

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

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

### A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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

**C** Name of organization  
YOUNG MENS CHRISTIAN ASSOCIATION OF SEWICKLEY VALLEY

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
625 Blackburn Road

City or town, state or province, country, and ZIP or foreign postal code  
Sewickley, PA 15143

**D** Employer identification number  
25-0979384

**E** Telephone number  
(412) 741-9622

**G** Gross receipts \$ 5,630,723

**F** Name and address of principal officer  
PATRICA HOOPER  
625 Blackburn Road  
Sewickley, PA 15143

**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 SEWICKLEYMCA ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1894

**M** State of legal domicile PA

### Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
THE MISSION OF THE SEWICKLEY VALLEY YMCA IS TO BUILD A HEALTHY SPIRIT, MIND AND BODY BASED ON CHRISTIAN PRINCIPLES AND TO IMPROVE THE QUALITY OF LIFE FOR CHILDREN, INDIVIDUALS, AND FAMILIES IN THE QUAKER VALLEY, MOON AREA, CORNELL AND AMBRIDGE AREA SCHOOL DISTRICTS THE YMCA PROVIDES FINANCIAL ASSISTANCE FOR MEMBERSHIP AND PROGRAMS TO THOSE IN NEED, SO THE YMCA REMAINS OPEN TO ALL IN THE COMMUNITY REGARDLESS OF THEIR CIRCUMSTANCES IN 2017, THE SEWICKLEY VALLEY YMCA PROVIDED \$448,344 IN FINANCIAL ASSISTANCE FOR 1,833 INDIVIDUALS AND FAMILIES IN NEED OF YMCA PROGRAMS AND SERVICES

**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)	23
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	23
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	397
<b>6</b> Total number of volunteers (estimate if necessary)	324
<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 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	525,905	627,354
<b>9</b> Program service revenue (Part VIII, line 2g)	4,366,863	4,732,463
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	74,441	129,257
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,445	47,064
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,037,654	5,536,138
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	416,878	448,344
<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)	3,070,133	3,310,684
<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) ▶48,393		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,886,066	2,009,422
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,373,077	5,768,450
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-335,423	-232,312

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	13,316,508	13,205,215
<b>21</b> Total liabilities (Part X, line 26)	712,627	536,159
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	12,603,881	12,669,056

### 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: 2018-05-08  
PATRICIA HOOPER CEO Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_  
Firm's name: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
Firm's address: \_\_\_\_\_ Phone 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

THE MISSION OF THE SEWICKLEY VALLEY YMCA IS TO BUILD A HEALTHY SPIRIT, MIND AND BODY BASED ON CHRISTIAN PRINCIPLES AND TO IMPROVE THE QUALITY OF LIFE FOR CHILDREN, INDIVIDUALS, AND FAMILIES IN THE QUAKER VALLEY, MOON AREA, CORNELL AND AMBRIDGE AREA SCHOOL DISTRICTS THE YMCA PROVIDES FINANCIAL ASSISTANCE FOR MEMBERSHIP AND PROGRAMS TO THOSE IN NEED, SO THE YMCA REMAINS OPEN TO ALL IN THE COMMUNITY REGARDLESS OF THEIR CIRCUMSTANCES IN 2017, THE SEWICKLEY VALLEY YMCA PROVIDED \$448,344 IN FINANCIAL ASSISTANCE FOR 1,833 INDIVIDUALS AND FAMILIES IN NEED OF YMCA PROGRAMS AND SERVICES

**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 \$ 2,467,228 including grants of \$ 448,344 ) (Revenue \$ 2,605,778 )  
See Additional Data

**4b** (Code ) (Expenses \$ 1,522,135 including grants of \$ ) (Revenue \$ 1,492,031 )  
See Additional Data

**4c** (Code ) (Expenses \$ 893,012 including grants of \$ ) (Revenue \$ 624,424 )  
See Additional Data

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
OTHER PROGRAM SERVICES

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

**4e Total program service expenses** ▶ 4,882,375

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		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>	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>	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>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<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? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a 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>		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>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<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>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		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>		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>		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>		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
<b>36 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>		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>		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 . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (23), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (PA), 18 (checkboxes), 19, 20 (PATRICIA HOOPER 625 BLACKBURN ROAD SEWICKLEY, PA 15143 (412) 741-9622).

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>							152,950	0	23,088	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	0		
	<b>b</b> Membership dues . . . . .	<b>1b</b>	0		
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	11,270		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	0		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	0		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	616,084		
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . .		627,354		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> Membership Revenue				2,335,913	2,335,913	
<b>b</b> Childcare Revenue -- Infant/Toddler/Preschool				846,949	846,949		
<b>c</b> Childcare Revenue -- School Age				645,081	645,081		
<b>d</b> Day Camp Revenue				527,345	527,345		
<b>e</b> Resident Camp Revenue				0	0		
<b>f</b> All other program service revenue				377,175	377,175	0	0
<b>g Total.</b> Add lines 2a-2f . . . . .				4,732,463			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			93,885			93,885
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		30,873					
	<b>b</b> Less rental expenses	21,568					
	<b>c</b> Rental income or (loss)	9,305	0				
	<b>d</b> Net rental income or (loss) . . . . .			9,305			9,305
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		77,001					
	<b>b</b> Less cost or other basis and sales expenses	41,629					
	<b>c</b> Gain or (loss)	35,372	0				
	<b>d</b> Net gain or (loss) . . . . .			35,372			35,372
	<b>8a</b> Gross income from fundraising events (not including \$ 11,270 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	53,589				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	27,888				
<b>c</b> Net income or (loss) from fundraising events . . . . .			25,701			25,701	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	12,679					
<b>b</b> Less direct expenses . . . . .	<b>b</b>	3,500					
<b>c</b> Net income or (loss) from gaming activities . . . . .			9,179			9,179	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0			0	
Miscellaneous Revenue		Business Code					
<b>11a</b> MERCHANDISE SALES		900099	2,351			2,351	
<b>b</b> OTHER INCOME		900099	528			528	
<b>c</b>							
<b>d</b> All other revenue . . . . .			0	0	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . .			2,879				
<b>12 Total revenue.</b> See Instructions . . . . .			5,536,138	4,732,463	0	176,321	

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0	0		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	448,344	448,344		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
<b>4</b> Benefits paid to or for members.	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	152,951	130,008	18,354	4,589
<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.	2,561,957	2,362,723	155,430	43,804
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	169,017	169,017	0	0
<b>9</b> Other employee benefits.	217,469	178,430	39,039	0
<b>10</b> Payroll taxes.	209,290	188,150	21,140	0
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	0	0	0	0
<b>b</b> Legal.	0	0	0	0
<b>c</b> Accounting.	88,881	0	88,881	0
<b>d</b> Lobbying.	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			0
<b>f</b> Investment management fees.	0	0	0	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,650	0	1,650	0
<b>12</b> Advertising and promotion.	34,748	34,748	0	0
<b>13</b> Office expenses.	445,577	445,577	0	0
<b>14</b> Information technology.	0	0	0	0
<b>15</b> Royalties.	0	0	0	0
<b>16</b> Occupancy.	399,641	389,807	9,834	0
<b>17</b> Travel.	0	0	0	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
<b>19</b> Conferences, conventions, and meetings.	0	0	0	0
<b>20</b> Interest.	13,282	0	13,282	0
<b>21</b> Payments to affiliates.	106,783	0	106,783	0
<b>22</b> Depreciation, depletion, and amortization.	624,354	592,821	31,533	0
<b>23</b> Insurance.	70,089	70,089	0	0
<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> TRAINING AND DUES	10,239	10,239	0	0
<b>b</b> BANK FEES	113,200	107,915	5,285	0
<b>c</b> EMPLOYEE AND VOLUNTEER EXPENSE	59,273	59,273	0	0
<b>d</b>				
<b>e</b> All other expenses	41,705	38,303	3,402	0
<b>25</b> Total functional expenses. Add lines 1 through 24e.	5,768,450	5,225,444	494,613	48,393
<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 . . . . .	476,388	<b>1</b>	415,802
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	430,378	<b>3</b>	355,840
	<b>4</b> Accounts receivable, net . . . . .	796	<b>4</b>	3,924
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0	<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 17,680,184		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 9,715,229	8,258,362	<b>10c</b> 7,964,955
	<b>11</b> Investments—publicly traded securities . . . . .	4,150,584	<b>11</b>	4,464,694
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	13,316,508	<b>16</b>	13,205,215	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	301,464	<b>17</b>	261,054
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	351,163	<b>23</b>	217,950
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<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	60,000	<b>25</b>	57,155
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	712,627	<b>26</b>	536,159
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	12,072,947	<b>27</b>	12,168,260
	<b>28</b> Temporarily restricted net assets . . . . .	362,278	<b>28</b>	332,140
	<b>29</b> Permanently restricted net assets	168,656	<b>29</b>	168,656
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	0	<b>32</b>	0
	<b>33</b> Total net assets or fund balances . . . . .	12,603,881	<b>33</b>	12,669,056
<b>34</b> Total liabilities and net assets/fund balances . . . . .	13,316,508	<b>34</b>	13,205,215	

**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>	5,536,138
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	5,768,450
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-232,312
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	12,603,881
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	297,487
<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>	12,669,056

**Part XII Financial Statements and Reporting**

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

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

# Additional Data

**Software ID:** 17005876

**Software Version:** 2017v2.2

**EIN:** 25-0979384

**Name:** YOUNG MENS CHRISTIAN ASSOCIATION OF SEWICKLEY VALLEY

Form 990 (2017)

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

YMCA HEALTH AND WELLNESS SUMMARY THE YMCA PROVIDES ACCESS TO HEALTH AND WELLNESS FACILITIES, PROGRAMS AND EXPERTISE FOR PEOPLE OF ALL AGES THE YMCA PROMOTES AND PROVIDES SUPPORT FOR OVERALL HEALTH, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND A SUPPORTIVE ENVIRONMENT FOR ALL PROGRAM DESCRIPTIONS AND OUTCOMES YMCA YOUTH AND ADULT HEALTH AND WELLNESS/DISEASE PREVENTION THROUGH NUMEROUS PROGRAMS AND SERVICES, THE YMCA PROVIDES ACCESS TO AND EXPERTISE IN THE PROMOTION OF HEALTHY LIFESTYLES PEOPLE OF ALL AGES THE Y MAKES PHYSICAL ACTIVITY FUN AND ENJOYABLE FOR CHILDREN, GIVING THEM THE FOUNDATION ON WHICH TO BUILD A HEALTHY AND ACTIVE LIFE THROUGHOUT OUR YOUTH PROGRAMS, THE Y PROVIDES HEALTHY SNACKS AND FOODS, AND OFFERS WATER AS THE DRINK OF CHOICE FOR CHILDREN RECOGNIZING THAT CHILDHOOD OBESITY IS A GROWING NATIONAL CHALLENGE THAT WILL COST OUR NATION VALUABLE RESOURCES IN THE FUTURE IF CHILDREN ARE NOT EDUCATED AND ENCOURAGED TO BE HEALTHY AND ACTIVE, THE Y OFFERS CLUB 5210 IN PARTNERSHIP WITH THE HERITAGE VALLEY HEALTH SYSTEM AND THE QUAKER VALLEY SCHOOL DISTRICT TO IDENTIFY AND THEN INTERVENE WITH CHILDREN WHO ARE DETERMINED TO BE OBESE THIS PROGRAM, WHICH IS HELD AT THE Y, GUIDES CHILDREN TO EAT 5 FRUITS AND VEGETABLES A DAY, HAVE 2 HOURS OR LESS OF SCREEN TIME DAILY, HAVE AT LEAST 1 HOUR OF VIGOROUS PHYSICAL ACTIVITY EACH DAY AND 0 SUGARY DRINKS IN 2017, THIS PROGRAM ALSO SERVED CHILDREN IN THE COMMUNITIES OF AMBRIDGE, CORAOPOLIS, AND MOON TOWNSHIP WHO FACE POVERTY AND LIMITED RESOURCES IN THEIR COMMUNITY THE Y PARTNERED WITH LOCAL COMMUNITY ORGANIZATIONS TO IDENTIFY CHILDREN IN NEED OF THIS PROGRAM AND OFFER IT NEAR THEIR HOMES THE SEWICKLEY VALLEY YMCA ALSO ABIDES BY THE HEALTHY EATING AND PHYSICAL ACTIVITY STANDARDS FOR CHILDREN IN OUR CHILD CARE PROGRAMS WHICH PROVIDE CHILDREN WITH A CONSISTENT EXAMPLE AND MODELING OF HEALTHY BEHAVIORS ADULTS HAVE ACCESS TO WELLNESS PROGRAMS AND COUNSELING, AND CAN PARTICIPATE IN GROUP WELLNESS PROGRAMS THAT PROMOTE PHYSICAL ACTIVITY, SOCIAL SUPPORT AND FOUNDATIONS TO BUILD AND MAINTAIN A HEALTHY LIFESTYLE FOR ALL PHASES OF LIFE AND PHYSICAL ABILITY THE YMCA PROVIDES SUPPORT FOR INDIVIDUALS RECOVERING FROM SURGERY OR ILLNESS, AND FOR THOSE WHO ARE COPING WITH CHRONIC ILLNESSES, SUCH AS ARTHRITIS AND OTHER JOINT ISSUES, AND OBESITY AND ITS RELATED CONDITIONS IN 2017, THE SEWICKLEY VALLEY YMCA CONTINUED TO OFFER HEALTH IMPROVING PROGRAMS FOR PEOPLE SUFFERING FROM CHRONIC CONDITIONS OF ARTHRITIS, PARKINSON'S DISEASE AND CANCER THESE EVIDENCE-BASED PROGRAMS PROVIDE SUPPORT, COACHING AND HOLISTIC WELLNESS FOR PEOPLE SUFFERING FROM DISEASE OVER TIME THESE PROGRAMS ARE SHOWN TO REDUCE RELIANCE ON MEDICAL TREATMENT AND LOWER HEALTH CARE COSTS AND IMPROVE QUALITY OF LIFE THE YMCA PROVIDES COMMUNITY OUTREACH TO PROMOTE HEALTH THE Y PARTNERED WITH CORAOPOLIS BOROUGH TO LAUNCH A WALKING ROUTE AND ONGOING PROGRAM THAT ENGAGED 60 PEOPLE IN THE COMMUNITY TO WALK MORE AND IMPROVE THEIR HEALTH AND WELLNESS THROUGH FREE BLOOD PRESSURE CHECKS, PARTICIPATION IN LOCAL HEALTH FAIRS AND COOPERATING WITH LOCAL ORGANIZATIONS TO LEND OUR EXPERTISE AS NEEDED IN 2017, THE Y OFFERED HEALTH AND WELLNESS PROGRAM CLASSES FOR APPROXIMATELY 1,200 PARTICIPANTS ED PARTICIPANTS WERE UTILIZED IN THE YMCA HEALTH AND WELLNESS PROGRAM YMCA AQUATICS THE YMCA BELIEVES THAT PROVIDING THE FOUNDATIONS FOR SAFE ENJOYMENT OF THE WATER CAN OPEN THE DOORS TO A LIFETIME OF WELLNESS, AND PREVENT CHILD AND ADULT DROWNING'S THE YMCA PROVIDES SWIM LESSONS FOR CHILDREN AND ADULTS OF ALL AGES, AND IN 2017 PROVIDED MORE THAN 3,200 REGISTRANTS WITH SWIM LESSONS THE YMCA ALSO PROVIDED IN 2017 FREE SWIM LESSONS TO 40 CHILDREN WHO HAVE BEEN DIAGNOSED AS ON THE AUTISM SPECTRUM THIS PROGRAM HELPS CHILDREN LEARN WATER SAFETY, AND DEVELOP SOCIAL SKILLS IN AN ENVIRONMENT THAT IS CONDUCTIVE TO LEARNING AND BUILDING SOCIAL BONDS AND IS TAUGHT BY STAFF TRAINED FOR THIS POPULATION THE YMCA ALSO PROVIDED 100 UNDERPRIVILEGED CHILDREN WITH FREE SWIM LESSONS THROUGH TWO SEPARATE PROGRAMS IN 2017 THE YMCA BUILDS CHARACTER AND LIFE SKILLS BY ENCOURAGING CHILDREN TO PARTICIPATE IN THE Y SWIM TEAM PROGRAM WHERE THEY ARE COACHED IN WAYS THAT BUILD ON OUR CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY THE Y HOSTS THE JOINT QUAKER VALLEY/SEWICKLEY ACADEMY SWIM TEAM EACH SEASON SO AS TO RELIEVE THE DISTRICT OF THE FINANCIAL BURDEN OF HAVING TO OPERATE AND MAINTAIN ITS OWN POOL THE YMCA PROVIDED 130 HOURS OF POOLTIME AND LIFEGUARD STAFF IN SUPPORT OF THE QUAKER VALLEY/SEWICKLEY ACADEMY SWIM TEAM IN 2017, YOUTH 3,517 REGISTRATIONS WERE RECORDED IN THE YMCA AQUATICS PROGRAMS, AND 2,467 ADULT REGISTRATIONS WERE RECORDED FOR AQUATICS PROGRAMS YMCA OLDER ADULTS THE YMCA PROVIDES NUMEROUS PROGRAMS AND SERVICES TO SUPPORT THE HEALTH AND WELFARE OF OLDER ADULTS THE YMCA PROMOTES AND PROVIDES OPPORTUNITIES FOR PHYSICAL ACTIVITY, CREATION AND MAINTENANCE OF STRONG SOCIAL CONNECTIONS, ACCESS TO VOLUNTEER OPPORTUNITIES AND CONNECTS SENIORS WITH NEEDED COMMUNITY RESOURCES THE YMCA ALSO OPERATES AND MAINTAINS A VOLUNTEER-BASED TRANSPORTATION PROGRAM FOR SENIORS THAT PROVIDES FREE TRANSPORTATION TO DOCTOR APPOINTMENTS AND MEDICAL TREATMENTS FOR SENIORS IN OUR AREA WHO ARE UNABLE TO DRIVE BUT OTHERWISE ARE FIT TO LIVE IN THEIR HOMES AND REMAIN IN THEIR COMMUNITIES THIS PROGRAM, FAITH IN ACTION, PROVIDED 1,416 TRIPS FOR 447 INDIVIDUALS IN 2016 THROUGH 2,698 VOLUNTEER SERVICE HOURS FROM 125 VOLUNTEERS WITHOUT THIS SERVICE, SENIORS IN OUR AREA MAY BE FORCED TO MOVE INTO ASSISTED LIVING FACILITIES, OR FORGO MEDICAL CARE AND TREATMENTS FOR LACK OF TRANSPORTATION TO ACCESS CARE EIGHTY PERCENT OF SENIORS SERVED IN THIS PROGRAM ARE AGE 70 OR OLDER, AND 75 PERCENT HAVE LITTLE OR NO FAMILY SUPPORT IN THE VICINITY THE Y OFFERS NUMEROUS OPPORTUNITIES FOR OLDER ADULTS TO BE SOCIALLY ENGAGED WITH OTHERS THROUGH CLUBS, LUNCHEAS, COFFEE SESSIONS AND OTHER ACTIVITIES DESIGNED SPECIFICALLY TO MEET THEIR NEEDS THE Y ALSO OFFERS NUMEROUS WELLNESS CLASSES BOTH IN WATER AND ON LAND TARGETED TO HELP OLDER ADULTS AGE IN HEALTHY WAYS

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

YMCA CHILD CARE CHILD CARE IS BOTH AN ECONOMIC ISSUE AND A CHILD DEVELOPMENT ISSUE FOR FAMILIES THE YMCA PROVIDES AFFORDABLE ACCESS TO QUALITY CHILD CARE AND DEVELOPMENT SERVICES SO PARENTS CAN WORK WHILE THEIR CHILDREN RECEIVE THE EDUCATIONAL AND DEVELOPMENTAL SUPPORT THEY NEED TO BE SUCCESSFUL IN SCHOOL AND BEYOND IN 2017, THE YMCA PROVIDED \$91,421 IN DIRECT FINANCIAL ASSISTANCE TO 46 CHILDREN FOR CHILD CARE AND DEVELOPMENT SERVICES PROGRAM DESCRIPTIONS AND OUTCOMES YMCA CHILD CARE AND DEVELOPMENT THE YMCA PROVIDES FOR THE CARE AND DEVELOPMENT OF CHILDREN YEAR-ROUND IN 2017, 504 CHILDREN RECEIVED DIRECT CARE AND DEVELOPMENT FROM THE YMCA THROUGH ITS LICENSED CHILD CARE AND DEVELOPMENT PROGRAMS THESE PROGRAMS PROVIDE VITAL AFFORDABLE CHILD CARE FOR STRUGGLING WORKING FAMILIES SO PARENTS CAN AFFORD TO GO TO WORK WHILE IN OUR CARE, CHILDREN RECEIVE EDUCATION AND DEVELOPMENT FROM AN AGE-APPROPRIATE CURRICULUM THAT INCLUDES FOUNDATIONS OF SCIENCE, TECHNOLOGY, ENGINEERING, ARTS AND MATH (STEAM), ALONG WITH OPPORTUNITIES TO DEVELOP SOCIALLY, EMOTIONALLY AND PHYSICALLY THROUGH STRUCTURED ACTIVITIES, EXPERIENCES AND PHYSICAL PLAY BOTH HERE AT THE Y AND IN THE COMMUNITY THE YMCA PROVIDES FINANCIAL ASSISTANCE FOR FAMILIES IN NEED, AND ALSO PARTNERS WITH THE STATE TO PROVIDE ACCESS FOR THE WORKING POOR THE YMCA PROVIDES THESE SERVICES AT ITS CAMPUS, AND AT EIGHT EXTENSION SITES THROUGHOUT ITS SERVICE AREA, AND SERVES CHILDREN RANGING IN AGE FROM SIX WEEKS TO SIXTH GRADE

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

YMCA YOUTH AND TEEN PROGRAMS SUMMARY THE YMCA OFFERS YOUTH AND TEENS PROGRAMS AND SERVICES THAT ALLOW CHILDREN TO DISCOVER WHO THEY ARE AND REACH THEIR FULL POTENTIAL THROUGH A VARIETY OF PROGRAMS, CHILDREN HAVE THE ABILITY TO LEARN, GROW AND THRIVE IN A SUPPORTIVE ENVIRONMENT WHERE THEY LEARN THE CHARACTER VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY PROGRAM DESCRIPTIONS AND OUTCOMES YMCA SUMMER DAY CAMP YMCA SUMMER DAY CAMP DURING THE SUMMER MONTHS, CHILDREN AND PARENTS ARE FACED WITH WEEKS OF UNSTRUCTURED TIME THE YMCA SUMMER DAY CAMP PROVIDES A STRUCTURED AND FUN ATMOSPHERE FOR CHILDREN TO BE PHYSICALLY ACTIVE, DEVELOP NEW SKILLS, IMPROVE THEIR SWIMMING AND WATER SAFETY, AND GROW SOCIALLY AND EMOTIONALLY AS THEY MEET NEW PEOPLE AND TAKE ON NEW CHALLENGES IN 2017, 967 CHILDREN ENROLLED IN THE Y'S SUMMER DAY CAMP THROUGH PARTNERSHIPS WITH THE LOCAL NONPROFITS CENTER FOR HOPE AND MOONCREST, THE YMCA WAS ABLE TO PROVIDE SUMMER CAMP FOR 50 CHILDREN FROM AT-RISK COMMUNITIES AT NO CHARGE TO THE CHILDREN AND THEIR FAMILIES THIS CAMP EXPERIENCE PROVIDED CHILDREN THE OPPORTUNITY TO GO BEYOND THE BORDERS OF THEIR COMMUNITIES AND BECOME A PART OF A POSITIVE, SKILL-BUILDING COMMUNITY OF NEW FRIENDS AND CARING ADULTS THROUGH PARTNERSHIPS WITH LOCAL ORGANIZATIONS, THE Y IS ABLE TO EFFICIENTLY AND COOPERATIVELY WORK TO ADDRESS THE VERY REAL NEEDS OF CHILDREN FROM AT-RISK COMMUNITIES IN 2017, THERE WERE 3,600 REGISTRATIONS IN THE SUMMER CAMP PROGRAMS THE YMCA PROVIDED \$85,000 IN DIRECT FINANCIAL ASSISTANCE YMCA YOUTH AND TEEN SPORTS AND ACTIVITIES THE YMCA PROVIDES NUMEROUS OPPORTUNITIES YEAR-ROUND FOR CHILDREN OF ALL AGES TO ENGAGE IN HEALTHY ACTIVITIES THAT PROMOTE THE YMCA CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY FROM SPORTS PROGRAMS FOR BASKETBALL, FLAG FOOTBALL AND FLOOR HOCKEY, TO PARENT-CHILD PROGRAMS LIKE MOMMY AND ME YOGA AND FAMILY GYM, CHILDREN HAVE THE OPPORTUNITY TO LEARN AND GROW WITH THEIR FAMILIES AND AS INDIVIDUALS AT THE YMCA TEENS ARE ABLE TO DEVELOP VALUABLE LEADERSHIP SKILLS AND FOUNDATIONS FOR BEING ACTIVE AND ENGAGED CITIZENS THROUGH THE YOUTH AND GOVERNMENT PROGRAM THE YMCA OASIS AFTER SCHOOL PROGRAM PROVIDES A SAFE AND HEALTHY PLACE FOR MIDDLE SCHOOL CHILDREN IN THE AFTER-SCHOOL HOURS WHERE THEY CAN GET A HEALTHY SNACK, TUTORING, ENJOY ORGANIZED ACTIVITIES AND HAVE THE GUIDANCE AND SUPPORT OF CARING ADULTS WHEN MANY CHILDREN WOULD OTHERWISE GO HOME TO AN EMPTY HOUSE, OR FALL PREY TO RISKY BEHAVIORS THIS PROGRAM IS FREE TO ALL MIDDLE SCHOOL AND HIGH SCHOOL CHILDREN IN THE COMMUNITY IN ALL, THE YMCA YOUTH, TEEN, PRESCHOOL AND FAMILY PROGRAMS HAD 3,600 REGISTRATIONS IN 2017, AND SERVED AN ADDITIONAL 500 CHILDREN THROUGH PROGRAMS THAT DID NOT REQUIRE REGISTRATION THE YMCA ALSO COLLABORATES WITH OTHER LOCAL ORGANIZATIONS, CHURCHES AND SCHOOLS TO IDENTIFY AREAS OF NEED, POOL RESOURCES FOR PROGRAMS, SHARE FACILITIES, INFORMATION AND BEST PRACTICES ON MATTERS RELATED TO CHILD GROWTH, DEVELOPMENT AND EMERGING CHALLENGES THE YOUTH, TEEN, PRESCHOOL AND FAMILY PROGRAMS UTILIZED APPROXIMATELY 16 VOLUNTEERS WHO PROVIDED 545 HOURS OF SERVICE IN 2017

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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			
CRAIG HERYFORD CHAIR	5 0 .....	X		X				0	0	0
JOAN MURDOCH VICE CHAIR/SECRETARY	2 0 .....	X		X				0	0	0
WILLIAM ZINSSER TREASURER	2 0 .....	X		X				0	0	0
ROBERT BURNHAM BOARD MEMBER	2 0 .....	X						0	0	0
RICHARD CASSOFF BOARD MEMBER	2 0 .....	X						0	0	0
KATHLEEN FLANNERY BOARD MEMBER	2 0 .....	X						0	0	0
SAMUEL GILL BOARD MEMBER	2 0 .....	X						0	0	0
TERESA HAMMOND BOARD MEMBER	2 0 .....	X						0	0	0
MEGHAN KALMAR BOARD MEMBER	2 0 .....	X						0	0	0
KARTO YENNER BOARD MEMBER	2 0 .....	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			
LESLIE LIEBSCHER BOARD MEMBER	2 0 .....	X						0	0	0
BARBARA MELLETT BOARD MEMBER	2 0 .....	X						0	0	0
WILLIAM V SNYDER BOARD MEMBER	2 0 .....	X						0	0	0
BRIAN THYEN BOARD MEMBER	2 0 .....	X						0	0	0
KITTY GROSS BOARD MEMBER, RETIRED	2 0 .....	X						0	0	0
MARIA DORGAN BOARD MEMBER	2 0 .....	X						0	0	0
KATHY ISHERWOOD BOARD MEMBER	2 0 .....	X						0	0	0
FLOYD FAULKNER BOARD MEMBER	2 0 .....	X						0	0	0
LEE KARAYUSUF BOARD MEMBER, RETIRED	2 0 .....	X						0	0	0
BRAD CHRISTOF BOARD MEMBER	2 0 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CRAIG KIRSCH BOARD MEMBER	2 0 .....	X						0	0	0
LESLIE CONNORS BOARD MEMBER	2 0 .....	X						0	0	0
JULIE MCMULLEN BOARD MEMBER	2 0 .....	X						0	0	0
ROBYN FRANCIS BOARD MEMBER	2 0 .....	X						0	0	0
ANGIE PANSMITH BOARD MEMBER	2 0 .....	X						0	0	0
JONATHON DILORENZO BOARD MEMBER	2 0 .....	X						0	0	0
BETH VINCENT BOARD MEMBER, RETIRED	2 0 .....	X						0	0	0
PATRICIA HOOPER CEO	50 0 .....			X				152,950	0	23,088

**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.

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**

YOUNG MENS CHRISTIAN ASSOCIATION OF SEWICKLEY VALLEY

**Employer identification number**

25-0979384

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations \_\_\_\_\_

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,037,543	664,231	938,403	504,155	627,354	3,771,686
<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	3,943,093	4,002,133	4,137,471	4,351,957	4,798,731	21,233,385
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	6,202	15,459	16,024	3,549	2,879	44,113
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
<b>6 Total.</b> Add lines 1 through 5	4,986,838	4,681,823	5,091,898	4,859,661	5,428,964	25,049,184
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	209,327	130,052	168,672	33,299	133,520	674,870
<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	0	0	0	0	0
<b>c</b> Add lines 7a and 7b	209,327	130,052	168,672	33,299	133,520	674,870
<b>8 Public support.</b> (Subtract line 7c from line 6 )						24,374,314

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6	4,986,838	4,681,823	5,091,898	4,859,661	5,428,964	25,049,184
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	287,649	105,955	121,421	105,814	160,130	780,969
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0		0
<b>c</b> Add lines 10a and 10b	287,649	105,955	121,421	105,814	160,130	780,969
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0		0
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	0	0	0	0	0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )	5,274,487	4,787,778	5,213,319	4,965,475	5,589,094	25,830,153
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	94 36 %
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	91 85 %

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	3 02 %
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	3 06 %

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>	Yes	No
<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>		
<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 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

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

**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.)

<b>Facts And Circumstances Test</b>

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

**Supplemental Financial Statements**  
**▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.**  
**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**Name of the organization**  
YOUNG MENS CHRISTIAN ASSOCIATION OF SEWICKLEY VALLEY

**Employer identification number**  
25-0979384

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

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, 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 . . . . .	4,150,584	4,199,598	4,718,205	4,574,945	4,177,581
<b>b</b> Contributions . . . . .			0	0	0
<b>c</b> Net investment earnings, gains, and losses	422,211	198,751	17,619	213,662	484,585
<b>d</b> Grants or scholarships . . . . .			0	0	0
<b>e</b> Other expenditures for facilities and programs . . . . .	73,750	214,634	498,421	33,105	52,194
<b>f</b> Administrative expenses . . . . .	34,351	33,131	37,805	37,297	35,027
<b>g</b> End of year balance . . . . .	4,464,694	4,150,584	4,199,598	4,718,205	4,574,945

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 96 04 %
  - b** Permanent endowment ▶ 1 34 %
  - c** Temporarily restricted endowment ▶ 2 62 %
- 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 . . . . .		411,136		411,136
<b>b</b> Buildings . . . . .		15,781,687	8,562,257	7,219,430
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		1,468,193	1,152,972	315,221
<b>e</b> Other . . . . .		19,168		19,168
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				7,964,955

**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.

(a) Description of liability	(b) Book value
<b>1.</b> Federal income taxes	
LOC	57,155
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	▶ 57,155

**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>	5,886,581
<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>	297,487	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	0	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	0	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	52,956	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 350,443
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 5,536,138
<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>	0	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 0
<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> 5,536,138

**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>	5,821,406
<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>	52,956	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 52,956
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 5,768,450
<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>	0	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 0
<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> 5,768,450

**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:** 17005876

**Software Version:** 2017v2.2

**EIN:** 25-0979384

**Name:** YOUNG MENS CHRISTIAN ASSOCIATION OF SEWICKLEY VALLEY

## Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4	THE ENDOWMENT FUNDS WILL BE USED FOR THE IMPROVEMENT OF THE FACILITY AND THE CONTINUAL DEVELOPMENT OF PROGRAMS FOR THE PURPOSE SET FORTH IN THE ASSOCIATION BY-LAWS



## Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 OTHER LIABILITIES	LINE OF CREDIT - 60,000 THE YMCA RECORDS A LIABILITY FOR UNCERTAIN TAX POSITIONS, IF ANY, BASED ON MANAGEMENT'S JUDGEMENT OF THE RISK OF LOSS FOR ITEMS THAT HAVE BEEN OR MAY BE CHALLENGED BY TAXING AUTHORITIES THE YMCA CONTINUALLY EVALUATES EXPIRING STATUS OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d)	RENTAL EXPENSES NETTED AGAINST RENTAL INCOME ON THE 990

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d)	RENTAL EXPENSES NETTED AGAINST RENTAL INCOME ON THE 990

## Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE ENDOWMENT FUNDS WILL BE USED FOR THE IMPROVEMENT OF THE FACILITY AND THE CONTINUAL DEVELOPMENT OF PROGRAMS FOR THE PURPOSE SET FORTH IN THE ASSOCIATION BY-LAWS

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	RENTAL EXPENSES NETTED AGAINST RENTAL INCOME ON THE 990 - 21568 FUNDRAISING EXPENSES NETTE D AGAINST FUNDRAISING INCOME ON THE 990 - 27888 GAMING EXPNESESES NETTED AGAINST GAMING INCO ME ON THE 990 - 3500

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	RENTAL EXPENSES NETTED AGAINST RENTAL INCOME ON THE 990 - 21568 FUNDRAISING EXPENSES NETTED AGAINST FUNDRAISING INCOME ON THE 990 - 27888 GAMING EXPENSES NETTED AGAINST GAMING INCOM E ON THE 990 - 3500

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
YOUNG MENS CHRISTIAN ASSOCIATION OF SEWICKLEY VALLEY

Employer identification number  
25-0979384

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

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

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

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>BARN BASH</b> (event type)	<b>FAITH IN ACTION GOLF</b> (event type)	<b>0</b> (total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	53,930	10,929		64,859
<b>2</b>	Less Contributions . . . . .	11,270			11,270
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	42,660	10,929	0	53,589
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	23,513	4,375		27,888
<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				27,888
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				25,701

**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 . . . . .		
Direct Expenses	<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 \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_

---



- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
 

<b>a</b>	The organization's facility	%
<b>b</b>	An outside facility	%

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

Name ▶ .....  
 Address ▶ .....

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

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

Name ▶ .....  
 Address ▶ .....

**16** Gaming manager information

Name ▶ .....  
 Gaming manager compensation ▶ \$ .....  
 Description of services provided ▶ .....

Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

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

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

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

Department of the  
Treasury  
Internal Revenue Service

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

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

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

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization  
YOUNG MENS CHRISTIAN ASSOCIATION OF SEWICKLEY VALLEY

**Employer identification number**  
25-0979384

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_

**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 TO ASSIST MEMBERS WITH DUE PAYMENTS	1833	448,344			
(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
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	To award financial assistance, the SVYMCA verifies household income and uses a sliding scale based in federal poverty guidelines. Recipients can renew annually after verifying income.

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
YOUNG MENS CHRISTIAN ASSOCIATION OF SEWICKLEY VALLEY

Employer identification number  
25-0979384

**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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</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 in 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 border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<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>	No								
<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
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**SCHEDULE O**  
(Form 990 or 990-EZ)

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

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION OF SEWICKLEY VALLEY

Employer identification number

25-0979384

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ including grants of \$) OTHER PROGRAM SERVICES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 6 Classes of members or stockholders	MEMBERS ARE DESCRIBED IN THE LINE 7A NOTE BELOW



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	THROUGHOUT 2017, THE YMCA SERVED 14,373 MEMBERS, OF WHICH 10,435 WERE 18 OR OLDER AND CLASSIFIED AS VOTING MEMBERS UNDER THE ORGANIZATION'S BYLAWS VOTING IN THE ANNUAL ELECTION IS THE ONLY GOVERNANCE ROLE OF THE YMCA MEMBERS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 11b Review of form 990 by governing body	PRIOR TO SUBMISSION OF THE IRS FORM 990 TO THE INTERNAL REVENUE SERVICE, THE SEWICKLEY VALLEY YMCA FINANCE COMMITTEE MEETS WITH AN INDEPENDENT AUDITOR TO RECEIVE A FORMAL PRESENTATION OF THE FINANCIAL AUDIT, THE COMPLETED IRS FORM 990, AND THE MANAGEMENT LETTER FOR THE PREVIOUS FISCAL YEAR FOLLOWING THE PRESENTATION, AND AFTER ALL QUESTIONS HAVE BEEN ANSWERED, THE FINANCE COMMITTEE FORMALLY VOTES TO ACCEPT OR REJECT THE AUDIT AND THE COMPLETED IRS FORM 990 FOLLOWING A FAVORABLE VOTE, THE AUDIT, MANAGEMENT LETTER, AND COMPLETED IRS FORM 990 ARE SUBMITTED TO THE FULL BOARD OF DIRECTORS FOR A PERIOD OF REVIEW FOLLOWING FULL BOARD REVIEW, THE IRS FORM 990 IS SIGNED AND SUBMITTED TO THE IRS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part VI, Line 12c Conflict of interest policy</p>	<p>SEWICKLEY VALLEY YMCA CONFLICT OF INTEREST POLICY AND PROCEDURES I PURPOSE OF THE CONFLICT OF INTEREST POLICY THE PURPOSE OF THE CONFLICT OF INTEREST POLICY OF THE SEWICKLEY VALLEY YMCA IS TO PROTECT THE YMCA WHEN IT IS CONTEMPLATING ENTERING INTO A CONTRACT, TRANSACTION OR ARRANGEMENT THAT HAS THE POTENTIAL FOR BENEFITING THE PRIVATE INTEREST OF A "SIGNIFICANT PERSON" AS DEFINED BELOW THIS POLICY IS INTENDED TO SUPPLEMENT, BUT NOT REPLACE, ANY APPLICABLE STATE AND FEDERAL LAWS GOVERNING CONFLICT OF INTEREST APPLICABLE TO NONPROFIT AND CHARITABLE ORGANIZATIONS II STATEMENT OF POLICY THE YMCA WILL NOT ENGAGE IN ANY CONTRACT, TRANSACTION OR ARRANGEMENT INVOLVING A CONFLICT OF INTEREST WITHOUT ESTABLISHING APPROPRIATE SAFEGUARDS TO PROTECT THE INTERESTS OF THE YMCA TO THAT END A EACH SIGNIFICANT PERSON MUST PROMPTLY, FULLY AND TIMELY COMPLY WITH THE DISCLOSURE REQUIREMENTS SET FORTH IN THIS POLICY, OR AS OTHERWISE ADOPTED BY THE BOARD IN ACCORDANCE WITH THIS POLICY B ALL TRANSACTIONS, CONTRACTS OR ARRANGEMENTS INVOLVING A CONFLICT OF INTEREST MUST BE REVIEWED BY THE BOARD OR BY A DESIGNATED BODY OF THE BOARD, OR DESIGNATED BODY, MUST DETERMINE BY A MAJORITY VOTE OF DISINTERESTED PERSONS, THAT APPROPRIATE SAFEGUARDS ARE IN PLACE TO PROTECT THE INTERESTS OF THE YMCA AND ARE CONSISTENT WITH THE PURPOSES OF THIS POLICY D WHERE APPROPRIATE, THE BOARD OR DESIGNATED BODY SHALL SEEK ADVICE OF LEGAL COUNSEL THIS POLICY APPLIES TO (A) SIGNIFICANT PERSONS, AND (B) ANY CONTRACT, TRANSACTION OR ARRANGEMENTS INVOLVING THE Y III DEFINITIONS APPLICABLE TO THE POLICY SIGNIFICANT PERSON - ANY DIRECTOR, OFFICER, KEY EMPLOYEE OR COMMITTEE MEMBER WITH BOARD DELEGATED POWERS IS A SIGNIFICANT PERSON NOTE THIS REFLECTS AN INTENTIONAL SHIFT (FROM "INTERESTED PERSON") TO FOCUS ON A BROADER CLASS OF INDIVIDUALS, IT IS INTENDED TO APPLY TO ALL DECISION MAKERS, NOT JUST THOSE SIGNIFICANT BY THE INTERMEDIATE SANCTIONS REGULATIONS CONFLICT OF INTEREST - A "CONFLICT OF INTEREST" EXISTS WHENEVER A SIGNIFICANT PERSON HAS A SIGNIFICANT PERSONAL INTEREST IN A PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT TO WHICH THE Y MAY BE A PARTY, NOTE ATTENTION SHOULD ALSO BE PLACED ON THE ORGANIZATIONAL COSTS ASSOCIATED WITH THE "APPEARANCE" OF IMPROPRIETY CREATED BY A PERSONAL INTEREST EVEN IF IT DOES NOT CONSTITUTE AN ACTUAL CONFLICT OF INTEREST SIGNIFICANT PERSONAL INTEREST - A SIGNIFICANT PERSONAL INTEREST EXISTS IF THE SIGNIFICANT PERSON, DIRECTLY OR INDIRECTLY, THROUGH BUSINESS, INVESTMENT, OR FAMILY MEMBER, HAS A(N) A OWNERSHIP OR INVESTMENT INTEREST IN ANY ENTITY WITH WHICH THE YMCA HAS A CONTRACT, TRANSACTION OR ARRANGEMENT, B, COMPENSATION ARRANGEMENT WITH THE YMCA, C COMPENSATION ARRANGEMENT WITH ANY ENTITY OR INDIVIDUAL WITH WHICH THE YMCA HAS A CONTRACT, A TRANSACTION OR ARRANGEMENT, D POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN, OR COMPENSATION ARRANGEMENT WITH, ANY ENTITY OR INDIVIDUAL WITH WHICH THE YMCA IS NEGOTIATING (OR IS PROPOSING TO NEGOTIATE) A C</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part VI, Line 12c Conflict of interest policy</p>	<p>CONTRACT, A TRANSACTION OR ARRANGEMENT, OR FIDUCIARY POSITION (E G , MEMBER, OFFICER, DIRECTOR, COMMITTEE MEMBER), WHETHER COMPENSATED OR UNCOMPENSATED, WITH ANOTHER, UNAFFILIATED ORGANIZATION (I) WHICH DIRECTLY COMPETES WITH THE YMCA IN TERMS OF SERVICE OR FOR CHARITABLE CONTRIBUTIONS, OR (II) WITH WHICH THE YMCA HAS (OR IS PROPOSING TO ENTER INTO) A CONTRACT, TRANSACTION OR ARRANGEMENT COMPENSATION INCLUDES DIRECT AND INDIRECT REMUNERATION, CONSULTING FEES, BOARD OR ADVISORY COMMITTEE FEES, HONORARIA, AS WELL AS GIFTS OR FAVORS THAT ARE NOT INSUBSTANTIAL A SIGNIFICANT INTEREST IS NOT NECESSARILY A CONFLICT OF INTEREST ARTICLE IV, SECTION 4 DESCRIBES THE PROCEDURE THAT WILL BE USED TO DECIDE WHETHER OR NOT A CONFLICT OF INTEREST EXISTS FAMILY MEMBER - WITH RESPECT TO A SIGNIFICANT PERSON, A " FAMILY MEMBER" MEANS A THE PERSON'S SPOUSE, B, A BROTHER, SISTER, PARENT, GRANDPARENT, CHILD, GRANDCHILD, GREAT GRANDCHILD (BY WHOLE OR HALF BLOOD) OF THE PERSON OR THE PERSON'S SPOUSE, OR C THE SPOUSE OF AN INDIVIDUAL LISTED IN PARAGRAPH (B), HOWEVER, A FAMILY MEMBER INCLUDES INDIVIDUALS LISTED IN PARAGRAPHS (A) AND (B) (OTHER THAN A CHILD) ONLY IF THE INDIVIDUAL LIVES IN THE PERSON'S HOUSEHOLD, THE PERSON MANAGES THE INDIVIDUAL'S FINANCIAL AFFAIRS, OR THE PERSON IS AWARE WITHOUT SPECIAL INQUIRY THAT THE FAMILY MEMBER HOLDS A PARTICULAR INTEREST IV PROCEDURES FOR IDENTIFICATION OF POTENTIAL CONFLICTS OF INTEREST ANNUAL QUESTIONNAIRE - EACH SIGNIFICANT PERSON SHALL COMPLETELY, ACCURATELY AND TIMELY SUBMIT THE ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE (THE "ANNUAL QUESTIONNAIRE") AS PREPARED AND DISTRIBUTED BY THE BOARD [OR COMMITTEE] DUTY TO DISCLOSE - A SIGNIFICANT PERSON MUST DISCLOSE THE EXISTENCE OF ANY INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE PERSONS THE BOARD HAS DESIGNATED TO CONSIDER THE PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT SUCH INFORMATION MUST BE PROVIDED SO THAT DECISIONS ARE MADE WITH FULL KNOWLEDGE AND UNDERSTANDING OF THE SIGNIFICANT PERSON'S INTEREST CONTINUING DISCLOSURES - IF, AFTER COMPLETION OF THE ANNUAL QUESTIONNAIRE, ANY SIGNIFICANT PERSON BECOMES AWARE OF ANYTHING THAT COULD GIVE RISE TO A POTENTIAL CONFLICT OF INTEREST WITH RESPECT TO A PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT INVOLVING THE YMCA, THE SIGNIFICANT PERSON SHALL PROMPTLY DISCLOSE THAT INTEREST TO THE BOARD OR ITS DESIGNEE V PROCEDURE FOR DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS THE BOARD [OR COMMITTEE] SHALL DETERMINE BY A MAJORITY VOTE OF DISINTERESTED DIRECTORS WHETHER THE DISCLOSED INTEREST MAY RESULT IN A CONFLICT OF INTEREST AFTER MEETING, DISCUSSING AND VOTING ON THE MATTER THE BOARD [OR COMMITTEE] SHALL A REVIEW RESPONSES TO THE ANNUAL QUESTIONNAIRE AND ANY CONTINUING DISCLOSURES THAT ARE MADE DURING THE YEAR, B TAKE SUCH STEPS AS ARE NECESSARY TO IDENTIFY AND REVIEW ANY SO IDENTIFIED, C TAKE SUCH FURTHER INVESTIGATION AS IT DEEMS APPROPRIATE WITH REGARD TO INTERESTS DISCLOSED OR IDENTIFIED</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part VI, Line 12c Conflict of interest policy</p>	<p>IED, AND D DETERMINE WHETHER ANY SUCH INTEREST GIVES RISE TO A CONFLICT OF INTEREST THE BOARD [OR COMMITTEE] MAY REQUEST ADDITIONAL INFORMATION CONCERNING THE RELEVANT INTEREST FROM ALL REASONABLE SOURCES BEFORE REACHING A DETERMINATION A SIGNIFICANT PERSON MAY MAKE A PRESENTATION AT THE BOARD [OR COMMITTEE] MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE OF, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST VI PROCEDURE WHEN A CONFLICT OF INTEREST EXISTS WHERE A CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE YMCA SHALL NOT ENTER INTO THE PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT UNLESS THE BOARD [OR COMMITTEE THEREOF] HAS COMPLIED WITH THE FOLLOWING A THE CHAIRPERSON OF THE BOARD [OR COMMITTEE] SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT B AFTER EXERCISING DUE DILIGENCE, THE BOARD [OR COMMITTEE] SHALL DETERMINE WHETHER THE YMCA CAN, WITH REASONABLE EFFORTS, GET A MORE ADVANTAGEOUS CONTRACT, TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY WITHOUT A CONFLICT OF INTEREST C IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE, THE BOARD [OR COMMITTEE] SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE Y'S 'BEST INTEREST', FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE IN CONFORMITY WITH THE ABOVE DETERMINATION, THE BOARD SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE CONTRACT, TRANSACTION OR ARRANGEMENT VII PROCEDURE FOR VIOLATIONS OF THE POLICY A IF THE BOARD [OR COMMITTEE] HAS REASONABLE CAUSE TO BELIEVE A SIGNIFICANT PERSON HAS FAILED TO COMPLY WITH THE DISCLOSURE REQUIREMENTS IN THIS POLICY, IT SHALL INFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD THE PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE B IF, AFTER HEARING THE SIGNIFICANT PERSON'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD [OR COMMITTEE] DETERMINES THE SIGNIFICANT PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part VI, Line 15b Process to establish compensation of other employees</p>	<p>THE FOLLOWING EXECUTIVE COMPENSATION REVIEW PROCESS WAS ADOPTED AND IMPLEMENTED BY THE SEWICKLEY VALLEY YMCA BOARD OF DIRECTORS IN SEPTEMBER, 2008 SEWICKLEY VALLEY YMCA IRS INTERMEDIATE SANCTIONS REBUTTABLE PRESUMPTION STATEMENT YEAR ____ TOTAL REWARDS DATA EXECUTIVE DIRECTOR (DATE OF EMPLOYMENT AT THE SEWICKLEY VALLEY YMCA ANNUAL COMPENSATION BASE ANNUAL SALARY ANNUAL INCENTIVE (BASED ON MEAN SALARY INCREASE OVER PAST FIVE YEARS) LONG TERM INCENTIVE TOTAL CASH BASIC &amp; SUPPLEMENTAL INSURANCE BENEFITS MEDICARE INSURANCE HEALTH INSURANCE DENTAL INSURANCE AD&amp;D INSURANCE LIFE INSURANCE SHORT-TERM DISABILITY INSURANCE LONG-TERM DISABILITY INSURANCE WORKERS' COMPENSATION INSURANCE TOTAL INSURANCE BENEFITS BASIC &amp; SUPPLEMENTAL RETIREMENT BENEFITS SOCIAL SECURITY QUALIFIED PENSION FUND (12% OF GROSS SALARY PAID TO THE YMCA RETIREMENT FUND) TOTAL RETIREMENT BENEFITS FLEXIBLE PERQUISITES PLAN PERCENT OF ANNUAL SALARY OR DOLLAR AMOUNT ALLOCATED FOR PERQUISITES ALTERNATIVE PERQUISITES CAR/CAR ALLOWANCE CELLULAR TELEPHONE PROFESSIONAL DUES LEGAL SERVICES FINANCIAL COUNSELING YMCA MEMBERSHIP EXECUTIVE PHYSICAL EXAM CONTINUING PROFESSIONAL EDUCATION \$ HOME COMPUTER LAPTOP OTHER TOTAL ALTERNATIVE PERQUISITES \$ TOTAL REWARDS COMPARISON SOURCE OF COMPARABILITY 2009 YMCA OF THE USA SALARY ADMINISTRATION GUIDELINE RECOMMENDATION COMPETITIVE PERCENTILE COMPETITIVE VALUE YEAR 2008 ANNUAL COMPENSATION BASIC &amp; SUPPLEMENTAL INSURANCE BENEFITS BASIC &amp; SUPPLEMENTAL RETIREMENT BENEFITS FLEXIBLE PERQUISITES PLAN ALTERNATIVE PERQUISITES PLAN TOTAL REWARDS OPPORTUNITY OFFICE OR FILE WHERE COMPARABILITY DATA KEPT DECISION-MAKING BODY COMPENSATION APPROVAL MEMBER NAME APPROVED / NOT APPROVED/ DATE APPROVED COMPARABILITY DATA RELIED UPON BY AUTHORIZED BODY AND HOW DATA WAS OBTAINED NAMES AND ACTIONS (IF ANY) BY MEMBERS OF AUTHORIZED BODY HAVING CONFLICT OF INTEREST DATE OF PREPARATION OF THIS DOCUMENT (MUST BE PREPARED BY THE LATTER OF THE NEXT MEETING OF AUTHORIZED BODY, OR SIXTY DAYS AFTER AUTHORIZED BODY APPROVED COMPENSATION) DATE OF APPROVAL OF THIS DOCUMENT BY THE BOARD OF DIRECTORS (MUST BE WITHIN REASONABLE TIME AFTER PREPARATIONS OF DOCUMENT ABOVE) BOARD OF DIRECTORS APPROVAL SEPTEMBER 23, 2008 LEGAL REVIEW COMPLETED SEPTEMBER 8, 2008</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE SEWICKLEY VALLEY YMCA PRESENTS THE FOLLOWING GOVERNING DOCUMENTS FOR PUBLIC VIEW UPON REQUEST DURING NORMAL BUSINESS HOURS IN A VIEW NOTEBOOK HELD IN THE EXECUTIVE DIRECTORS' OFFICE SEWICKLEY VALLEY YMCA MISSION, THEME AND BRIEF HISTORY SEWICKLEY VALLEY YMCA FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX GOVERNANCE POLICIES CODE OF ETHICS CONFLICT OF INTEREST POLICY RECORD RETENTION AND DOCUMENT DESTRUCTION POLICY WHISTLEBLOWER POLICY, EXECUTIVE COMPENSATION POLICY STAFF AND VOLUNTEER EXPENSES AND ALLOWANCES POLICY COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF STATE BUREAU OF CHARITABLE ORGANIZATIONS - CERTIFICATE OF REGISTRATION SEWICKLEY VALLEY YMCA AUDITED FINANCIAL STATEMENTS SEWICKLEY VALLEY YMCA AMENDED AND RESTATED ARTICLES OF INCORPORATION SEWICKLEY VALLEY YMCA BY-LAWS AND COMMITTEE COMMISSIONS SEWICKLEY VALLEY YMCA INCOME AND SALES TAX EXEMPTION INFORMATION SEWICKLEY VALLEY YMCA STRATEGIC PLAN SEWICKLEY VALLEY YMCA ANNUAL REPORT

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 2f Other Program Service Revenue	Other Program Revenue - Total Revenue 377175, Related or Exempt Function Revenue 377175, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Residence Revenue - Total Revenue 0, Related or Exempt Function Revenue 0, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,