690 IN 2018



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

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**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> ALLEGHENY COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY SERIES A	25-1269117		10-31-2012	11,500,000	SEE PART VI		X		X		X
<b>B</b> ALLEGHENY COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY SERIES B	25-1269117		10-31-2012	8,700,000	SEE PART VI		X		X		X
<b>C</b> ALLEGHENY COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY SERIES B	25-1269117		10-31-2017	6,441,401	BETHEL PARK PROJECT		X		X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .								
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	11,500,000		8,700,000		6,441,401			
<b>4</b>	Gross proceeds in reserve funds . . . . .								
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .	65,870		49,690					
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .								
<b>11</b>	Other spent proceeds . . . . .	11,434,130		8,650,310		6,441,401			
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .								
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X			X	X			
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X			
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X			

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>d</b> 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?								
<b>4</b> 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 . . . . . ▶								
<b>5</b> 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 . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	X		X		X			
<b>b</b> Exception to rebate? . . . . .		X		X		X		
<b>c</b> No rebate due? . . . . .	X		X		X			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X		X		X			
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		
<b>b</b> Name of provider . . . . .	PNC BANK		PNC BANK					
<b>c</b> Term of hedge . . . . .	2000 0000000000 %		2000 0000000000 %					
<b>d</b> Was the hedge superintegrated? . . . . .		X		X				
<b>e</b> Was the hedge terminated? . . . . .		X		X				



**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		
<b>7</b> 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

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

<b>Return Reference</b>	<b>Explanation</b>
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

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**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
<b>1</b> Art—Works of art . . . . .				
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	4	32,137	FMV
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( _____ )				
<b>26</b> Other ▶ ( _____ )				
<b>27</b> Other ▶ ( _____ )				
<b>28</b> 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
<b>30a</b> 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>b</b> If "Yes," describe the arrangement in Part II		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
<b>b</b> If "Yes," describe in Part II		
<b>33</b> 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, 2019

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

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

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

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
<p>FROM 990, PART III, LINE 4A</p>	<p>HEALTHY LIVING- COMBATTING HEALTH DISPARITIES COMBATTING HEALTH DISPARITIES ONE IN FIVE RESIDENTS OF SOUTHWESTERN PENNSYLVANIA DESCRIBES THEIR HEALTH AS FAIR OR POOR OUR NEIGHBORS ARE FACING A HEALTH CRISIS, BATTLING DIABETES, OBESITY AND OTHER PREVENTABLE CHRONIC DISEASES THE Y IS AT THE FOREFRONT OF THIS BATTLE, EQUIPPING PEOPLE WITH KNOWLEDGE AND ACCESS TO PROGRAMS AND FACILITIES THAT CAN CHANGE THEIR FUTURES AND IMPROVE THEIR QUALITY OF LIFE BECAUSE WE KNOW THAT HEALTHY LIFESTYLES ARE ACHIEVED THROUGH NURTURING MIND, BODY AND SPIRIT, WELL-BEING AND FITNESS AT THE Y INCLUDES MORE THAN JUST WORKING OUT IN ADDITION TO OUR PHYSICAL FITNESS CLASSES AND FACILITIES, WE PROVIDE EDUCATIONAL PROGRAMS TO PROMOTE HEALTHIER DECISIONS, AND OFFER A VARIETY OF PROGRAMS THAT SUPPORT PHYSICAL, INTELLECTUAL AND SPIRITUAL STRENGTH A SAMPLING OF THESE PROGRAMS INCLUDES - THE YMCA DIABETES PREVENTION PROGRAM ACCORDING TO THE NATIONAL INSTITUTES OF HEALTH, THE YMCA'S DIABETES PREVENTION PROGRAM CAN REDUCE OR DELAY THE ONSET OF TYPE 2 DIABETES BY 58-71% THROUGH 2018, THE YMCA'S DIABETES PREVENTION PROGRAM HAS BEEN DELIVERED TO 490 PARTICIPANTS IN 55 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 - 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 2,100 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 MOST IMPORTANT INVESTMENTS OF TIME THEY EVER MADE WITH THEIR CHILDREN - THE YMCA MOVED 3,754 YOUTH AND EXCEEDED THEIR GOAL OF 100 SCHEDULED STOPS IN UNDERSERVED COMMUNITIES THROUGH GAMES AND PLAY FROM OUR MOBILE YMCA'S Y ON THE FLY PROGRAM DURING THE SUMMER OF 2019 - 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, ALMOST 3,000 INDIVIDUALS, AMOUNTING IN ALMOST 21,000 CAMPER DAYS, SPENT TIME AT THE DEER VALLEY YM</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FROM 990, PART III, LINE 4A	CA FAMILY CAMP 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



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<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 2,167 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 - THE Y'S LIGHTHOUSE PROJECT IS A NATIONALLY RECOGNIZED AFTERSCHOOL AND SUMMER PROGRAM FOR TEENS IN THE EAST END OF PITTSBURGH DURING 2018/19, 128 YOUTH PARTICIPATED IN LEARNING LEADERSHIP SKILLS AND CAREER READINESS THROUGH CURRICULUM-BASED INSTRUCTION IN THE MEDIA ARTS, INCLUDING FILM, PHOTOGRAPHY, GRAPHIC DESIGN, STUDIO RECORDING AND MUSIC PRODUCTION IN ADDITION TO THE ART BASED CURRICULUM THE PROGRAM PROVIDES HOME WORK HELP, INTERNSHIPS AS WELL AS HEALTHY SNACK, EVENING MEAL AND A RIDE HOME THROUGH OUR PARTNERSHIP WITH CCAC, THE LIGHTHOUSE HAS HELPED OVER 20 YOUTH BEGIN THEIR COLLEGE EDUCATION BY HOSTING ACCREDITED COURSES AT THE LIGHTHOUSE OVER 30 LIGHTHOUSE YOUTH SECURED INCOME GENERATING OPPORTUNITIES THROUGH INTERNSHIPS, PAID PERFORMANCES AND CONTRACTED MEDIA WORK 100% OF LIGHTHOUSE SENIORS GRADUATED ON TIME THIS PAST YEAR - THE Y CREATOR SPACE (YCS) IS AN OUT-OF-SCHOOL-TIME YOUTH STEM (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH) PROGRAM OPERATING AT THE HOMEWOOD-BRUSHTON YMCA WITH SATELLITE WORK IN THE ALLENTOWN NEIGHBORHOOD OF PITTSBURGH AND THROUGHOUT THE GREATER PITTSBURGH REGION THE Y CREATOR SPACE TEACHES SKILLS LIKE ROBOTICS, 3D PRINTING, GRAPHIC DESIGN, AND PROBLEM-SOLVING WHILE HELPING INCREASE YOUTH'S INTEREST IN STEM IN FISCAL YEAR 2019, THE Y CREATOR SPACE SPENT OVER 10,000 STEM HOURS WITH OVER 120 YOUTH THROUGH PROGRAMMING AT YMCA'S, PARTNER SITES, AND OUTREACH EVENTS EARLY CHILDHOOD PROGRAM</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>S - INFANT, TODDLER AND PRESCHOOL CHILD DEVELOPMENT WAS OFFERED THROUGH OUR EARLY CHILD DEVELOPMENT CENTERS SERVING OVER 300 CHILDREN IN OUR INFANTS, OLDER TODDLERS, YOUNGER TODDLERS, PRESCHOOL AND Y TOTS PROGRAMS (AGES 2-4) 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 FOR THE 2018/2019 SCHOOL YEAR, 1,235 STUDENTS FROM TWELVE DIFFERENT SCHOOLS VISITED DEER VALLEY 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 DURING 2018, 3,459 YOUTH TOOK PART IN 6,635 SWIM LESSONS - 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-HIGHER GRADES THE Y PROVIDED 32 DIFFERENT CAMPING OPPORTUNITIES THROUGHOUT THE ASSOCIATION, INCLUDING 23 YOUTH DAY CAMPS, 6 TEEN DAY CAMPS, 2 PRESCHOOL CAMPS AND 1 JUNIOR LIFEGUARDING CAMP 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, 1,977 CHILDREN TOOK PART IN OUR DAY CAMPS OUR YMCA DAY CAMPS PROVIDED 10,167 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 \$182,669 IN SUBSIDIES FOR 276 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</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4B	- CAMP KON-O-KWEE SPENCER SUPERSTARS IS A CAMP FOR SPECIAL NEEDS CAMPERS OF ALL AGES (18 -80+) AND IS FULLY INCLUSIVE AND WELCOMING OF ALL INDIVIDUALS REGARDLESS OF INTELLECTUAL OR PHYSICAL ABILITY DEDICATED STAFF ARE COMMITTED TO PROVIDING EVERY SUPERSTAR AN OPPORTUNITY TO ENJOY ALL OF THE ACTIVITIES AND PROGRAMS OFFERED, INCLUDING CANOEING, SWIMMING, ZIP LINING, OVERNIGHT CAMP-OUTS, BONFIRES AND MUCH MORE THIS SUMMER, THE PROGRAM HOSTED 132 CAMPERS WITH A COMBINED 197 CAMPER WEEKS

**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 OUR COMMUNITY TECHNOLOGY CENTERS, HOP E FOR ALL, FREE TAX PREPARATION, WORK FORCE TRAINING AND SINGLE-RESIDENT HOUSING HELP OUR FRIENDS AND NEIGHBORS THROUGH DIFFICULT TIMES AND PLACE THEM ON A PATH TO SELF-SUFFICIENCY ONE OF THE MOST CRITICAL PROBLEMS FACING OUR URBAN COMMUNITIES TODAY IS FOOD SECURITY IN PITTSBURGH, 47% OF OUR NEIGHBORS LACK CONVENIENT ACCESS TO SUPERMARKETS, MAKING IT VERY D IFFICULT 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 A LLEVIATE THE NEED THROUGH A VARIETY OF STRATEGICALLY PLACED PROGRAMS - BY DELIVERING HEAL THY SNACKS AND MEALS THROUGH OUR AFTER SCHOOL AND DAY CAMP PROGRAMS, THE Y IS HELPING TO M AKE SURE KIDS ARE GETTING THE NUTRITION THEY NEED TO GROW AND THRIVE OVER 74,000 KIDS IN ALLEGHENY COUNTY QUALIFY FOR FREE OR REDUCED-RATE SCHOOL LUNCHES CHILDREN CAN'T LEARN WHE N THEY ARE HUNGRY TO HELP ADDRESS THE NEED, THE Y PROVIDED 689,618 MEALS AND SNACKS TO OV ER 6,500 CHILDREN LAST YEAR - THE HOPE FOR ALL PROGRAM CONNECTED 3,508 FINANCIALLY STRUGG LING FAMILIES WITH NEEDED BENEFITS, INCLUDING FOOD, HEALTH AND SOCIAL SERVICES - Y COMMUN ITY DINING PROGRAMS SERVED OVER 16,000 HOT MEALS AT TWO OF OUR BRANCHES WITH MEALS BEING P ROVIDED TO OVER 350 INDIVIDUALS NO MATTER WHAT CHALLENGES LAY BEFORE US, WE KNOW THAT WHE N WE WORK TOGETHER, WE CAN MOVE PEOPLE AND COMMUNITIES 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 CAMPING FOR INDIVIDUALS WITH SPECIAL NEED S, TO ENSURING THAT ECONOMICALLY DISADVANTAGED COMMUNITIES HAVE ACCESS TO BASIC SERVICES A ND AMENITIES FOR A HEALTHY LIFE, THE Y IS PAVING THE WAY FOR PERSONAL SUCCESS ROUGHLY 10, 000 PEOPLE IN ALLEGHENY COUNTY FACE CHALLENGES ACROSS A SPECTRUM OF PHYSICAL, MENTAL AND B EHAVIORAL ABILITIES OUR Y ENSURES NO-ONE IS LEFT BEHIND BY PROVIDING - ADAPTIVE DAY CAMP PROGRAMS SUCH AS THE SPENCER FAMILY CAMP A I M WHICH SERVED 136 CHILDREN, AND - OVERNIGH T AND RETREAT EXPERIENCES FOR CHILDREN AND ADULTS WITH PHYSICAL AND MENTAL CHALLENGES THE SPENCER SUPERSTARS AT YMCA CAMP KON-O-KWEE SPENCER GIVES CHALLENGED CAMPERS AN OPPORTUNIT Y TO EXPERIENCE THE OUT-OF-DOORS FIRST HAND CAMPERS LEARN ABOUT THEIR NATURAL SURROUNDING S, DEVELOP NEW FRIENDSHIPS AND PARTICIPATE IN A WIDE VARIETY OF ACTIVITIES DESIGNED TO ENG AGE AND STIMULATE IT IS NEITHER OUR INTENTION NOR DESIRE TO PROVIDE PROFESSIONAL COUNSELI NG OR THERAPY RATHER, THE SESSIONS ARE GEARED TOWARDS FUN AND ENJOYMENT THAT MAKE FOR SOC IAL AND PERSONAL GROWTH AND A MEMORABLE CAMP EXPERIENCE THE YMCA CAMP SPENCER IS ACCREDIT ED BY THE AMERICAN CAMP ASSOCI</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4C</p>	<p>ATION (ACA) THIS PAST SUMMER, WE HOSTED 197 CAMPERS WITH SPECIAL NEEDS THROUGH THE Y'S CA MP SPENCER ALL STARS SOCIAL SERVICE PROGRAMS ARE PRIMARILY DELIVERED THROUGH OUR BRANCHES IN HOMEWOOD, THE HILL DISTRICT, HAZELWOOD 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, OVER 3,500 FAMILIES WERE ASSISTED THROUGH THIS PROGRAM, IN COLLABORATION WITH THE YWCA - VOLUNTEERS DONATED 2,126 HOURS OF FREE TAX PREPARATION COMPLETING ALMOST 1,119 TAX RETURNS IN COLLABORATION WITH THE YWCA THIS PAST YEAR, RETURNING \$18 MILLION BACK INTO THE COMMUNITY - THE Y OF GREATER PITTSBURGH HAS PROVIDED SINGLE RESIDENT OCCUPANCY HOUSING SINCE ITS INCEPTION OVER 159 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 APPROXIMATELY 200 MEN AND HAVE RECEIVED \$115,000 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 FACILITIES, PROPERTIES AND SOMETIMES, STAFF</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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	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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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

**2018**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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
<b>(1)</b> 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
<b>(1)</b> DOYLE FBO EDUCATION FUND PO BOX 4899 ATLANTA, GA 303029957	PHILANTHROPY	GA	N/A	T	30,769	9,804	100 000 %		No
<b>(2)</b> DOYLE FBO CHARITIES PO BOX 4899 ATLANTA, GA 303029957	PHILANTHROPY	GA	N/A	T		282,755	70 000 %		No
<b>(3)</b> YOUNG M C ASSN DE PARK TRUST 1735 MARKET STREET PHILADELPHIA, PA 19103 25-6088591	PHILANTHROPY	PA	N/A	T	2,452	74,085	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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>