EXTENDED TO MAY 15, 2019

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. 1906 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

A F	or th	e 2017 calendar year, or tax year beginning $$ JUL $1,$ 2017 and er	nding (JUN 30, 2018
В	Check if	BIG BROTHERS BIG SISTERS OF GREATER		D Employer identification number
	_Addre _chane _Name	PITTSBURGH, INC.		25-6074707
	_ chang initial return		oom/suite	
	Final	5989 CENTRE AVENUE, SUITE 1		(412)363-6100
_	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 2,441,852.
\vdash	Amer return Appli	FIIIBBURGH, FA IJZUU		H(a) Is this a group return
_	tion pend	I F Name and address of principal officer DAN GDIER, CDO	, PA	for subordinates? Yes X No
	27.07	empt status X 501(c)(3)		H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions)
		te: NWW.BBBSPGH.ORG		H(c) Group exemption number
		f organization: X Corporation Trust Association Other > 1	L Year	of formation: 1965 M State of legal domicile; PA
		Summary /		_
٠	1	Bnefly describe the organization's mission or most significant activities $\begin{tabular}{c} THE & B \end{tabular}$	IG B	ROTHERS BIG SISTERS OF
Activities & Governance	l	GREATER PITTSBURGH MISSION IS TO PROVIDE		
ern		Check this box if the organization discontinued its operations or dispose	ed of mor	
90		Number of voting members of the governing body (Part VI, line 1a)		3 34 34
a ð	ĺ	Number of independent voting members of the governing body (Part VI, line 1b)		 43
ities	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5 41 6 1512
ţi.	0 7a	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		7a 0.
Ă	ļ	Net unrelated business taxable income from Form 990-T, line 34		7b 0.
				Prior Year Current Year
a	8	Contributions and grants (Part VIII, line 1h)		1,454,300. 1,361,421.
nue	9	Program service revenue (Part VIII, line 2g)		0. 0.
Revenue	10	Investment income (Part VIII, column (A), lines and AiN 1 4 2019		22,029. 22,913.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10c, and 11e)	_	279,796. 425,269.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,756,125. 1,809,603.
		Grants and similar amounts paid (Part IX, column (A), lines 4-3)	-	0. 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-	1,470,896. 1,453,026.
Expenses	,	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0. 1,470,890.
ben		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 186, 219	8. H	
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		449,217. 430,269.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,920,113. 1,883,295.
		Revenue less expenses Subtract line 18 from line 12	_	<163,988.> <73,692.>
ces			Ве	eginning of Current Year End of Year
sets	20	Total assets (Part X, line 16)		2,501,407. 2,341,740.
FundB		Total liabilities (Part X, line 26)		178,041. 92,066.
췊	22	Net assets or fund balances Subtract line 21 from line 20		2,323,366. 2,249,674.
		Signature Block lities of perjury, I declare that I have examined this return, including accompanying schedules a	and etatom	cents and to the best of my knowledge and belief it is
		stices of perjury, i declare that i have examined this return, including accompanying schedules a ct, and com <u>pl</u> ete. Declaration of preparer (other than officer) is based on all information of which		The state of the s
	COLLEC	Sem 8 200	пртораго	1-8-19
Sign	,	Signature of officer		Date
Here		JAN GLICK, CEO, CHIEF EXECUTIVE OFFICER	R	
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	- 1	Date Check PTIN
Paid		ANTHONY D. DURONIO, CPA PARPHONY D. DURON.	10, <u>p</u>	2/20/18 sell-employed P00048908
-	arer	Firm's name LALLY & CO., LLC		Firm's EIN > 81-4474059
Use	UNIY	Firm's address 5700 CORPORATE DRIVE, SUITE 800		Dhana na / 412\267 0100
Mari	the !	PITTSBURGH, PA 15237		Phone no. (412)367-8190 X Yes No
		RS discuss this return with the preparer shown above? (see instructions) 8-17 LHA For Paperwork Reduction Act Notice, see the separate instruction		<u>LX Yes </u>
، عدلال)1 11-2 C	8-17 CHA For Paperwork Reduction Act Notice, see the separate instruction FF CCUPDITE O FOD ODCANTAATON MICCION CON		

BIG BROTHERS BIG SISTERS OF GREATER PITTSBURGH, INC.

Form 990 (2017) Page 2 Fart Hill Statement of Program Service accomplishments		BIG BROTHERS BIG SISTERS OF GREATER
Check of Schedule O contains a response or note to any line in this Part III Bindy discounts the organization's meason THE BIG BROTHERS BIG SISTERS OF GREATER PITTSBURGH MISSION IS TO PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED ONE TO-ONE RELATIONSHIPS THAT CHANGE THEIR LIVES FOR THE BETTER, FOREVER. Did the organization undertake any significant program services during the year which were not listed on the poor from 890 of 800 £27		
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OUR AGENCY'S PRIMARY PROGRAMS INCLUDE COMMUNITY-BASED, SITE-BASED, AND WORK-PLACE MENTORING. BBBS OF GREATER PITTSBURGH CONTINUES TO SERVE MORE CHILDREN EACH YEAR. IN SPITE OF OUR GROWTH, WE MAINTAIN A COMMITMENT TO PROGRAM QUALITY. EACH MATCH IS SUPPORTED BY A STAFF MEMBER HELPING MATCHES TO SET AND MAINTAIN GALS AS WELL AS TRACK PROGRESS AND PROVIDE ENCOURAGEMENT AND GENERAL SUPPORT WHEN NECESSARY. A. THE COMMUNITY-BASED PROGRAM IS THE TRADITIONAL MENTORING MODEL, IN WHICH BIGS AND LITTLES MEET FOR AT LEAST FOUR HOURS EACH MONTH IN COMMUNITY SETTINGS. THESE ONE-TO-ONE MATCHES OFTEN VISIT RESTAURANTS AND ATTEND SPORTING EVENTS TOGETHER AND SPEND TIME AT LOCAL LIBRARIES, PARKS, ZOOS, MUSEUMS, AND OTHER RECREATIONAL LOCATIONS. 4b (code)(Expenses S	42	4 505 054
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4e Total program service expenses ► 1,595,371.	40	
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Form 990 (2017)

PITTSBURGH, INC.

25-6074707

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Form **990** (2017)

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

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BIG BROTHERS BIG SISTERS OF GREATER PITTSBURGH, INC.

Form 990 (2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
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? If "Yes," complete			
	Schedule L, Part I	25b		_ <u>X</u> _
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		47
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		X
~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	ĺ	х
24	, · ·	 3		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 " 	-+	
JZ	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\ <u>-</u>	$\neg \neg$	
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	أ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
·		Form	990 /	2017)

Form **990** (2017)

	DIG BROTHERS BIG SISTERS OF GREATER					
	990 (2017) PITTSBURGH, INC.		<u>25-60</u> 7	<u>4707</u>	<u> </u>	age 5
įŖã	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V		¥.			
			_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a'	•	2	H-45	
ь	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable	1b		يَدُوْ [0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportal	ole gaming	1000		X300
	(gambling) winnings to prize winners?			1c	X	المحددة المحددة
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,]]			i iš	6,39 <u>2</u> 1
	filed for the calendar year ending with or within the year covered by this return	2a	4:	1	N. A.	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ıms?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			20C/	12.5	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3a	*	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	t^-	\vdash
	At any time during the calendar year, did the organization have an interest in, or a signature or other		tv over a	1		\vdash
	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		X
h	If "Yes," enter the name of the foreign country	acces.	, .	£ 5	16 8 miles	100014
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Account	s (FBAR)	(A)		
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	- CCCGGIII	S (i DAil)	5a	S. Carlo	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transit	action?		5b	 	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	action.		5c	├	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ho orga	nization collect	1	├	\vdash
va		ile orga	riization solicit	60		x
.	any contributions that were not tax deductible as charitable contributions?		autho.	6a	\vdash	1
b	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?	LIONS OF	girts	CF		
7	•			6b		233
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	nuone ne	ouded to the payor		X	
a		i vices pi	OVIDED to the payor		X	├
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	iirea	l_		x
	to file Form 8282?	1 1		7c	en in mission	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			医测	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		17	7e	 -	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file F		•	7g	├	├─
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h ৯৫১১১১	\$\(\frac{1}{2}\)	2 /3W1738
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			1.30	
_	sponsoring organization have excess business holdings at any time during the year?			8	1800	√17 .€
9	Sponsoring organizations maintaining donor advised funds.			Sharing and		7
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	<u> </u>	<u> </u>
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	ķ., ~ε κ*	A SAK IN
10	Section 501(c)(7) organizations. Enter.	1 1		1	San is	
∖ a	Initiation fees and capital contributions included on Part VIII, line 12	10a			25 V	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			44.5	200
11	Section 501(c)(12) organizations. Enter:				\$1 4.53\$	
а	Gross income from members or shareholders	11a			1000	
b	Gross income from other sources (Do not net amounts due or paid to other sources against				2 3	1
	amounts due or received from them.)	11b		المستدا		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	, ,		12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			200	333
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O			Sec.	K	
b	Enter the amount of reserves the organization is required to maintain by the states in which the					3/3
	organization is licensed to issue qualified health plans	13b			藝沙灣	
С	Enter the amount of reserves on hand	13c		18 miles	2 2	
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		

Form 990 (2017)

PITTSBURGH, INC.

25-6074707

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		<u> </u>	<u> </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1 34		\$491 J	愈消
	If there are material differences in voting rights among members of the governing body, or if the governing		Selection .	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	13,230		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 34		\$ 12 m	£ 13
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	100	À	
	officer, director, trustee, or key employee?	2	S SHIPS SHIP AND A	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	1	Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1-2		(4. just
а	The governing body?	8a	X	L
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		,	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	`
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	Ì		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	in Schedule O how this was done	12c	X	-
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		(A) (4
15	Did the process for determining compensation of the following persons include a review and approval by independent	130	1	Ser. A
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	مُنْ المُنْ	X	
a	The organization's CEO, Executive Director, or top management official	15a	X	-
D	Other officers or key employees of the organization	15b	$\overline{}$	ali And
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	4. A.	2	
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160	تخنف	X
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	1884. X	2 1
D		2,000,000	% .	F 1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	أشنستنكس	*****
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	ام	
.5	for public inspection, indicate how you made these available. Check all that apply	- ranab		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year	1641 11		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JAN GLICK, CEO - (412)363-6100			
	5989 CENTRE AVENUE, SUITE 1, PITTSBURGH, PA 15206			

Form 990 (2017)	PITTSBURGH, INC.	25-0
Part VII Compensation	of Officers, Directors, Trustees, Key Employees, F	lighest Compensate
Employees, an	d 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week	box	, unle	Pos heck ss pe	rson	than is bot or/trus	h an	(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
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employes	Highest compensated employee	Former			compensation from the organization and related organizations
(1) DANIEL K. JENKINS	1.00	,,								
BOARD MEMBER	1-00	X	-			ļ		0.	0.	0.
(2) SETH CORBIN	1.00	x						0.	0.	0.
BOARD MEMBER	1.00	^	ا		_	⊢	_	ļ		
(3) STEVEN C. BREUNER BOARD MEMBER	1.00	x						0.	0.	0.
(4) THE HON, THOMAS M. HARDIMAN	1.00	₽	├	Н		\vdash	_	0.	0.	
BOARD MEMBER	1.00	x						0.	0.	0.
(5) ARTHUR F. HAZEN, JR.	1.00		├─			\vdash				
BOARD MEMBER	100	\mathbf{x}						0.	0.	0.
(6) STEVEN D. IRWIN ESQ.	1.00	 	╁╌							
BOARD MEMBER		X	ŀ					0.	0.	0.
(7) PATRICK J. LUCAS	1.00	1			-					
BOARD MEMBER		X						0.	0.	0.
(8) BRETT C. MORASKI	1.00									
BOARD MEMBER		Х				l		0.	0.	0.
(9) JOHN J. RICHARDSON, ESQ.	1.00									-
BOARD MEMBER		X				_		0.	0.	0.
(10) MATTHEW RIMER	1.00					1			_	
BOARD MEMBER		X						0.	0.	0.
(11) JAMES L. ROSS	1.00								_	
BOARD MEMBER		X	L					0.	0.	0.
(12) JAMES D. WELLS, III	1.00									
BOARD MEMBER	1 00	Х		_				0.	0.	0.
(13) JAMES C. WOLL	1.00							o.	0.	0
BOARD MEMBER	1.00	Х	L					0.		0.
(14) JEROME DIOGUARDI	1.00	x						0.	0.	0.
BOARD MEMBER (15) JOHN G. FERREIRA	1.00	₽		-		 		· · ·		
BOARD MEMBER	1.00	x						0.	0.	0.
(16) AARON C. MORRIS	1.00	-	\vdash	\vdash						
BOARD MEMBER	1.00	Х						0.	0.	0.
(17) ANDREW C. ROSS	1.00	<u> </u>	Н	-		\vdash	_			
BOARD MEMBER	1.00	x						0.	0.	0.

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Form 990 (2017)

BIG BROTH Form 990 (2017) PITTSBURG			SIS	STE	ERS	5 (OF	GREATER	25-6074	707	F	Page (
Part VII Section A. Officers, Directors, Trust			ees	, and	d Hi	ghe	st C	compensated Employe	es (continued)	-		
(A) Name and trtle	(B) Average hours per week (list any	(do box offic	not c	Posi heck is ss per id a di	tion more	than	one h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar	(F) stimat mount other other	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	rom th janiza d rela anizat	tion ted
(18) MARVIN L. BELLIN	1.00	x					ŀ	0.	0.	ľ		0
EMERITUS DIRECTOR (19) J. BROOKS BROADHURST	1.00	^				_	-			-		
EMERITUS DIRECTOR	1.00	X						٥.	0.			0
(20) LAURA A. CANDRIS ESO.	1.00	-	_	-1		Н	_			-		
EMERITUS DIRECTOR		х						0.	0.	1		0
(21) NANCY B. ZAPPALA	1.00						\vdash					
EMERITUS DIRECTOR		x						0.	0.			0.
(22) HOWARD SWIMMER	1.00										-	
BOARD MEMBER		Х						0.	0.			0.
(23) CHRISTOPHER DINNIN	1.00										_	
BOARD MEMBER		Х					_	0.	0.	<u> </u>		0.
(24) DAN GIGLER	1.00			i						l		_
BOARD MEMBER		X			,			0.	0.			0.
(25) STEVE CARR	1.00	_							•			_
BOARD MEMBER	4 00	Х		_	_	ш		0.	0.			0
(26) LISA FISHER	1.00	J.							0			Λ
BOARD MEMBER		X				لِــا	Ļ	0.	0.			0.
1b Sub-total					-			110,172.	0.	1	6,1	-
c Total from continuation sheets to Part VII	, Section A					1		110,172.	0.		$\frac{6,1}{6,1}$	
d Total (add lines 1b and 1c)			14-	اء له		ا					<u>, , , , , , , , , , , , , , , , , , , </u>	05
2 Total number of individuals (including but no	ot limited to th	ose	IISTE	o at	ove	e) wr	10 re	eceived more than \$100	,uuu or reportable			
compensation from the organization										_	Yes	No
3 Did the organization list any former officer,	director or tri	ietos	. ka	v en	anla	vee	or t	nichest compensated e	mnlovee on			H
line 1a? If "Yes," complete Schedule J for su		JSICC	s, RC	y Cii	ipio	yee,	0, 1	ilghest compensated c	inployee on	3		X
4 For any individual listed on line 1a, is the sui		le co	mpe	ensa	tion	and	oth	ner compensation from	the organization			
and related organizations greater than \$150	•		•					•		4		X
5 Did any person listed on line 1a receive or a									idual for services			
rendered to the organization? If "Yes," comp	olete Schedul	e <i>J f</i> e	or su	ıch j	oers	on				5		X
Section B. Independent Contractors												
Complete this table for your five highest cor the organization. Report compensation for the compensation of the compensation.										ation 1	irom	
(A) Name and business	address	NC	NE	3				(B) Description of s	ervices C	(Compe		n

(A) Name and business address	NONE	NONE Description of services				
		 	 			
Total number of independent contractors (including bu	it not limited to those li	sted above) who received more than				
\$100,000 of compensation from the organization	0	,				

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2017)

Form 990 (2017)

Form 990 (2017)

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue , Gifts, Grants Federated campaigns 1a 1b Membership dues Fundraising events 1c 1d Related organizations 300,511. Government grants (contributions) 1e All other contributions, gifts, grants, and 060,910 similar amounts not included above 31,192. Noncash contributions included in lines 1a-1f \$,361,421 h Total. Add lines 1a-1f Business Code Program Service Revenue All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and <u>22,9</u>13. 22,913. óther sımılar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 81,073. 6 a Gross rents 89,852. b Less rental expenses <8,779. Rental income or (loss) <8,779.> <8,779 d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See a 976,445 Part IV, line 18 Other 542,397. b Less direct expenses 434,048. 434,048 Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a All other revenue 第二次でもどう Total. Add lines 11a-11d 1,809,603 448,182.

Total revenue. See instructions

Form 990	PITTSBURGH,	INC.	25-6074707

Form 990 PITTSBU	RGH, INC	•							<u> </u>	4/0/
Part VII Section A. Officers, Directors,	Trustees, Key E	mple	oyee	es, a	nd I	High	est	Compensated Employ	rees (continued)	
(A) Name and trile	(B) Average	/5		Pos	rtion		ds A	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) MARC NYARKO	1.00									
BOARD MEMBER		X					L	0.	0.	0
(28) CHRISTINE BARRY	1.00							_	,	_
BOARD MEMBER		X		Ш		_	L	0.	0.	0
(29) JEFFREY ELLIS	1.00		1						_	_
BOARD MEMBER		X	<u> </u>	Ш			L.	0.	0.	0
(30) GARRET GIBSON	1.00	ļ				1			•	•
BOARD MEMBER	1 00	Х		Ш			<u> </u>	0.	0.	0
(31) JENNIFER PETRISEK	1.00		ł				ŀ		•	^
BOARD MEMBER	1 00	X	⊢	Н		H	\vdash	0.	0.	0
(32) MICHELE PETRUCCELLI BOARD MEMBER	1.00	x						0.	0.	0
(33) STEVE TRIPPE	1.00	^	\vdash		_	├	├	0.	0.	
BOARD MEMBER	1.00	x		ΙÍ				0.	0.	0
(34) JAN GLICK	40.00	A		Н		┝		- 0.		
CHIEF EXECUTIVE OFFICER	10.00	ł		$ \mathbf{x} $				110,172.	0.	16,103
(35) NED SCHANO	1.00		\vdash				-			
SECRETARY				$ \mathbf{x} $				0.	0.	0
(36) DAVID N. BEAUVAIS	1.00	\vdash	Г							
PRESIDENT		1		x				0.	0.	0
(37) JOHN M. HAGAN	1.00			П						
TREASURER				Х				0.	0.	0
(38) MICHAEL JENNINGS	1.00								_	_
VICE PRESIDENT				Х		_		0.	0.	0
(39) KATE A. LAMBERT	1.00			[[
VICE PRESIDENT		$ldsymbol{ldsymbol{ldsymbol{eta}}}$	<u> </u>	Х		_	_	0.	0.	0
		l								
		<u> </u>	_	Н					<u> </u>	
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	 		П	\Box						 -
Total to Part VII, Section A, line 1c_								110,172.	j	16,103.
										

Form 990 (2017) PITTSBURGH, I

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							
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21			Very contract of the second	ACCOUNTS (1997)		
2	Grants and other assistance to domestic		•				
	individuals See Part IV, line 22			22° / 1887 1887 1887 1887 1887 1887 1887 1887 1887 1887 1887 1887 1887 1887 1887	7.002 kg 1.000 (17.5%) (10.00)		
3	Grants and other assistance to foreign	4					
	organizations, foreign governments, and foreign	•					
	Individuals See Part IV, lines 15 and 16						
4	Benefits paid to or for members			### / A## A7#######	2002 (0.00 (
5	Compensation of current officers, directors,	110,724.	94,853.	5,803.	10,068		
_	trustees, and key employees Compensation not included above, to disqualified	110,721.	31,0331	3,000			
6	persons (as defined under section 4958(f)(1)) and		•				
	persons described in section 4958(c)(3)(B)		·				
7	Other salaries and wages	1,107,017.	948,342.	58,020.	100,655		
8	Pension plan accruals and contributions (include	2,20,1,02.0	<u> </u>				
o	section 401(k) and 403(b) employer contributions)						
9	Other employee benefits	118,067.	98,143.	7,624.	12,300		
10	Payroll taxes	117,218.	99,663.	6,821.	10,734		
11	Fees for services (non-employees)	· · · · ·					
а	Management	,		š	,		
b	Legal						
c	Accounting	 .	,				
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other (If line 11g amount exceeds 10% of line 25,						
	column (A) amount, list line 11g expenses on Sch O.)	121,097.	83,299.	8,173.	29,625 7,523		
12	Advertising and promotion	14,970.	7,302.	145.	7,523		
13	Office expenses	15,773.	9,873.	3,804.	2,096		
14	Information technology						
15	Royalties -						
16	Occupancy	16,485.	12,689.		1,644		
17	Travel	44,666.	42,893.	143.	1,630		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings				-		
20	Interest						
21	Payments to affiliates	17 221	10 741	2 140	1 422		
22	Depreciation, depletion, and amortization	14,321.	10,741. 26,628.	2,148. 1,550.	1,432 568		
23	Insurance	28,746.	20,020.	1,000.	300		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line						
	24e amount exceeds 10% of line 25, column (A)						
	amount, list line 24e expenses on Schedule 0.)	112,582.	112,582.	0	0		
а	PROGRAM DUES AND SUBSCRIPTIONS	26,364.	20,777.	888.	4,699		
Ь	UTILITIES UTILITIES	15,052.	11,586.	1,965.	1,501		
C	TELEPHONE	12,717.	10,230.	1,492.	995		
d		7,496.	5,770.	978.	748		
	All other expenses Total functional expenses. Add lines 1 through 24e	1,883,295.	1,595,371.	101,706.	186,218		
<u>25</u> 26	Joint costs. Complete this line only if the organization	±10001200.					
20	reported in column (B) joint costs from a combined	,					
	reported in committee for Joint costs incling committee	•		1	i.		
	educational campaign and fundraising solicitation.						

732010 11-28-17

BIG BROTHERS BIG SISTERS OF GREATER PITTSBURGH, INC.

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1,383,918. 1,463,343. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 138,607 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 · Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 5 Part II of Schedule L 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 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net Inventories for sale or use 143,145. 167,243. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 2,042,435 basis Complete Part VI of Schedule D 756,312 363,785 678,650 10c 10b b Less accumulated depreciation 11 Investments - publicly traded securties 12 Investments - other securities See Part IV; line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 2,501,407. 2,341,740. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 178,041. 92,066. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 , Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 25 178,041. 92,066. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. **Fund Balances** 2,248,366. 2,184,674. 27 27 Unrestricted net assets 40,000. 50,000. 28 Temporanly restricted net assets 28 25,000. 25,000. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here Assets or and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 2,323,366. 2,249,674. 33 33 Total net assets or fund balances 2,501,407. 2,341,740. Total liabilities and net assets/fund balances

BIG BROTHERS BIG SISTERS OF GREATER PITTSBURGH, INC.

om	990 (2017) PITTSBURGH, INC.	25-6	<u> </u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	,	1,80	9.6	03.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,88		
3	Revenue less expenses Subtract line 2 from line 1	3		3,6	
•	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,32		
5	Net unrealized gains (losses) on investments	5			
, }	Donated services and use of facilities	6			
7	Investment expenses	1 7 T			
В	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
)	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	 			
•	column (B))	10	2,249	9.6	74.
² ai	t XII Financial Statements and Reporting	1 .0 1			
	Check if Schedule O contains a response or note to any line in this Part XII				\mathbf{x}
1 2a	Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	• O			X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	d on a			
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	te basis,			
	consolidated basis, or both Separate basis Separate basis Separate basis Description: Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	-	 -	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		'		•
la	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ

► Go to www.irs.gov/Form990 for instructions and the latest information.
BIG BROTHERS BIG SISTERS OF GREATER

OMB No 1545-0047

Open to Public Inspection

Employer identification number

25-6074707 PITTSBURGH. INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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. J Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, rts supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document (v) Amount of monetary (vi) Amount of other (III) Type of organization (ii) EIN (i) Name of supported (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

Schedule A (Form 990 or 990 EZ) 2017 PITTSBURGH, INC.

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

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

Sec	ction A. Public Support	* 4					
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				,		
	include any "unusual grants ")	1,225,006.	1,359,969.	1,600,319.	1,454,300.	1,361,421.	7,001,015.
2	Tax revenues levied for the organ-	,	-		٠,		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			•			
	the organization without charge						
4	Total. Add lines 1 through 3	1,225,006.	1,359,969.	1,600,319.	1,454,300.	1,361,421.	7,001,015.
5	The portion of total contributions				\$1:500 Sec	760 7 6 6 6 A	
	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,	2.0					
	column (f)						396,356.
6	Public support. Subtract line 5 from line 4		200000000000000000000000000000000000000			新 了。"她们"的意思	6,604,659.
	ction B. Total Support		-				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,225,006.	1,359,969.	1,600,319.	1,454,300.	1,361,421.	7,001,015.
8	Gross income from interest,						
	dividends, payments received on						
	secunties loans, rents, royalties,						
	and income from similar sources	90,694.	95,642.	98,725.	103,312.	103,986.	492,359.
9	Net income from unrelated business		_				
-,	activities, whether or not the		Ţ				
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						•
	assets (Explain in Part VI)	686,910.	819,292.	931,868.	769,497.	976,445.	4,184,012.
11	Total support. Add lines 7 through 10	39.78375 JEV	TO SECOND	ROUND NO.		PERSONAL PROPERTY.	11,677,386.
	Gross receipts from related activities					12	
	First five years. If the Form 990 is fo			d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
	organization, check this box and sto		•				▶□
Sec	ction C. Computation of Pub	ic Support Pe	rcentage				
14	Public support percentage for 2017 (line 6, column (f) d	ivided by line 11, o	column (f))		14	56.56 %
	Public support percentage from 2016					15	56.05 %
16a	33 1/3% support test - 2017. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies						▶ [X]
b	33 1/3% support test - 2016. If the	organization did no	ot check a box on i	ine 13 or 16a, and	liņe 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua				(•	▶□
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					~	▶□
b	10% -facts-and-circumstances tes	_	•		-	17a, and line 15 is	10% or
_	more, and if the organization meets t						
	organization meets the "facts-and-cir						ightharpoons
18	Private foundation. If the organization						s ▶ □
<u> </u>						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 201

Schedule A (Form 990 or 990-EZ) 2017 PITTSBURGH, INC. 25-6074707 Page 3 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. Rublic Support Calendar year (or fiscal year beginning in) (a) 2013 (c) 2015 (d) 2016 (e) 2017 (f) Total **(b)** 2014 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnisheð in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or busmess under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **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 c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) **(b)** 2014 (**ĉ**) 2015 (a) 2013 (d) 2016 (e) 2017 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) % 15 Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 18 % 18 Investment income/percentage from 2016 Schedule A, Part III, line 17 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 732023 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Organizations

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

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

	Yes	No
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9c	35,74 §	#2€£1.d
10a		***
10b	<u> </u>	
1 100 T		2017

7	edule A (Form 990 or 990-EZ) 2017 PITTSBURGH, INC.	<u>25-607470</u>	<u>7 р</u>	age 5
Pa	Supporting Organizations (continued)		,	
		rasa.e.e.	Yes	No 1 2222
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			. 2
	below, the governing body of a supported organization?	11a		├ ─
	A family member of a person described in (a) above?	11b		├ ─
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		_	Ь
Sec	tion B. Type I Supporting Organizations		Yes	LNa
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	\$65.2	105 2000	No
. •	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the sapported	1	18641123	_4347
2	Did the organization operate for the benefit of any supported organization other than the supported	\$\$\$\$.p.\[\frac{1}{2}\]	S 74	383
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	18.63		
	supervised, or controlled the supporting organization	2	*******	SIC SELS
Sec	tion C. Type II Supporting Organizations			ь
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	265		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			3 B
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
	•		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the pnor tax			2
	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?	1		L
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	20111714	2542.5
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		ž,	
	income or assets at all times during the tax year? If. "Yes," describe in Part VI the role the organization's			1.400
	supported organizations played in this regard	3		L
-	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee ins	itructions).		
a	The organization satisfied the Activities Test Complete line 2 below	3		
Ь	The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	iti (coo instructional	,	
. c		· · · · · · · · · · · · · · · · · · ·		No
2	Activities Test Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	<u> 68% - 1</u>	Yes ○ :	No
а	the supported organization(s) to which the organization was responsive? 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	2a	A	7,000
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	\$ 100 m		1
U	of the organization's supported organization(s) would have been engaged in? 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	2b	<u> State</u>	-49.FG
3	Parent of Supported Organizations Answer (a) and (b) below.	3.50	\\\\^*\}	538
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	· · · · · · · · · · · · · · · · · · ·	22	200 T	_ 50
h	trustees of each of the supported organizations? <i>Provide details in</i> Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a ≱⊚ಂ	5 · 5 · 5	Yours
U	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	###*X### 2		
	or its supported organizations in res, describe in Part VI the role played by the organization in this regard	3b (

	edule A (Form 990 or 990 EZ) 2017 PITTSBURGH, INC.			5-6074707 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust (on Nov 20, 1970 (explain in l	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	<u>omplete</u>	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		_
7	Other expenses (see instructions)	7	, , , , , , , , , , , , , , , , , , ,	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	,	
Sect	ion B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	變減		
	instructions for short tax year or assets held for part of year)	100		
a	Average monthly value of securities	1a	1	
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
ě	Discount claimed for blockage or other	17 Sec. 30	Maria Constitution of the	See See Jackson
	factors (explain in detail in Part VI)	\$ 15°		
2	Acquisition indebtedness applicable to non-exempt use assets	2	1	
3	Subtract line 2 from line 1d	3		,
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		4
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	·	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	667 大型公司及第 450 (1975年)	`
2	Enter 85% of line 1	2		,
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	2014 10 15 7 (1980 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-
4	Enter greater of line 2 or line 3	4	CONTRACTOR ALCOHOL	-
5	Income tax imposed in prior year	5	\$57,9867-,2867-73861	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integr	ated Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2017

BIG BROTHERS BIG SISTERS OF GREATER Schedule A (Form 990 or 990-EZ) 2017 PITTSBURGH, INC. 25-6074707 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (pnor IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 a Control of the cont **b** From 2013 c From 2014 95° - 12872 | 1278 | 1114 **d** From 2015 e From 2016 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2018. Add lines 3) and 4c THE PROPERTY OF THE PROPERTY O Breakdown of line 7 经公司基础公司 2420724 523 623 a Excess from 2013

Schedule A (Form 990 or 990-EZ) 2017

SOLVE AND STATEMENT OF THE SECOND SEC

b Excess from 2014

c Excess from 2015

d Excess from 2016

e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 PI	TTSBURGH,	INC.		25-6074707 Page 8
Part VI	Supplemental Informat Part IV, Section A, Irnes 1, 2, 3I line 1, Part IV, Section D, Irnes Section D, Irnes 5, 6, and 8, an (See instructions)	ion. Provide the exp o, 3c, 4b, 4c, 5a, 6, 9 2 and 3, Part IV, Sect	planations required by Par ia, 9b, 9c, 11a, 11b, and 1 tion E, lines 1c, 2a, 2b, 3a	, and 3b, Part V, line 1, Part V	17b, Part III, line 12, and 2, Part IV, Section C, Section B, line 1e, Part V,
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	ations Complete Part III			
		THERS BIG SISTE	RS OF GREATE	ER En	ployer identification number
	PITTSBU	RGH, INC.			25-6074707
Pa	art I-A Complete if the or	ganization is exempt un	der section 501(c) or is a section 527	organization.
1	Provide a description of the organi	zation's direct and indirect polit	ical campaign activities	s in Part IV	
2	Political campaign activity expendi	tures		•	\$
3	Volunteer hours for political campa	ign activities			
Pá	art I-B Complete if the or	ganization is exempt un	der section 501(c	(3).	
1	Enter the amount of any excise tax				\$
2	Enter the amount of any excise tax	incurred by organization mana	gers under section 495	i5 >	\$
3	If the organization incurred a section	on 4955 tax, did it file Form 472	0 for this year?		Yes No
48	a Was a correction made?				Yes No
	b If "Yes," describe in Part IV.				
Pa	art I-C Complete if the or	ganization is exempt un	der section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expende	d by the filing organization for s	ection 527 exempt fun	ction activities	\$
2	Enter the amount of the filing organ	nization's funds contributed to d	other organizations for	section 527	
	exempt function activities			>	\$
3	Total exempt function expenditure	s Add lines 1 and 2 Enter here	and on Form 1120-PO	· ·	
	line 17b			•	\$
4	Did the filing organization file Form	1120-POL for this year?			L Yes L No
5	Enter the names, addresses and e	mployer identification number (E	EIN) of all section 527 p	political organizations to when	nich the filing organization
	made payments For each organiza				· ·
	contributions received that were pi	• •	•	•	rate segregated fund or a
	political action committee (PAC) If	additional space is needed, pro	ovide information in Par	t IV	·
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	
		1]	filing organization's funds. If none, enter -0	contributions received and promptly and directly
				lunus. Il none, enter a	delivered to a separate
					political organization
					If none, enter -0-
					
		<u> </u>			
				 	
		İ	1	1	i

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

Schedule C (Form 990 or 990-EZ) 2017

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Schedule C (Form 990 or 990-EZ) 2017	PITTSE	SURGH,	INC.	'		074707 Page 2					
Part II-A Complete if the or	ganizatio	n is exe	mpt under section	on 501(c)(3) and fi	led Form 5768 (e	ection under					
section 501(h)).											
A Check Light of the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,											
expenses, and sha	are of excess	lobbying	expenditures)								
B Check ▶ if the filing organization	ation checke	d box A a	nd [/] "limited control" pr	ovisions apply.	γ						
Lim	its on Lobb	vina Expe	nditures		(a) Filing	(b) Affiliated group					
			unts paid or incurred		organization's totals	totals					
1a Total lobbying expenditures to inf	luence publi	c opinion (grass roots lobbying)								
b Total lobbying expenditures to inf	luence a leg	slative bo	dy (direct lobbying)								
c Total lobbying expenditures (add	lines 1a and	1b)									
d Other exempt purpose expenditure	res		•								
 Total exempt purpose expenditure 	es (add lines	1c and 1c	d)								
f Lobbying nontaxable amount En	ter the amou	nt from th	e following table in bo	th columns		<u></u>					
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable an	ount is:							
Not over \$500,000		20% of	the amount on line 1e	:							
Over \$500,000 but not over \$1,00	00,000	\$100,00	00 plus 15% of the ex	cess over \$500,000							
Over \$1,000,000 but not over \$1,	500,000	\$175,00	00 plus 10% of the ex	cess over \$1,000,000.							
Over \$1,500,000 but not over \$17	7,000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000							
Over \$17,000,000	<u>' '</u>	\$1,000,	000								
·											
g Grassroots nontaxable amount (e		•									
h Subtract line 1g from line 1a. If ze	ro or less, er	nter -0-			1						
i Subtract line 1f from line 1c If zer	o or less, en	ter -0-									
j If there is an amount other than ze	ero on either	line 1h or	line 11, did the organiz	ation file Form 4720	_						
reporting section 4911 tax for this						Yes No					
(Some organizations t	that made a	section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns b	elow.					
	Lobby	ing Expe	nditures During 4-Ye	ar Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 20) 14	(b) 2015	(c) 2016	(d) 2017	' (e) Total					
2a Lobbying nontaxable amount		ı		,	,	1					
b Lobbying ceiling amount											
(150% of line 2a, column(e))	\$4.74%	73.000									
			ļ.			n					
c Total lobbying expenditures		· · · · · ·		ļ							
		,	,								
d Grassroots nontaxable amount	La M Inv - Was	38.9 <u>13133</u> -	CONTRACTOR SCIENCES AND SERVICE AND SERVIC	LOGICA MANAGEMENT A CALLER	VIII SOME A COLUMNIA CO						
e Grassroots ceiling amount						A					
(150% of line 2d, column (e))		的為學說	N. BERNING	W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1.2000 L. A.						
f Grassroots lobbying expenditures					•	·					

Schedule C (Form 990 or 990-EZ) 2017

25-6074707 Page 3

Schedule C (Form 990 or 990-EZ) 2017 PITTSBURGH, INC. 25-607470

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

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b)
of th	e lobbying activity	Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or	\$400 m	877 9 877		
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of	45			
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х	\$ 4 A	
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
9	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	L	Х.		
j	Other activities?	X			5,500.
j	Total Add lines 1c through 1i	的概念	THE REAL PROPERTY.		5,500.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		公孫於今
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		N 18		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>		多数对话	
Par	till-A Complete if the organization is exempt under section 501(c)(4), section	ion 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3_	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	! "No," OF	R (b) Par	t III-A, lii	ne 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical ;	* 1		
	expenses for which the section 527(f) tax was paid).	'			
а	Current year ^		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess	22.5		•
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
_5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	p list), Part II	-A, lines 1 a	and 2 (see	,
nstru	uctions), and Part II-B, line 1. Also, complete this part for any additional information			•	
PAF	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
	<u></u>				
THE	GORGANIZATION IS ATTEMPTING TO GET FUNDING INCLUDE	ED AS A	LINE	ITEM	·
ON	PENNSYLVANIA'S BUDGET THROUGH THE USE OF AN OUTSIL	E CONS	ULTIN	G FIRM	1.
	•				
				<u> </u>	
			,	1	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

BIG BROTHERS BIG SISTERS OF GREATER

Open to Public Inspection

OMB No 1545-0047

Name of the organization

PITTSBURGH, INC.

Employer identification number 25-6074707

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.Complete if the										
	organization answered "Yes" on Form 990, Part IV, line 6										
		(a) Donor advised funds	(b) Funds and other accounts								
1	Total number at end of year										
2	Aggregate value of contributions to (during year)										
3	Aggregate value of grants from (during year)										
4	Aggregate value at end of year										
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds								
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No								
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only								
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring										
r	impermissible private benefit?		Yes No								
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t IV, line 7								
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)									
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	cally important land area								
	Protection of natural habitat	Preservation of a certifie	d historic structure								
	Preservation of open space										
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of									
	day of the tax year		Held at the End of the Tax Year								
а	Total number of conservation easements		2a								
b	Total acreage restricted by conservation easements		2b								
С	Number of conservation easements on a certified historic str	• •	2c								
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure									
	listed in the National Register		2d								
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	rganization during the tax								
	year >										
4	Number of states where property subject to conservation ear	sement is located >									
5	Does the organization have a written policy regarding the per										
	violations, and enforcement of the conservation easements r		L Yes No								
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year								
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year								
_	\$		(A) (B) (B								
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(
_	and section 170(h)(4)(B)(ii)?		Yes No								
9	In Part XIII, describe how the organization reports conservati	·									
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes the	e organization's accounting for								
Dai	conservation easements III Organizations Maintaining Collections o	f Art Historical Treasures or Oth	er Similar Assets								
[T a	Complete if the organization answered "Yes" on Form	•	er Ollillar Assets.								
10	If the organization elected, as permitted under SFAS 116 (AS		at and balance cheet works of art								
Id	historical treasures, or other similar assets held for public ext	•									
	·	· · · · · · · · · · · · · · · · · · ·	e of public service, provide, in Part Alli,								
	the text of the footnote to its financial statements that describe accompanies alected as permitted under SEAS 116 (AS		ad balance chart works of art, bistorical								
b	If the organization elected, as permitted under SFAS 116 (AS	•									
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance or public	service, provide the following amounts								
	relating to these items		▶ ¢								
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$								
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre-	ocurse or other similar senate for financial se									
2	the following amounts required to be reported under SFAS 1:	· · · · · · · · · · · · · · · · · · ·	airi, provide								
_	Revenue included on Form 990, Part VIII, line 1	TO (MOO 300) relating to these items	► ¢								
	Assets included in Form 990. Part X		\$								
	reasta monuto un roum asu. Call A		_ w								

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

Schedule D (Form 990) 2017

		RGH, INC.								Page 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	storical Tr	easures,	or Oth	er Simi	lar Asse	ts(continu	ued)
3	Using the organization's acquisition, access	ion, and other record	ds, ched	ck any of the	following that	at are a s	significant	use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	d	, <u> </u>	Loan or exc	hange progr	ams				
b	Scholarly research	e	, L	Other						
C	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how t	they further t	he organizat	ion's exe	mpt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	nistorical trea	isures, or oth	ner sımıla	r assets	,	_	
_	to be sold to raise funds rather than to be m								Yes	No_
Pa	t IV Escrow and Custodial Arran		ete if th	e organizatio	n answered	"Yes" or	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	is the organization an agent, trustee, custod	lian or other intermed	diary for	r contribution	ns or other as	ssets not	t included	_	٦.	
	on Form 990, Part X?							L_	Yes	L No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
							<u> </u>		Amount	
C	Beginning balance						1c			
ď	Additions during the year						_1d			
_	Distributions during the year						1e	<u> </u>		
f	Ending balance	- 000 D-+V-1	04.6				<u>1f</u>	l	24	
	Did the organization include an amount on F						-		」Yes	⊢ No
Pai	t V Endowment Funds. Complete									
<u> </u>	Endownient Fands. Complete	(a) Current year		Prior year	(c) Two yea			years back	(a) Four \	ears back
10	Reginating of year belongs	(a) Current year	(0)	- noi yeai	(6) 1110 900	13 Dack	(u) Thice	years blok	(e) 1 0ar)	CUIS DUCK
1a b	Beginning of year balance Contributions			 					 	
	Net investment earnings, gains, and losses			-						
d	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses			·						
g	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end balance	e (line 1	1a. column (a	a)) held as					
a	Board designated or quasi-endowment	, , , , , , , , , , , , , , , , , , ,	%	. 5, (-	,,					
ь	Permanent endowment ▶	 %								
С	Temporanly restricted endowment ▶	 %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%								
3a	Are there endowment funds not in the posse	ession of the organization	ation th	at are held a	ind administe	ered for t	he organı	zation		
	by	-								es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on S	Schedule R?					3ь	
4	Describe in Part XIII the intended uses of the		wment	funds						
Pai	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990), Part I	V, line 11a S	See Form 990), Part X,	line 10	<u> </u>		
	Description of property	(a) Cost or o		(b) Cost	or other		ccumulate		(d) Book	value
		basis (investr	nent)	1	(other)	de	preciation			
1a	Land				6,500.					,500.
b	Buildings .			1,84	4,406.	1,:	190,6	90.	653	<u>,716.</u>
c	Leasehold improvements	ļ								
d	Equipment			4.5	1 - 22				4.0	
_	Other				1,529.		173,0	95.		,434.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line 1	0c)				678	,650.

Schedule D (Form 990) 2017

[[D=44]/[[]]]	INC.			5-60/4/0/ Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method o	f valuation Cost or er	id-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other		4		
(A)				
(B) ,	-			,
' (C)	 			
(D)				
(E)				
<u>(F)</u>		- 		
(G)	-		-, -, -, -, -, -, -, -, -, -, -, -, -, -	-
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		Solver Server & Black	* (1888) * (**************************************
Part VIII Investments - Program Related.	<u> </u>	and opening a standard	PALINDA CARLES CONTRACTOR CONTRAC	was in Trace (was considerable
	on Form 000 Bort IV Iv	00 110 Soo Form 00	0 Part V line 12	•
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value			d-of-year market value
	(2) 20011 12100	(0)		
(1) (2)			, ,	
(3)	 	 	· · · · · · · · · · · · · · · · · · ·	
(4)				
(5)		 . 		
(6)		 		
(7)	-			
(8)		 -		
(9)				
Total (Col (b) must equal Form 990, Part X, col. (B) line 13.)				
Part X Other Assets.		David de la marchia de la monte de	AND THE PROPERTY OF THE PROPERTY OF	The state of the s
mangare Other Addets.				
	on Form 990, Part IV, Iir	ie 11d See Form 99	0, Part X, line 15	
Complete if the organization answered "Yes"	on Form 990, Part IV, Iir Description	e 11d See Form 99	0, Part X, line 15	(b) Book value
Complete if the organization answered "Yes"		e 11d See Form 99	0, Part X, line 15	(b) Book value
Complete if the organization answered "Yes" (a)		ne 11d See Form 99	0, Part X, line 15	(b) Book value
Complete if the organization answered "Yes" (a) (1)		ie 11d See Form 99i	0, Part X, line 15	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2)	Description	ie 11d See Form 99	0, Part X, line 15	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)	Description	. 1	0, Part X, line 15	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3)	Description	. 1	0, Part X, line 15	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)	Description	. 1	0, Part X, line 15	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)	Description	. 1	0, Part X, line 15	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)	Description	. 1	0, Part X, line 15	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) lim	Description	. 1	0, Part X, line 15	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	. 1	0, Part X, line 15	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line [Part X Other Liabilities. Complete if the organization answered "Yes"	Description e 15)	le 11e or 11f See Fo	>	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line [Part X Other Liabilities.	Description e 15)		orm 990, Part X, line 2	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) lime [Part X Other Liabilities. Complete if the organization answered "Yes"	Description e 15)	le 11e or 11f See Fo	>	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) limiting the properties of the organization answered "Yes" 1. (a) Description of liability	Description e 15)	le 11e or 11f See Fo	orm 990, Part X, line 2	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line [Part X : Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description e 15)	le 11e or 11f See Fo	orm 990, Part X, line 2	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line [Part X : Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description e 15)	le 11e or 11f See Fo	orm 990, Part X, line 2	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line [Part X] Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description e 15)	le 11e or 11f See Fo	orm 990, Part X, line 2	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line [Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description e 15)	le 11e or 11f See Fo	orm 990, Part X, line 2	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line [Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description e 15)	le 11e or 11f See Fo	orm 990, Part X, line 2	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line [Part X] Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description e 15)	le 11e or 11f See Fo	orm 990, Part X, line 2	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line [Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	e 15) on Form 990, Part IV, Irr	le 11e or 11f See Fo	orm 990, Part X, line 2	

Schedule D (Form 990) 2017

BIG BROTHERS BIG SISTERS OF GREATER PITTSBURGH, INC.

Sche	edule D (Form 990) 2017 PITTSBURGH, INC.		25-	6074707 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue per	Returr).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1	Total revenue, gains, and other support per audited financial statements		1	1,899,455.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b		2b	1 1	
С	Recoveries of prior year grants	2c	7 I	
d		2d 89,852	-	
е	Add lines 2a through 2d		2e	89,852.
3	Subtract line 2e from line 1		3	1,809,603.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
b		4b	1	
c			4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,809,603.
	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expenses pe		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1	Total expenses and losses per audited financial statements		11	1,973,147.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
		2b	┥ ┃	
b	Prior year adjustments	2c	1	
٥	Other losses	2d 89,852	1	
đ	,	28 05,032	2e	89,852.
e	Add lines 2a through 2d		3	1,883,295.
3	Subtract line 2e from line 1	-	131	1,003,233.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	الما		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-l	
þ	Other (Describe in Part XIII)	4b		_
			1 . 1	Λ
	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		4c 5	0. 1,883,295.
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.		5	1,883,295.
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	5	1,883,295.	
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.		5	1,883,295.
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	5	1,883,295.	
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	5	1,883,295.	
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	5	1,883,295.	
Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ac		5	1,883,295.
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ac		5	1,883,295.
Providence PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any action of the complete this part		5	1 , 883 , 295 . X, line 2, Part XI,
Providence PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ac		5	1,883,295.
Providence PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any action of the complete this part		5	1 , 883 , 295 . X, line 2, Part XI,
Providence PAI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any action of the complete this part		5	1 , 883 , 295 . X, line 2, Part XI,
Provide lines PAI REI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional to the complete this part to provi		5	1,883,295. X, line 2, Part XI,
Provide lines PAI REI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any action of the complete this part		5	1,883,295. X, line 2, Part XI,
Pail Provide Inces PAIREI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add and 4b, and Part XII, LINE 2D - OTHER ADJUSTMENTS: NTAL EXPENSES RT XII, LINE 2D - OTHER ADJUSTMENTS:		5	1,883,295. X, line 2, Part XI,
Pail Provide Inces PAIREI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional to the complete this part to provi		5	1,883,295. X, line 2, Part XI,
Pail Provide Inces PAIREI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add and 4b, and Part XII, LINE 2D - OTHER ADJUSTMENTS: NTAL EXPENSES RT XII, LINE 2D - OTHER ADJUSTMENTS:		5	1,883,295. X, line 2, Part XI, 89,852.
Pail Provide Inces PAIREI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add and 4b, and Part XII, LINE 2D - OTHER ADJUSTMENTS: NTAL EXPENSES RT XII, LINE 2D - OTHER ADJUSTMENTS:		5	1,883,295. X, line 2, Part XI, 89,852.
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Pail Provide Inces PAIREI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add and 4b, and Part XII, LINE 2D - OTHER ADJUSTMENTS: NTAL EXPENSES RT XII, LINE 2D - OTHER ADJUSTMENTS:		5	1,883,295. X, line 2, Part XI, 89,852.
Pail Provide Inces PAIREI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add and 4b, and Part XII, LINE 2D - OTHER ADJUSTMENTS: NTAL EXPENSES RT XII, LINE 2D - OTHER ADJUSTMENTS:		5	1,883,295. X, line 2, Part XI, 89,852.
Pail Provide Inces PAIREI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add and 4b, and Part XII, LINE 2D - OTHER ADJUSTMENTS: NTAL EXPENSES RT XII, LINE 2D - OTHER ADJUSTMENTS:		5	1,883,295. X, line 2, Part XI, 89,852.
Pail Provide Inces PAIREI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add and 4b, and Part XII, LINE 2D - OTHER ADJUSTMENTS: NTAL EXPENSES RT XII, LINE 2D - OTHER ADJUSTMENTS:		5	1,883,295. X, line 2, Part XI,
Pail Provide Inces PAIREI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add and 4b, and Part XII, LINE 2D - OTHER ADJUSTMENTS: NTAL EXPENSES RT XII, LINE 2D - OTHER ADJUSTMENTS:		5	1,883,295. X, line 2, Part XI,
Pail Provide Inces PAIREI	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add and 4b, and Part XII, LINE 2D - OTHER ADJUSTMENTS: NTAL EXPENSES RT XII, LINE 2D - OTHER ADJUSTMENTS:		5	1,883,295. X, line 2, Part XI,

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.lrs.gov/Form990 for the latest instructions.

varne of the organization BIG BRO	THERS BIG SISTERS	OF	GRE	ATER		Employer ide	ntification number
	RGH, INC.					25-6074	707
Fundraising Activities required to complete this par	. Complete if the organization answert.	ered "Y	'es" o	n Form 990, Part IV,	line 1	7 Form 990-E2	Z filers are not
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the	e Solicital f Solicital g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclui	non-g gover alsing ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
						<u> </u>	
			•			· -	
							<u>.</u> .
otal			•				
List all states in which the organizatio or licensing	in is registered or licensed to solicit of	contrib	utions	or has been notified	t it is	exempt from re	egistration
							
							
	· · · · · · · · · · · · · · · · · · ·						

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

Schedule G (Form 990 or 990-EZ) 2017

	edu art	le G (Form 990 or 990-EZ) 2017 PITTSBU		d "Vee" on Form 000. De		6074707 Page 2
		of fundraising event contributions and gi	_			
		3	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	l		GOLF EVENT	FALL GALA	4	(add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	249,481.		285,940.	976,445.
Œ.	ľ	C. 333 / 333 / p. 12		<u> </u>	<u> </u>	<u> </u>
	2	Less Contributions				
_	3	Gross income (line 1 minus line 2)	249,481.	441,024.	285,940.	976,445.
	4	Cash prizes				
Se	5	Noncash prizes				
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages .				
L	8	Entertainment	j			
	9	Other direct expenses	158,609.	317,313.	66,475.	542,397.
	10	Direct expense summary Add lines 4 through	h 9 ın column (d)		<u> </u>	542,397.
TB:	11					434,048.
Pa	irt l		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
	Γ.	\$15,000 on Form 990-EZ, line 6a		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
eve						
<u> </u>	1	Gross revenue				
Ses	2	Cash pnzes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	_	Other direct expenses				
	-	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	□ No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		<u> </u>	
а	ls t	ter the state(s) in which the organization condi- the organization licensed to conduct gaming a No," explain	ctivities in each of these	states?		Yes No
10a	We	re any of the organization's gaming licenses re	evoked, suspended or to	erminated during the tax	vear?	Yes No
		Yes," explain	,,,		, 	
	_					
73208	32 09	I-13-17	··········		Schedule G (For	m 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 PITTSBURGH, INC.	25-6074707 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	formed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books	
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming reve	enue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and	d 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 to be 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 15c, 16, and 17b, as applicable Also provide any additional information. See instructions	(v), and Part III, lines 9, 9b, 10b, 15b,
130, 10, and 170, as applicable 2130 provide any additional illionnation. Get instructions	
	1
·	
	

Schedule G (Form 990 or 990-EZ)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open To Public

Name of the organization

BIG BROTHERS BIG SISTERS OF GREATER PITTSBURGH, INC.

Inspection
Employer identification number

	PITTSBURGH,	INC.			25-6	5074	707	,
Pa								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib		~	ts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests						_	
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures .		<u> </u>					
14	Qualified conservation contribution - Other							
15	Real estate - Residential .				· · · · · · · · · · · · · · · · · · ·			
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles			· · · · · · · · · · · · · · · · · · ·				
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts		ļ				_	
23	Scientific specimens							
24	Archeological artifacts		100	21 100	WINTER			
25	Other (TICKETS)	X	102	31,192.	FAIR MARKET	r. AWI	<u>uUE</u>	
26	Other ()							
27	Other ()		-					
28_	Other (<u> </u>				-		
29	Number of Forms 8283 received by the organ		,					
	for which the organization completed Form 82	283, Part IV, I	Donee Acknowled	gement 29				
00-	D			and a David Inc. a difference	L 00 # 1	\vdash	Yes	No
J Ua	During the year, did the organization receive to	-		-				
	must hold for at least three years from the dat		ai contribution, and	i which isn't required to be us	sea tor	20-		X
_	exempt purposes for the entire holding period	17				30a	-	-^
	If "Yes," describe the arrangement in Part II	- alian the at m		of any nonetandord contabili	tions?			X
31 320	Does the organization have a gift acceptance		•		IIUI 15 f	31	\dashv	
sza	Does the organization hire or use third parties	or related of	ganizations to soll	cit, process, or sell noncash		220		х
L	contributions?				•	32a		
	If "Yes," describe in Part II	ookume (-) (-	r o han of	v for which column (a) is ab-	skod			
33	If the organization didn't report an amount in	column (c) to	r a type of property	y ior, which column (a) is ched	cked,			

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Schedule M (Form 990) 2017

Schedule M	l (Form 990) 2017	PITTSBURGH,	INC.	25-6074707	Page 2
Part II	Supplemental is reporting in Part	Information, Provid	le the information required by Part I.	lines 30b, 32b, and 33, and whether the organisms received, or a combination of both. Also co	ızatıon
					
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	- -				
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•	·				
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		·- <u></u>			

Schedule M (Form 990) 2017

732142 09-07-17

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for the latest information BIG BROTHERS BIG SISTERS OF GREATER

Employer identification number 25-6074707

PITTSBURGH, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED ONE-TO-ONE RELATIONSHIPS THAT CHANGE THEIR LIVES FOR THE BETTER, FOREVER. THE BIG BROTHERS BIG SISTERS OF GREATER PITTSBURGH VISION IS THAT ALL CHILDREN ACHIEVE SUCCESS IN LIFE. ACCOUNTABILITY STATEMENT: WE PARTNER WITH PARENTS/GUARDIANS, VOLUNTEERS, AND OTHERS IN THE COMMUNITY AND HOLD OURSELVES ACCOUNTABLE FOR EACH CHILD IN OUR PROGRAM ACHIEVING: * HIGHER ASPIRATION, GREATER CONFIDENCE, AND BETTER RELATIONSHIPS * AVOIDANCE OF RISKY BEHAVIORS * EDUCATIONAL SUCCESS FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE BIG BROTHERS BIG SISTERS OF GREATER PITTSBURGH VISION IS THAT ALL CHILDREN ACHIEVE SUCCESS IN LIFE. ACCOUNTABILITY STATEMENT: WE PARTNER WITH PARENTS/GUARDIANS, VOLUNTEERS, AND OTHERS IN THE COMMUNITY AND HOLD OURSELVES ACCOUNTABLE FOR EACH CHILD IN OUR PROGRAM ACHIEVING: *HIGHER ASPIRATIONS, GREATER CONFIDENCE, AND BETTER RELATIONSHIPS *AVOIDANCE OF RISKY BEHAVIORS

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization BIG BROTHERS BIG SISTERS OF GREATER PITTSBURGH, INC.

Employer identification number 25 – 6074707

*EDUCATIONAL SUCCESS

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

- B. THE SITE-BASED PROGRAM, TAKES PLACE AT THE LITTLE'S SCHOOL DURING

 LUNCH TIME OR AFTER SCHOOL. BIGS AND LITTLES IN SITE-BASED PROGRAMS

 ENGAGE IN STRUCTURED ACTIVITIES TOGETHER FOR ONE HOUR AT A SPECIFIED

 TIME AND PLACE EACH WEEK DURING THE SCHOOL YEAR. DURING THE SUMMER, OUR

 AGENCY ORGANIZES EVENTS AND PRESENTS OTHER OPPORTUNITIES FOR THESE

 MATCHES TO STAY CONNECTED.
- C. WORK PLACE MENTORING IS A PROGRAM WHERE HIGH SCHOOL STUDENTS TRAVEL

 TO A SPECIFIC CORPORATE ENVIRONMENT TO MEET WITH MENTORS BI-WEEKLY FOR

 TWO HOURS FOR TRADITIONAL MENTORING AS WELL AS AWARENESS OF

 OPPORTUNITIES IN AN ACTIVE WORK ENVIRONMENT. THE STUDENTS AND THEIR

 MENTORS PARTICIPATE IN A BBBS PLANNED CURRICULUM SPECIFICALLY DESIGNED

 TO GIVE EXPOSURE TO THE WORKPLACE AND PROVIDE OPPORTUNITIES FOR CAREER

 AND EDUCATIONAL GOAL SETTING.
- D. BE A MIDDLE SCHOOL MENTOR A CAREER BASED MENTORING PROGRAM WITH

 ADULTS FROM MULTIPLE PROFESSIONS AS MENTORS. THE MATCHES MEET WEEKLY

 FOR A MINIMUM OF 45 MINUTES FOR ACTIVITIES GEARED TOWARD CAREER

 READINESS. THIS WAS AN INITIATIVE BY YOUTH FUTURES COMMISSION, UNITED

 WAY, PITTSBURGH PUBLIC SCHOOLS AND THE MENTORING PARTNERSHIP. THE

 EVENTUAL GOAL OF THIS PROGRAM IS THAT EVERY 6TH GRADER IN THE

 PITTSBURGH PUBLIC SCHOOLS WILL HAVE A MENTOR.
- E. MENTOR 2.0 AS PART OF THE CORE ACADEMIC CURRICULUM IN NINTH GRADE,

Employer identification number 25-6074707

STUDENTS ARE INTENTIONALLY PAIRED IN ONE-TO-ONE MENTORING RELATIONSHIPS
WITH COLLEGE-EDUCATED VOLUNTEERS. THE PARTNERING SCHOOL ALLOCATES ONE
CLASS PERIOD PER WEEK FOR MENTEES TO LEARN AND ENGAGE WITH THE
RESEARCH-BASED PROGRAM CURRICULUM. THE SESSION IS FACILITATED BY A
STAFF MEMBER. ONCE PER WEEK, THE MENTEES COMPOSE A 3-4 PARAGRAPH EMAIL
TO THEIR MENTORS BASED ON A SERIES OF CURRICULUM-BASED WRITING PROMPTS.
THE MENTORS USE A DIFFERENT SET OF PROMPTS TO COMPOSE A RESPONSE.
THESE EXCHANGES OCCUR OVER THE SECURE AND IMENTOR INTERACTIVE ONLINE
PLATFORM. ONCE PER MONTH, THE MENTEES AND MENTORS MEET AT THE SCHOOL
FOR AN IN-PERSON "PAIR EVENT" FOR AN OPPORTUNITY FOR PAIRS TO
INTERACT, DEVELOP THEIR RELATIONSHIPS, AND APPLY THE CURRICULUM TO
REAL-LIFE SCENARIOS. THE MENTEES AND MENTORS CONTINUE TO WORK TOGETHER,
IN-PERSON AND ONLINE, THROUGH HIGH SCHOOL GRADUATION.

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

THE FINANCE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR REVIEWING THE FORM 990 BEFORE IT IS FILED.

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

BOARD MEMBERS MUST SIGN A FORM ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR SETTING THE CEO'S
WAGES AND FOR CONDUCTING ANNUAL PERFORMANCE REVIEWS. THE EXECUTIVE
COMMITTEE SETS WAGES (AND ANNUAL INCREASES) BASED UPON REVIEW OF CEO
COMPENSATION OF LIKE ORGANIZATIONS IN THE COMMUNITY. THE CEO SETS THE WAGES
OF OTHER OFFICERS AND KEY EMPLOYEES AND IS RESPONSIBLE FOR ANNUAL

PERFORMANCE REVIEWS. THE FINANCE COMMITTEE OF THE BOARD OVERSEES THE

Schedule O (Form 990 or 9	90·EZ) (2017)	Page 2
Name of the organization	BIG BROTHERS BIG SISTERS OF GREATER PITTSBURGH, INC.	Employer identification number 25-6074707
PROCESS.		
		·
FORM 990, PAR	r VI, SECTION C, LINE 19:	
THE ORGANIZAT	ION MAKES GOVERNING DOCUMENTS, THE CONFLICT	OF INTEREST POLICY
AND FINANCIAL	STATEMENTS AVAILABLE TO THE PUBLIC UPON REC	QUEST.
FORM 990, PAR	T XII, LINE 2C:	
THE FINANCE CO	OMMITTEE ASSUMES RESPONSIBILITY FOR THE OVER	RSIGHT OF THE
AUDIT OF THE	FINANCIAL STATEMENTS AND THE SELECTION 'OF AN	N_INDEPENDENT
ACCOUNTANT.		
	•	
		_
•		
		· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

OMB No 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information. BIG BROTHERS BIG SISTERS OF GREATER INC.

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

PITTSBURGH,

Name of the organization Department of the Treasury Internal Revenue Service

Parti

Employer identification number 25-6074707 Open to Public Inspection

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

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Part II

	(2,4,2)	(St Ya)>1.	ty?	Š			×				L	
	6)	controlled	entity?	Yes								
1,	S	Direct controlling	entity									
	(e)	Public charity	status (if section	501(c)(3))								
	9	Exempt Code	section				501(C)(3)					
	(0)	Legal domicile (state or	foreign country)				PENNSYLVANIA					
	(q)	Primary activity			TO HOLD ENDOWMENT FUNDS OF	BIG BROTHERS BIG SISTERS	OF GREATER PITTSBURGH					
	(e)	Name, address, and EIN	of related organization		BIG BROTHERS BIG SISTERS OF GREATER	PITTSBURGH, INC. GENERAL ENDOWMENT FUND ,	5989 CENTRE AVENUE, SUITE 1, PITTSBURGH, PA DF GREATER PITTSBURGH					

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

732161 09-11-17 LHA

Schedule R (Form 990) 2017

BIG BROTHERS BIG SISTERS OF GREATER PITTSBURGH, INC.

Page 2

25-6074707

Schedule R (Form 990) 2017 PITTSBURGH, INC.

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

organizations treated as a partnership during the tax year	rtnership during the ta	x year	,		_	9	3		-		-	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end of year assets	Dispropo	Code V-UBI amount in box 20 of Schedule N-1065)	UBI Gen n box mar nedule par 1065) Yes	General or Pe managing Ov partner?	General or Percentage managing ownership Yes No
					<u> </u>				_		. 	
										_		
Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	ganizations Taxable a	as a Corpo	oration or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related year.	omplete if the	organization a	Inswered "Yes	" on Form 99(), Part IV, In	e 34, because	ıt had one	or more	related
(a) Name, address, and EIN of related organization	Z. c	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp., S corp., or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		Section 512(bx13) controlled entity?
				<u>-</u> -								
732162 09-11-17				46					Š	Schedule R (Form 990) 2017	(Form 9	90) 2017

BIG BROTHERS BIG SISTERS OF GREATER PITTSBURGH, INC.

Schedule R (Form 990) 2017 PITTSBURGH, INC

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	S.	اہ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed	in Parts II-IV?		_	-1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	St			1a X	\dashv	ı
b Giff, grant, or capital contribution to related organization(s)				₽	×	ı
c Gift, grant, or capital contribution from related organization(s)	`			1	×	ı
d Loans or loan guarantees to or for related organization(s)				무	×	ı
e Loans or loan guarantees by related organization(s)				p	×	
					1	-7
f Dividends from related organization(s)				=	×	.1
g Sale of assets to related organization(s)				1g	×	.1
h Purchase of assets from related organization(s)				ŧ	×	.1
i Exchange of assets with related organization(s)				;=	×	1
j Lease of facilities, equipment, or other assets to related organization(s)				; -	×	٦
k ease of facilities equipment or other assets from related organization(s)				+	×	٦
	Janization(s)			Ŧ	×	ll
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ē	×	l
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			Ę	×	
 Sharing of paid employees with related organization(s) 				9	×	٦.
a Doimhireamant naid to related organization(e) for evoluces				9	×	٦.,
Reimbursement band by related organization(s) for expenses				- 5	×	١
						ıП.
r Other transfer of cash or property to related organization(s)				= ,	* >	.1.
 S Other transfer of cash or property from related organization(s) 				18	4	٦
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	is line, including covered	relationships and transaction thresholds.			ı
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
BIG BROTHERS BIG SISTERS OF GREATER (1) PITTSBURGH, INC. GENERAL ENDOWMENT FUND	A	18,586.	BOOK VALUE			
[2]						
						l
(3)						ŀ
(4)						1
(5)						
732163 09-11-17	47		Schedul	Schedule R (Form 990) 2017	90) 20	14

25-6074707

Page 4

BIG BROTHERS BIG SISTERS OF GREATER PITTSBURGH, INC.

Schedule R (Form 990) 2017

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

	(K)	Percentage ownership																		
	s	aging ner?												\prod			ightharpoons			
		General or managing partner? Yes No												1			4			_
	(2)	Dispusor: Code V-UBI General or Percentage tonate amount in box 20 managing ownership allocations? of Schedule K-1 partner? ownership Yes No (Form 1065) Yes No																		
	_	ate ions?												Ī						
	Ξ	Disproportionale allocations?															\Box			
		Share of end-of-year assets																		
	(a)	Share of total															•			
	(e)	partners sec 501(c)(3) orgs?														_		 	_	-
stment partnerships	(p)	Predominant income pa (related, unrelated, sexcluded from tax under sections 512-514)							_											
ision for certain inve	(0)	Legal domicile (state or foreign country)																		_
tructions regarding exclu	(q)	Primary activity																		
that was not a related organization. See instructions regarding exclusion for certain investment partnerships	(8)	Name, address, and EIN of entity						,												

Schedule R (Form 990) 2017

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Part VIII Supplemental Information.	<u> </u>	
Provide additional information for responses to questions on Schedule R. See instructions		
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	:	
NAME ADDRESS AND EIN OF DELAMED ODSANISATION.		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
DIG DOMNING DIG GIGMING OF GDENMED DIMMODURON ING		
BIG BROTHERS BIG SISTERS OF GREATER PITTSBURGH, INC.		
GENERAL ENDOWMENT FUND		
EIN: 25-1709163		·····
5989 CENTRE AVENUE, SUITE 1		
PITTSBURGH, PA 15206		
		
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