

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 04-01-2019, and ending 03-31-2020**

**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 \$ 43,832,304

**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?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.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.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	43
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	42
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	1,791
<b>6</b> Total number of volunteers (estimate if necessary)	2,344
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	7,244,481	8,517,086
<b>9</b> Program service revenue (Part VIII, line 2g)	29,835,689	28,271,887
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	742,277	784,486
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,394	110,049
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,889,841	37,683,508
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	96,073	156,847
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	18,530,725	17,566,359
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 812,232		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	20,276,654	18,441,759
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	38,903,452	36,164,965
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-1,013,611	1,518,543
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	78,780,811	74,067,271
<b>21</b> Total liabilities (Part X, line 26)	31,091,124	28,095,784
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	47,689,687	45,971,487

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

\*\*\*\*\*  
Signature of officer  
Date 2021-02-08

ANGELA SCHUETTLER SENIOR VP HR AND CFO  
Type or print name and title

**Paid Preparer Use Only**

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

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 14,965,844 including grants of \$ ) (Revenue \$ 10,569,075 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 14,592,413 including grants of \$ ) (Revenue \$ 16,679,353 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 1,519,640 including grants of \$ 156,847 ) (Revenue \$ 1,023,459 )  
See Additional Data

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

**4e Total program service expenses** ▶ 31,077,897

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial statements.

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

		Yes	No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes
<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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these 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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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	No
<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	
<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	99
<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



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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

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.
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 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, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded. Rows include 2a HEALTHY LIVING, 2b YOUTH DEVELOPMENT, 2c SOCIAL RESPONSIBILITY, and 2f All other program service revenue.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain or loss from sales of assets, 8a-8b Net income from fundraising events, 9a-9b Net income from gaming activities, 10a-10b 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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	155,077	155,077		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	1,770	1,770		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	478,009	95,602	238,552	143,855
<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 . . . . .	13,931,744	11,599,826	1,820,404	511,514
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	789,383	606,974	165,872	16,537
<b>9</b> Other employee benefits . . . . .	850,716	645,876	185,998	18,842
<b>10</b> Payroll taxes . . . . .	1,516,507	1,319,164	166,639	30,704
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	37,026		37,026	
<b>c</b> Accounting . . . . .	80,259		80,259	
<b>d</b> Lobbying . . . . .	26,000		26,000	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	69,113		69,113	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	841,032	668,519	157,049	15,464
<b>12</b> Advertising and promotion . . . . .	322,697	227,959	82,270	12,468
<b>13</b> Office expenses . . . . .	676,624	589,544	76,344	10,736
<b>14</b> Information technology . . . . .	350,790	25,185	325,605	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	3,183,381	3,035,086	146,581	1,714
<b>17</b> Travel . . . . .	515,413	428,411	72,819	14,183
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	46,263	8,112	30,246	7,905
<b>20</b> Interest . . . . .	1,237,129	1,237,129		
<b>21</b> Payments to affiliates . . . . .	347,550		347,550	
<b>22</b> Depreciation, depletion, and amortization . . . . .	2,509,825	2,498,518	11,307	
<b>23</b> Insurance . . . . .	504,562	376,768	127,794	
<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> FOOD PROGRAM	1,769,686	1,769,686		
<b>b</b> PROG.MATERIALS/SUPPLIES	1,665,763	1,641,799		23,964
<b>c</b> ACTION HOUSING FUNDS TR	1,405,000	1,405,000		
<b>d</b> EQUIP.RENTAL/REPLACE	1,001,203	920,025	81,178	
<b>e</b> All other expenses	1,852,443	1,821,867	26,230	4,346
<b>25</b> Total functional expenses. Add lines 1 through 24e	36,164,965	31,077,897	4,274,836	812,232
<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 . . . . .	14,050	<b>1</b>	14,250
	<b>2</b> Savings and temporary cash investments . . . . .	5,649,403	<b>2</b>	6,503,540
	<b>3</b> Pledges and grants receivable, net . . . . .	722,819	<b>3</b>	548,796
	<b>4</b> Accounts receivable, net . . . . .	701,645	<b>4</b>	523,362
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<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 . . . . .	219,477	<b>9</b>	256,849
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 77,236,920		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 26,296,948	52,083,266	<b>10c</b> 50,939,972
	<b>11</b> Investments—publicly traded securities . . . . .	14,452,968	<b>11</b>	11,633,970
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	3,362,000	<b>12</b>	2,947,000
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	203,264	<b>14</b>	188,252
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,371,919	<b>15</b>	511,280
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	78,780,811	<b>16</b>	74,067,271	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,401,436	<b>17</b>	1,514,694
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,350,817	<b>19</b>	1,015,245
	<b>20</b> Tax-exempt bond liabilities . . . . .	18,737,896	<b>20</b>	17,370,727
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	5,120,399	<b>23</b>	3,752,410
	<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	3,480,576	<b>25</b>	4,442,708
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	31,091,124	<b>26</b>	28,095,784
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	25,552,525	<b>27</b>	25,987,404
	<b>28</b> Net assets with donor restrictions . . . . .	22,137,162	<b>28</b>	19,984,083
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	47,689,687	<b>32</b>	45,971,487	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	78,780,811	<b>33</b>	74,067,271	

**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>	37,683,508
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	36,164,965
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,518,543
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	47,689,687
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-3,236,743
<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>	45,971,487

**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 (2019)

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**Form 990, Part III, Line 4a:**

YOUTH DEVELOPMENT - SEE SCHEDULE O

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**Form 990, Part III, Line 4b:**

HEALTHY LIVING - SEE SCHEDULE O

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**Form 990, Part III, Line 4c:**

SOCIAL RESPONSIBILITY - SEE SCHEDULE O

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**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			
KEVIN BOLDING CEOPRESIDENT AND BOARD SECRETARY	55.00	X		X				241,043	0	45,404
ANGELA SCHUETTLER CFO/CORP SECR/TREASURER	55.00			X				172,194	0	11,475
GREG SWETOHA SENIOR VP/COO	55.00					X		143,117	0	30,671
CAROLYN GRADY-MOOKERJEE SR VP DEVELOPMENT	55.00					X		156,147	0	15,490
CHRISTIAN WILLITTS VP/FINANCE	55.00					X		133,746	0	25,346
JAMES H NEEDLES III VP BUS & INFO SYSTEMS	55.00					X		123,177	0	35,550
RICHARD PERALLO VP/FACILITIES AND CONSTRUC	55.00					X		128,404	0	12,737
KEVIN ACKLIN DIRECTOR	1.00	X						0	0	0
MELISSA ANDERSON DIRECTOR (EXITED 06/2019)	1.00	X						0	0	0
LORI BENVENUTO DIRECTOR (EXITED 09/2019)	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			
DAVID CALIGUIRI ..... DIRECTOR	1.00 .....	X						0	0	0
DON CHARLTON ..... DIRECTOR (EXITED 06/2019)	1.00 .....	X						0	0	0
ROBERT B COTTINGTON ..... DIRECTOR	1.00 .....	X						0	0	0
BILL CRAMER ..... DIRECTOR	1.00 .....	X						0	0	0
TOM CROOKS ..... DIRECTOR	1.00 .....	X						0	0	0
AUSTIN DAVIS ..... DIRECTOR	1.00 .....	X						0	0	0
PATRICIA DIULUS-MYERS ..... DIRECTOR	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

**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			
LARRY GODLESKI ..... DIRECTOR (EXITED 06/2019)	1.00 .....	X						0	0	0
DAVID GROETSCH ..... DIRECTOR	1.00 .....	X						0	0	0
MELANIE HARRINGTON ..... DIRECTOR (EXITED 01/2020)	1.00 .....	X						0	0	0
EJ HECKERT ..... DIRECTOR	1.00 .....	X						0	0	0
S PHILLIP HUNDLEY ..... DIRECTOR (EXITED 09/2019)	1.00 .....	X						0	0	0
MANOJ JEGASOTHY ..... DIRECTOR	1.00 .....	X						0	0	0
MARGARET P JOY ..... DIRECTOR	1.00 .....	X						0	0	0
DAMANY LEWIS ..... DIRECTOR (EXITED 09/2019)	1.00 .....	X						0	0	0
MICHAEL LOWRY ..... DIRECTOR (EXITED 06/2019)	1.00 .....	X						0	0	0
DAVID M MARTIN ..... 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			
LORETA MATHEO MD ..... DIRECTOR	1.00 .....	X						0	0	0
LAURA GAILLEY MOUL ..... DIRECTOR	1.00 .....	X						0	0	0
ALEX MURRAY ..... DIRECTOR (EXITED 09/2019)	1.00 .....	X						0	0	0
KEVIN O'CONNELL ..... DIRECTOR	1.00 .....	X						0	0	0
MICHELLE O'LEARY ..... DIRECTOR (ENTERED 06/2019)	1.00 .....	X						0	0	0
ANN OSTERGAARD ..... TRUSTEE (EXITED 05/2019)	1.00 .....	X						0	0	0
CRAIG OTTO ..... DIRECTOR (ENTERED 06/2019)	1.00 .....	X						0	0	0
GREGORY K PEASLEE ..... DIRECTOR (EXITED 09/2019)	1.00 .....	X						0	0	0
DOUGLAS S PEGG ..... DIRECTOR	1.00 .....	X						0	0	0
JAMES PLAKE ..... DIRECTOR (ENTERED 06/2019)	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			
CURTIS RANDLE EL III ..... DIRECTOR	1.00 .....	X						0	0	0
GARY REGAN ..... DIRECTOR	1.00 .....	X						0	0	0
PATRICK SENTNER ..... DIRECTOR	1.00 .....	X						0	0	0
MATT SMITH ..... DIRECTOR	1.00 .....	X						0	0	0
CHARLIE SPENCE ..... DIRECTOR	1.00 .....	X						0	0	0
ANDREA STANFORD ..... DIRECTOR (ENTERED 06/2019)	1.00 .....	X						0	0	0
TAMIKO STANLEY ..... DIRECTOR (EXITED 06/2019)	1.00 .....	X						0	0	0
RAY STEEB ..... DIRECTOR	1.00 .....	X						0	0	0
SHANNON THIEROFF ..... DIRECTOR (EXITED 04/2019)	1.00 .....	X						0	0	0
JAMES S URBAN ..... DIRECTOR (EXITED 06/2019)	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
RICHARD WITHERSPOON ..... DIRECTOR	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
DANIEL GREALISH ..... TRUSTEE	1.00 .....	X						0	0	0
HOWARD WILLIAM HANNA III ..... TRUSTEE	1.00 .....	X						0	0	0
THOMAS VAN KIRK ..... TRUSTEE	1.00 .....	X						0	0	0
JAMES RUMBAUGH ..... TRUSTEE	1.00 .....	X						0	0	0
RICHARD JEWELL ..... TRUSTEE CHAIRMAN	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			
MICHAEL POLITE ..... VICE CHAIRMAN	1.00 .....	X		X				0	0	0
DAVID BLUEMLING ..... CHAIRMAN/TRUSTEE	1.00 .....	X		X				0	0	0
MICHAEL J TOMERA ..... TREASURER	1.00 .....	X		X				0	0	0

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

**Public Charity Status and Public Support**  
 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**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) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 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 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 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>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		



**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,199,746	9,103,205	7,911,970	7,244,481	8,517,086	41,976,488
<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	29,002,361	29,003,863	30,588,178	29,835,689	28,271,887	146,701,978
<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	38,202,107	38,107,068	38,500,148	37,080,170	36,788,973	188,678,466
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	2,325,838	1,326,872	1,465,512	888,289	1,377,169	7,383,680
<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.	2,325,838	1,326,872	1,465,512	888,289	1,377,169	7,383,680
<b>8 Public support.</b> (Subtract line 7c from line 6.)						181,294,786

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6.	38,202,107	38,107,068	38,500,148	37,080,170	36,788,973	188,678,466
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	470,499	511,585	475,392	457,748	428,490	2,343,714
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.	470,499	511,585	475,392	457,748	428,490	2,343,714
<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.)	38,672,606	38,618,653	38,975,540	37,537,918	37,217,463	191,022,180

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	94.910 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	94.460 %

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1.230 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	1.280 %

**19a 33 1/3% support tests—2019.** 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—2018.** 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<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? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<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? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<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? <i>If "Yes," provide detail in Part VI.</i>		
	<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<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))? <i>If "Yes," provide detail in Part VI.</i>		
	<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? <i>If "Yes," provide detail in Part VI.</i>		
	<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? <i>If "Yes," provide detail in Part VI.</i>		
	<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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<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**

- 1**  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 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## 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  
  
**2019**  
**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.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....
- b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- c** Total lobbying expenditures (add lines 1a and 1b) .....
- d** Other exempt purpose expenditures .....
- e** Total exempt purpose expenditures (add lines 1c and 1d) .....
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

26,000	
26,000	
36,138,965	
36,164,965	
1,000,000	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f) .....
- h** Subtract line 1g from line 1a. If zero or less, enter -0- .....
- i** Subtract line 1f from line 1c. If zero or less, enter -0- .....
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....

250,000	
0	
0	

Yes  No

**4-Year Averaging Period Under Section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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	24,000	24,000	18,000	26,000	92,000
<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>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</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>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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 FOR CRITICALLY UNDERFUNDED PROGRAMS SUCH AS CHILD CARE SERVICES.

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

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ 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 instructions and the latest information.

**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 . . . . .		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  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>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</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 . . . . .	10,659,370	11,141,654	10,796,966	9,591,461	9,331,697
<b>b</b> Contributions . . . . .	7,785	25,310	20,404	96,454	1,511,420
<b>c</b> Net investment earnings, gains, and losses	-822,210	96,977	984,819	1,864,484	-538,533
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	681,384	604,571	660,535	755,433	713,123
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	9,163,561	10,659,370	11,141,654	10,796,966	9,591,461

- 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 ▶ 80.000 %
  - c** Temporarily restricted endowment ▶ 20.000 %
- 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 . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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 . . . . .		62,839,222	19,794,950	43,044,272
<b>c</b> Leasehold improvements		55,896	12,040	43,856
<b>d</b> Equipment . . . . .		3,877,061	2,857,012	1,020,049
<b>e</b> Other . . . . .		7,900,128	3,632,946	4,267,182
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				50,939,972

**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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	4,442,708

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>	33,973,350
<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>	-3,236,743
<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>	343,115
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-2,893,628
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	36,866,978
<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>	816,530
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	816,530
<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>	37,683,508

**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>	35,691,550
<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>	343,115
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	343,115
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	35,348,435
<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>	816,530
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	816,530
<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>	36,164,965

**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, 2020.

## 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 2019 AND 2020.



# Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSES 343,115.

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DIRECT SUBSIDIES 816,530.

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT EXPENSES 343,115.

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DIRECT SUBSIDIES 816,530.



**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.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>Y TURKEY TROT</u> (event type)	<u>ASSOCIATION GOLF OUTING</u> (event type)	<u>16</u> (total number)	(add col. (a) through col. (c))
<b>1</b> Gross receipts . . . . .	314,091	85,100	393,176	792,367
<b>2</b> Less: Contributions . . . . .	54,000	46,500	238,703	339,203
<b>3</b> Gross income (line 1 minus line 2) . . . . .	260,091	38,600	154,473	453,164
<b>4</b> Cash prizes . . . . .				
<b>5</b> Noncash prizes . . . . .				
<b>6</b> Rent/facility costs . . . . .		3,000	4,664	7,664
<b>7</b> Food and beverages . . . . .	152	24,021	142,769	166,942
<b>8</b> Entertainment . . . . .				
<b>9</b> Other direct expenses . . . . .	136,736	1,220	30,553	168,509
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				343,115
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				110,049

**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.

Revenue	(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>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>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

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

Name ▶ .....

Address ▶ .....

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

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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

Schedule I (Form 990)

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
2019
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 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. Rows include YWCA OF GREATER PITTSBURGH and YMCA OF THE USA.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2
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	2	1,770		N/A	N/A
(2) DISTRIBUTION OF FOOD IN HOMEWOOD AREA		0	5,000	N/A	MORE THAN 5,000 FOOD ITEMS WERE PROVIDED FREE OF COST TO PEOPLE OF ALL AGES RESIDING IN HOMEWOOD AND SURROUNDING NEIGHBORHOODS.
(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. FOR PURPOSES OF THIS DISCLOSURE WE ASSIGNED \$1 FOR EACH FOOD ITEM DISTRIBUTED.

**Schedule J**  
(Form 990)

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2019

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
25-0969497

**Part I Questions Regarding Compensation**

		Yes	No		
<p><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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax idemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <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)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification 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)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification 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)				
<p><b>b</b> If any of the boxes on 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</p>	<b>1b</b>				
<p><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 on Line 1a?</p>	<b>2</b>				
<p><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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <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                 </td> </tr> </table>	<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			
<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				
<p><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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>		No		
	<b>4b</b>		No		
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><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 . . . . .</p>	<b>7</b>	Yes			
<p><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 . . . . .</p>	<b>8</b>		No		
<p><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)? . . . . .</p>	<b>9</b>				



**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 7	CEO RECEIVED A BONUS IN THE AMOUNT OF \$15,000 IN 2019. SENIOR VP OF DEVELOPMENT AND COO RECEIVED A BONUS IN THE AMOUNT OF \$6,000 IN 2019.

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**

▶ 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 instructions and the latest information.

OMB No. 1545-0047

**2019**

**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 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 . . . . .						2017		
		<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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X			X	X			
<b>15</b>	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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



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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **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
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	7	160,780	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

	Yes	No
<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 isn't 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 didn't 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, 2020.

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

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

OMB No. 1545-0047

**2019**

**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>FORM 990, PART III, LINE 4A</p>	<p>YOUTH DEVELOPMENT - CLOSING THE ACHIEVEMENT GAP KIDS GROW-UP AT THE Y. FROM SWIM LESSONS AND WATER SAFETY TO YOUTH SPORTS AND AFTER SCHOOL PROGRAMS, THE Y KEEPS KIDS SAFE WHILE THE Y LEARN, EXPLORE AND THRIVE! INSIDE A CLASSROOM OR OUTSIDE AT CAMP, YOUTH AND TEENS ARE LEARNING VALUES FROM POSITIVE ROLE MODELS WHO HELP THEM SET AND ACHIEVE THEIR GOALS. HOWEVER, STUDIES ALSO SHOW THAT CHILDREN FROM ECONOMICALLY DISADVANTAGED HOUSEHOLDS EXPERIENCE A MEASURABLE GAP IN LEARNING AND ACHIEVEMENT. IN ALLEGHENY COUNTY ALONE, OVER 52,000 KIDS ARE AT RISK. THE Y IS STEPPING-UP, WORKING SIDE-BY-SIDE WITH PARENTS, TEACHERS AND STUDENTS TO PROVIDE EVERY CHILD AN OPPORTUNITY TO SUCCEED THROUGH: - A FOCUS ON 21ST CENTURY SKILLS THROUGH STEAM BASED PROGRAMS (SCIENCE, TECHNOLOGY, ENGINEERING, ARTS AND MATH), - VALUES BASED EXPERIENCES PROMOTING POSITIVE BEHAVIORS AND EXPLORATION OF UNIQUE TALENTS AND INTERESTS, AND - WHERE NECESSARY, WRAP-AROUND PROGRAMMING ADDRESSING NEEDS OUTSIDE OF SCHOOL SO STUDENTS ARE READY TO LEARN AND ACHIEVE AT SCHOOL. OUR EFFORTS TO CLOSE THE ACHIEVEMENT GAP DURING THE PAST YEAR INCLUDED: SCHOOL AGE PROGRAMS - THE Y'S BEFORE AND AFTER SCHOOL ENRICHMENT (BASE) PROGRAMS PROVIDE A SAFE PLACE TO LEARN FOUNDATIONAL SKILLS, DEVELOP HEALTHY, TRUSTING RELATIONSHIPS AND BUILD SELF-RELIANCE. DURING CALENDAR YEAR 2019, THE Y SERVED OVER 6,421 CHILDREN IN APPROXIMATELY 40 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 2019/20, 134 YOUTH PARTICIPATED IN LEARNING LEADERSHIP SKILLS AND CAREER READINESS THROUGH CURRICULUM-BASED INSTRUCTION IN THE MEDIA ARTS, INCLUDING FILM, PHOTOGRAPHY, GRAPHIC DESIGN, PODCASTING, STUDIO RECORDING AND MUSIC PRODUCTION. IN ADDITION TO THE ART BASED CURRICULUM THE PROGRAM HOSTS MONTHLY GUEST WORKSHOPS AND PROVIDES DAILY HEALTHY SNACK, EVENING MEAL AND A RIDE HOME. LIGHTHOUSE PARTNERED WITH A NUMBER OF ORGANIZATIONS TO EXPAND THE EXPERIENCES, SKILLS AND PROFESSIONAL NETWORKS OF THE YOUTH WE SERVE. PARTNERSHIPS INCLUDED A+ SCHOOLS, KNOWLEDGE WORKS, COMMUNITY HUMAN SERVICES, WRITE PITTSBURGH, ALPHA LABS AND THE CARNEGIE LIBRARY OF PITTSBURGH. 32 LIGHTHOUSE YOUTH SECURED INCOME GENERATING OPPORTUNITIES THROUGH INTERNSHIPS, APPRENTICESHIPS, PAID PERFORMANCES AND CONTRACTED MEDIA WORK. 95% OF LIGHTHOUSE SENIORS GRADUATED ON TIME THIS PAST SPRING. - 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 SERVING YOUTH AGES 9-13. THE Y CREATOR SPACE TEACHES SKILLS LIKE ROBOTICS, 3D PRINTING, GRAPHIC DESIGN, AND PROBLEM-SOLVING WHILE HELPING INCREASE YOUTH'S INTEREST IN STEM CAREERS. IN FISCAL YEAR 2019, THE Y CREATOR SPACE SPENT OVER 5,500</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>STEM HOURS WITH OVER 65 YOUTH. EARLY CHILDHOOD PROGRAMS - DURING CALENDAR YEAR 2019, INFANT, TODDLER AND PRESCHOOL CHILD DEVELOPMENT WAS OFFERED THROUGH OUR EARLY CHILD DEVELOPMENT CENTERS SERVING 621 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 2019/2020 SCHOOL YEAR, 1,526 STUDENTS FROM FOURTEEN SCHOOLS VISITED CAMP KON-O-KWEE. 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. LAST YEAR 3,311 YOUTH TOOK PART IN 8,189 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 AND HIGHER GRADES. 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. DURING THE SUMMER OF 2019, 1,872 CHILDREN TOOK PART IN OUR DAY CAMPS. OUR YMCA DAY CAMPS PROVIDED 9,454 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. - CAMP KON-O-KWEE SPENCER SUPERSTARS IS A CAMP FOR SPECIAL NEEDS CAMPERS OF ALL AGES (18-8</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A	0+) 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 CAMPOUTS, BONFIRES AND MUCH MORE. DURING THE SUMMER OF 2019, THE PROGRAM HOSTED 132 CAMPERS WITH A COMBINED 197 CAMPER WEEKS.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FROM 990, PART III, LINE 4B</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 YMCA 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 YMCA 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%. WITH THE YMCA OF GREATER PITTSBURGH'S YDPP PROGRAM, THE NUMBER OF PARTICIPANTS INCREASED FROM 22 TO 131 IN BETWEEN 2018 AND 2019 AND GROWING STILL THIS YEAR. THIS IS JUST ONE WAY THE YMCA OF GREATER PITTSBURGH IS IMPACTING THE HEALTH OF OUR REGION. THE PROGRAM IS SET TO CONTINUE IN THE COMING YEAR. - 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, ALMOST 1,300 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 YON THE FLY PROGRAM DURING THE SUMMER OF 2019. - ANOTHER LEGACY IN THE YMCA'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. DURING THE SUMMER OF 2019, ALMOST 3,000 INDIVIDUALS, AMOUNTING IN ALMOST 21,000 CAMPER DAYS, SPENT TIME AT THE DEER VALLEY YMCA 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 YMCA IS A HUB OF COMM</p>



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FROM 990, PART III, LINE 4B	UNITY 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
<p>FORM 990, PART III, LINE 4C</p>	<p>SOCIAL RESPONSIBILITY- SUPPORTING OUR NEIGHBORS AND ADDRESSING FOOD INSECURITY TIMES ARE T OUGH FOR MANY OF OUR NEIGHBORS. FORTUNATELY, PITTSBURGHERS, AND THE Y, HAVE A KNACK FOR CO MING TOGETHER TO HELP EACH OTHER. YMCA PROGRAMS LIKE THE FAMILY SUPPORT CENTER, OUR COMMUN ITY TECHNOLOGY CENTERS, HOPE FOR ALL, FREE TAX PREPARATION, WORK FORCE TRAINING AND SINGLE -RESIDENT HOUSING HELP OUR FRIENDS AND NEIGHBORS THROUGH DIFFICULT TIMES AND PLACE THEM ON A PATH TO SELF-SUFFICIENCY. ONE OF THE MOST CRITICAL PROBLEMS FACING OUR URBAN COMMUNITIE S TODAY IS FOOD SECURITY. IN PITTSBURGH, 47% OF OUR NEIGHBORS LACK CONVENIENT ACCESS TO SU PERMARKETS, MAKING IT VERY DIFFICULT TO OBTAIN FRESH AND NUTRITIOUS FOODS. COMPARED TO OTH ER CITIES OF THE SAME SIZE, PITTSBURGH HAS THE HIGHEST PERCENTAGE OF PEOPLE RESIDING IN FO OD DESERTS. OUR Y WORKS TO ALLEVIATE THE NEED THROUGH A VARIETY OF STRATEGICALLY PLACED PR OGRAMS: - BY DELIVERING HEALTHY SNACKS AND MEALS THROUGH OUR AFTER SCHOOL AND DAY CAMP PRO GRAMS, THE Y IS HELPING TO MAKE SURE KIDS ARE GETTING THE NUTRITION THEY NEED TO GROW AND THRIVE. OVER 74,000 KIDS IN ALLEGHENY COUNTY QUALIFY FOR FREE OR REDUCED-RATE SCHOOL LUNCH ES. CHILDREN CAN'T LEARN WHEN THEY ARE HUNGRY. TO HELP ADDRESS THE NEED, THE Y PROVIDED ME ALS AND SNACKS TO OVER 5,810 CHILDREN LAST YEAR. - THE HOPE FOR ALL PROGRAM CONNECTED 2,14 1 FINANCIALLY STRUGGLING FAMILIES WITH NEEDED BENEFITS, INCLUDING FOOD, HEALTH AND SOCIAL SERVICES. NO MATTER WHAT CHALLENGES LAY BEFORE US, WE KNOW THAT WHEN WE WORK TOGETHER, WE CAN MOVE PEOPLE AND COMMUNITIES FORWARD. THE KEY TO ACHIEVING THESE GOALS IS TO INCLUDE EV ERYONE IN THE PROCESS. THE Y'S COMMITMENT TO INCLUSION ENCOMPASSES ALL THAT WE DO. FROM PR OVIDING DAY AND OVERNIGHT CAMPING FOR INDIVIDUALS WITH SPECIAL NEEDS, TO ENSURING THAT ECO NOMICALLY DISADVANTAGED COMMUNITIES HAVE ACCESS TO BASIC SERVICES AND AMENITIES FOR A HEAL THY 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 BEHAVIORAL ABILITIES. OU R Y ENSURES NO-ONE IS LEFT BEHIND BY PROVIDING: - ADAPTIVE DAY CAMP PROGRAMS SUCH AS THE S PENCER FAMILY CAMP A.I.M. WHICH SERVED 136 CHILDREN DURING THE SUMMER OF 2019, AND - OVERN IGH 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 OPPORTU NITY TO EXPERIENCE THE OUT-OF-DOORS FIRST HAND. CAMPERS LEARN ABOUT THEIR NATURAL SURROUND INGS, DEVELOP NEW FRIENDSHIPS AND PARTICIPATE IN A WIDE VARIETY OF ACTIVITIES DESIGNED TO ENGAGE AND STIMULATE. IT IS NEITHER OUR INTENTION NOR DESIRE TO PROVIDE PROFESSIONAL COUNSELING OR THERAPY. RATHER, THE SESSIONS ARE GEARED TOWARDS FUN AND ENJOYMENT THAT MAKE FOR SOCIAL AND PERSONAL GROWTH AND A MEMORABLE CAMP EXPERIENCE. THE YMCA CAMP SPENCER IS ACCRE DITED BY THE AMERICAN CAMP ASSOCIATION (ACA). THIS PAST SUMMER, WE HOSTED 197 CAMPERS WITH SPECIAL NEEDS THROUGH THE Y'S</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4C</p>	<p>CAMP 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 2,141 FAMILIES WERE ASSISTED THROUGH THIS PROGRAM, IN COLLABORATION WITH THE YWCA. -THE YMCA WAS IN THE MIDDLE OF ITS ANNUAL FREE TAX PREP WHEN WE WERE FORCED TO CLOSE BECAUSE OF COVID19. IN THE DAYS AND WEEKS THAT FOLLOWED, HOPE FOR ALL (HFA) STAFF SHIFTED OPERATIONS FROM TAX HELP TO REFOCUSING EFFORTS ON BASIC NEEDS ASSISTANCE. WE SAW A SPIKE IN PHONE CALLS BY 40% FROM COMMUNITY MEMBERS REQUESTING FOOD AND OTHER ESSENTIAL ITEMS. TO HELP MEET DEMAND, HFA - AS A PROGRAM OF THE Y'S OFFICE OF COMMUNITY OUTREACH AND IMPACT (COI) - PARTNERED WITH FOGO DE CHO BRAZILIAN STEAKHOUSE TO DELIVER DINNERS TO 235 HOUSEHOLDS ACROSS ALLEGHENY COUNTY. - THE Y OF GREATER PITTSBURGH HAS PROVIDED SINGLE RESIDENT OCCUPANCY HOUSING SINCE ITS INCEPTION OVER 160 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. SINCE MARCH 2020, THE ALLEGHENY Y HAS PROVIDED 10,570 MEALS AND APPROXIMATELY 7,540 SNACKS TO THE MEN WHO LIVE IN THE BUILDING. 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</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4C	S, VETERAN'S GROUPS, CIVIC GROUPS, NONPROFITS AND THE COMMUNITY AT LARGE BY DONATING THE USE OF Y FACILITIES, PROPERTIES AND SOMETIMES, STAFF.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE HAS POWERS TO ACT FOR THE BOARD OF DIRECTORS IN THE INTERIM BETWEEN BOARD MEETINGS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 2	FAMILY RELATIONSHIPS: BONNIE VAN KIRK AND THOMAS VAN KIRK.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THERE IS A GENERAL ASSEMBLY OF THE ASSOCIATION, WHICH IS COMPRISED OF NOT LESS THAN 200 NOR MORE THAN 400 MEMBERS OF THE ASSOCIATION. THE EXACT NUMBER OF SUCH MEMBERS IS DETERMINED BY THE BOARD OF DIRECTORS OF THE ASSOCIATION.

**990 Schedule O, Supplemental Information**

<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

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

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

<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

**2019**

**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



**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 CHARITIES PO BOX 4899 ATLANTA, GA 303029957	PHILANTHROPY	GA	N/A	T	15,865	249,826	70.000 %		No
<b>(2)</b> YOUNG M C ASSN DE PARK TRUST 1735 MARKET STREET PHILADELPHIA, PA 19103 25-6088591	PHILANTHROPY	PA	N/A	T	1,280	65,108	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 VII**   **Supplemental Information**

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

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