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Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
YOUNG MENS CHRISTIAN ASSOCIATION
OF SEWICKLEY VALLEY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
625 BLACKBURN ROAD

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

F Name and address of principal officer: PATRICIA HOOPER
625 BLACKBURN ROAD, SEWICKLEY, PA 15143

D Employer identification number
25-0979384

E Telephone number
412-741-9622

G Gross receipts $ 8,682,683.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

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

H(c) Group exemption number

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

J Website: WWW.SEWICKLEYYMCA.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1894 **M** State of legal domicile: PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE SEWICKLEY VALLEY YMCA IS TO BUILD A HEALTHY SPIRIT, (SEE SCH O)

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	384
6	Total number of volunteers (estimate if necessary)	6	281
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,283,596.	1,167,861.
9	Program service revenue (Part VIII, line 2g)	6,472,198.	7,189,169.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	309,627.	174,440.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,256.	5,792.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,078,677.	8,537,262.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	475,154.	539,746.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,054,815.	5,561,250.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 103,039.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,585,974.	2,945,084.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,115,943.	9,046,080.
19	Revenue less expenses. Subtract line 18 from line 12	-37,266.	-508,818.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	13,378,494.	13,630,250.
21	Total liabilities (Part X, line 26)	381,516.	662,357.
22	Net assets or fund balances. Subtract line 21 from line 20	12,996,978.	12,967,893.

Part II Signature Block

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

Sign Here

Signature of officer — Date

PATRICIA HOOPER, CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
ANDY BIANCO	ANDY BIANCO	03/11/26	☐	P01995396

Firm's name HOLSINGER, P.C. — Firm's EIN 23-2939307

Firm's address 117 VIP DRIVE, STE 220
WEXFORD, PA 15090 — Phone no. 724-934-4880

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF THE SEWICKLEY VALLEY YMCA IS TO BUILD A HEALTHY SPIRIT, MIND AND BODY BASED ON CHRISTIAN PRINCIPLES AND TO IMPROVE THE QUALITY OF LIFE FOR CHILDREN, INDIVIDUALS, AND FAMILIES IN THE QUAKER VALLEY, MOON AREA, CORNELL AND AMBRIDGE AREA SCHOOL DISTRICTS. (SEE SCH O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 2,998,814. including grants of $ 225,144.) (Revenue $ 3,050,224.)
SUMMARY: THE YMCA PROVIDES ACCESS TO HEALTH AND WELLNESS FACILITIES, PROGRAMS AND EXPERTISE FOR PEOPLE OF ALL AGES. THE YMCA PROMOTES AND PROVIDES SUPPORT FOR OVERALL HEALTH, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND A SUPPORTIVE ENVIRONMENT FOR ALL.

PROGRAM DESCRIPTIONS AND OUTCOMES:
YMCA YOUTH AND ADULT HEALTH AND WELLNESS/DISEASE PREVENTION:
THROUGH NUMEROUS PROGRAMS AND SERVICES, THE YMCA PROVIDES ACCESS TO AND EXPERTISE IN THE PROMOTION OF HEALTHY LIFESTYLES FOR PEOPLE OF ALL AGES. THE Y MAKES PHYSICAL ACTIVITY FUN AND ENJOYABLE FOR CHILDREN, GIVING THEM THE FOUNDATION ON WHICH TO BUILD A HEALTHY AND ACTIVE LIFE.
(SEE SCH O)

4b (Code:) (Expenses $ 3,281,240. including grants of $ 119,000.) (Revenue $ 3,295,509.)
YMCA CHILD CARE

CHILD CARE IS BOTH AN ECONOMIC ISSUE AND A CHILD DEVELOPMENT ISSUE FOR FAMILIES. THE YMCA PROVIDES AFFORDABLE ACCESS TO QUALITY CHILD CARE AND DEVELOPMENT SERVICES SO PARENTS CAN WORK WHILE THEIR CHILDREN RECEIVE THE EDUCATIONAL AND DEVELOPMENTAL SUPPORT THEY NEED TO BE SUCCESSFUL IN SCHOOL AND BEYOND. IN 2025, THE YMCA PROVIDED $119,000 IN DIRECT FINANCIAL ASSISTANCE AND CCIS FEE FORGIVENESS FOR 85 CHILDREN FOR CHILD CARE AND DEVELOPMENT SERVICES.

(SEE SCH O)

4c (Code:) (Expenses $ 1,016,016. including grants of $ 195,602.) (Revenue $ 759,919.)
YMCA YOUTH AND TEEN PROGRAMS

SUMMARY: THE YMCA OFFERS YOUTH AND TEENS PROGRAMS AND SERVICES THAT ALLOW CHILDREN TO DISCOVER WHO THEY ARE AND REACH THEIR FULL POTENTIAL. THROUGH A VARIETY OF PROGRAMS, CHILDREN HAVE THE ABILITY TO LEARN, GROW AND THRIVE IN A SUPPORTIVE ENVIRONMENT WHERE THEY LEARN THE CHARACTER VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY.

(SEE SCH O)

4d Other program services (Describe on Schedule O.)
(Expenses $ 1,164,477. including grants of $) (Revenue $ 83,517.)

4e Total program service expenses 8,460,547.

532002 12-15-25

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 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 during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
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 Rev. Proc. 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		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 donor-restricted endowments or in 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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete 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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	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 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	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
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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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		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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	14		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 384			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 on Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
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:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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 on Schedule O*	9			X

Section 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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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	
b	Describe on 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on 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	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed PA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

PATRICIA HOOPER - 412-741-9622
625 BLACKBURN ROAD, SEWICKLEY, PA 15143

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICIA HOOPER CEO	50.00			X				176,818.	0.	36,564.
(2) DORGAN, MARIA BOARD CHAIR	5.00	X		X				0.	0.	0.
(3) FLANNERY, KATHLEEN VICE CHAIR	2.00	X		X				0.	0.	0.
(4) KARAYUSUF, LEE TREASURER	2.00	X		X				0.	0.	0.
(5) CHRISTOF, BRAD SECRETARY	2.00	X		X				0.	0.	0.
(6) ALEXANDER. FELICIA BOARD MEMBER	2.00	X						0.	0.	0.
(7) DILORENZO, JONATHAN BOARD MEMBER	2.00	X						0.	0.	0.
(8) FRANZEN, MICHAEL BOARD MEMBER	2.00	X						0.	0.	0.
(9) HAMPE, HOLLY BOARD MEMBER	2.00	X						0.	0.	0.
(10) KALMAR, MEGHAN BOARD MEMBER	2.00	X						0.	0.	0.
(11) KARTO, YENNER BOARD MEMBER	2.00	X						0.	0.	0.
(12) LISKAY, DON BOARD MEMBER	2.00	X						0.	0.	0.
(13) PETRAK, SUSAN BOARD MEMBER	2.00	X						0.	0.	0.
(14) STEPHAN, J.P. BOARD MEMBER	2.00	X						0.	0.	0.
(15) VESCIO, ROB BOARD MEMBER	2.00	X						0.	0.	0.
(16) WALKER, KIRBY BOARD MEMBER	2.00	X						0.	0.	0.
(17) GENSHEIMER, MARK BOARD TRUSTEE	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LIEBSCHER, LESLIE BOARD TRUSTEE	2.00	X						0.	0.	0.
(19) URDA, JOHN TRUSTEE CHAIR	2.00	X		X				0.	0.	0.
(20) WHITE, CHERRY BOARD TRUSTEE	2.00	X						0.	0.	0.
(21) WILSON, JOSEPH BOARD TRUSTEE	2.00	X						0.	0.	0.
1b Subtotal								176,818.	0.	36,564.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								176,818.	0.	36,564.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MASONIC VILLAGE OF PA 1000 MASONIC DR, SEWICKLEY, PA 15143	RENT, CLEANING, FOOD SUPPLIES	129,878.
MONTESSORI CHILDREN'S COMMUNITY 474 CHADWICK ST, SEWICKLEY, PA 15143	FURNITURE AND APPLIANCES FOR NEW M	116,935.
LIMBACH COMPANY INC, 797 COMMONWEALTH DRIVE, WARRENDALE, PA 15086	REMODEL/REPAIRS FOR MULTIPLE PROJECTS	116,256.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 3

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,167,861.			
	g Noncash contributions included in lines 1a-1f	1g	$ 114,094.			
	h **Total.** Add lines 1a-1f		1,167,861.			
Program Service Revenue		Business Code				
	2a PROGRAM SERVICES	713940	4,450,460.	4,450,460.		
	b MEMBERSHIPS	713940	2,738,709.	2,738,709.		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		7,189,169.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		176,977.			176,977.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a	22,119.				
	b Less: rental expenses 6b	25,770.				
	c Rental income or (loss) 6c	-3,651.				
	d Net rental income or (loss)		-3,651.			-3,651.
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a	117,114.				
	b Less: cost or other basis and sales expenses 7b	119,651.				
	c Gain or (loss) 7c	-2,537.				
	d Net gain or (loss)		-2,537.			-2,537.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b Less: direct expenses 8b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 9a					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances 10a					
	b Less: cost of goods sold 10b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
	11a OTHER INCOME	900099	6,457.			6,457.
	b MERCHANDISE SALES	900099	2,986.			2,986.
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		9,443.			
	12 **Total revenue.** See instructions		8,537,262.	7,189,169.	0.	180,232.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	539,746.	539,746.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	176,818.	35,364.	106,090.	35,364.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,341,510.	4,219,410.	76,051.	46,049.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	293,362.	261,094.	29,336.	2,932.
9 Other employee benefits	391,956.	348,838.	39,197.	3,921.
10 Payroll taxes	357,604.	318,267.	35,761.	3,576.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	111,038.		111,038.	
d Lobbying				
e 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.)	12,360.	12,360.		
12 Advertising and promotion	95,350.	95,350.		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	753,892.	711,625.	39,376.	2,891.
17 Travel	47,300.	47,300.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,615.		4,615.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	830,650.	789,118.	33,226.	8,306.
23 Insurance	25,182.	25,182.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	544,894.	544,894.		
b BANK FEES	200,590.	192,786.	7,804.	
c TRAINING AND DUES	136,985.	136,985.		
d PURCHASED FOOD AND NON-	97,922.	97,922.		
e All other expenses	84,306.	84,306.		
25 **Total functional expenses.** Add lines 1 through 24e	9,046,080.	8,460,547.	482,494.	103,039.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		188,952.	1	250,269.
	2	Savings and temporary cash investments		1,758,715.	2	1,411,890.
	3	Pledges and grants receivable, net		117,220.	3	98,710.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		5,914.	9	60,931.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,433,505.			
	b	Less: accumulated depreciation	10b 14,332,936.	7,339,267.	10c	7,100,569.
	11	Investments - publicly traded securities		3,847,117.	11	4,324,920.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		121,309.	15	382,961.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		13,378,494.	16	13,630,250.
Liabilities	17	Accounts payable and accrued expenses		194,376.	17	227,697.
	18	Grants payable			18	
	19	Deferred revenue		76,268.	19	58,287.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		110,872.	25	376,373.
	26	**Total liabilities.** Add lines 17 through 25		381,516.	26	662,357.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		12,779,427.	27	12,754,892.
	28	Net assets with donor restrictions		217,551.	28	213,001.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		12,996,978.	32	12,967,893.
	33	Total liabilities and net assets/fund balances		13,378,494.	33	13,630,250.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,537,262.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,046,080.
3	Revenue less expenses. Subtract line 2 from line 1	3	-508,818.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,996,978.
5	Net unrealized gains (losses) on investments	5	479,733.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,967,893.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION OF SEWICKLEY VALLEY

Employer identification number 25-0979384

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2884345.	1992497.	869,990.	1283596.	1167861.	8198289.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4168518.	5199646.	6171972.	6472198.	7189169.	29201503.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	53,406.	57,154.	458,668.	18,790.	9,443.	597,461.
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	7106269.	7249297.	7500630.	7774584.	8366473.	37997253.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	38,000.	38,355.	53,583.	124,440.	171,903.	426,281.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	38,000.	38,355.	53,583.	124,440.	171,903.	426,281.
8 **Public support.** (Subtract line 7c from line 6.)						37570972.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	7106269.	7249297.	7500630.	7774584.	8366473.	37997253.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	164,435.	155,360.	140,656.	304,307.	170,839.	935,597.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	164,435.	155,360.	140,656.	304,307.	170,839.	935,597.
11 Net income from unrelated business activities not included on 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.)	7270704.	7404657.	7641286.	8078891.	8537312.	38932850.

14 **First 5 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 2025 (line 8, column (f), divided by line 13, column (f))	15	96.50 %
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	96.26 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	2.40 %
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	2.95 %

19a **33 1/3% support tests - 2025.** 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 - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**	
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**	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**	

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

		Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more 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**	
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**		
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**	
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**	
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**	

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**	
2 Enter 0.85 of line 1.	**2**	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**	
4 Enter greater of line 2 or line 3.	**4**	
5 Income tax imposed in prior year	**5**	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization
YOUNG MENS CHRISTIAN ASSOCIATION
OF SEWICKLEY VALLEY

Employer identification number
25-0979384

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
YOUNG MENS CHRISTIAN ASSOCIATION
OF SEWICKLEY VALLEY

Employer identification number
25-0979384

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 6,026.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 12,550.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
YOUNG MENS CHRISTIAN ASSOCIATION
OF SEWICKLEY VALLEY

Employer identification number
25-0979384

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 7,111.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 107,550.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 7,140.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 17,575.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
YOUNG MENS CHRISTIAN ASSOCIATION
OF SEWICKLEY VALLEY

Employer identification number
25-0979384

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 10,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
YOUNG MENS CHRISTIAN ASSOCIATION
OF SEWICKLEY VALLEY

Employer identification number
25-0979384

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 43,375.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
YOUNG MENS CHRISTIAN ASSOCIATION
OF SEWICKLEY VALLEY

Employer identification number
25-0979384

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 55,769.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: YOUNG MENS CHRISTIAN ASSOCIATION OF SEWICKLEY VALLEY

Employer identification number: 25-0979384

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
		$	
		$	
		$	
		$	
		$	

Name of organization

YOUNG MENS CHRISTIAN ASSOCIATION
OF SEWICKLEY VALLEY

Employer identification number

25-0979384

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)
(Rev. December 2024)
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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION OF SEWICKLEY VALLEY

Employer identification number 25-0979384

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,847,117.	3,583,678.	3,982,006.	4,754,489.	4,540,203.
b Contributions					
c Net investment earnings, gains, and losses	594,917.	380,058.	466,286.	-532,549.	398,959.
d Grants or scholarships					
e Other expenditures for facilities and programs	85,919.	87,570.	836,908.	211,248.	153,275.
f Administrative expenses	31,195.	29,049.	27,706.	28,686.	31,398.
g End of year balance	4,324,920.	3,847,117.	3,583,678.	3,982,006.	4,754,489.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 96.1000 %
b Permanent endowment _____ %
c Term endowment 3.9000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations? 3a(i)		X
(ii) Related organizations? 3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		411,136.		411,136.
b Buildings		19,511,861.	12,733,229.	6,778,632.
c Leasehold improvements				
d Equipment		1,396,936.	1,599,707.	-202,771.
e Other		113,572.		113,572.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				7,100,569.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FINANCE LEASE LIABILITY	82,569.
(3) OPERATING LEASE LIABILITY	293,804.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	376,373.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	9,042,765.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	479,733.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	25,770.		
e	Add lines 2a through 2d			2e	505,503.
3	Subtract line 2e from line 1			3	8,537,262.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	8,537,262.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	9,071,850.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	25,770.		
e	Add lines 2a through 2d			2e	25,770.
3	Subtract line 2e from line 1			3	9,046,080.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	9,046,080.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:
THE ENDOWMENT FUNDS WILL BE USED FOR THE IMPROVEMENT OF THE FACILITY AND THE CONTINUAL DEVELOPMENT OF PROGRAMS FOR THE PURPOSE SET FORTH IN THE ASSOCIATION BY-LAWS.

PART X, LINE 2:
THE YMCA RECORDS A LIABILITY FOR UNCERTAIN TAX POSITIONS, IF ANY, BASED ON MANAGEMENT'S JUDGEMENT OF THE RISK OF LOSS FOR ITEMS THAT HAVE BEEN OR MAY BE CHALLENGED BY TAXING AUTHORITIES. THE YMCA CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
RENTAL EXPENSES NETTED AGAINST RENTAL INCOME ON THE 990 25,770.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
RENTAL EXPENSES NETTED AGAINST RENTAL INCOME ON THE 990 25,770.

Part XIII Supplemental Information *(continued)*

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION OF SEWICKLEY VALLEY

Employer identification number 25-0979384

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS TO ASSIST MEMBERS WITH DUE PAYMENTS	1216	438,916.	0.		
FOOD INSECURITY PROGRAM	0	0.	80,130.	$1.97 PER POUND	IN 2025, THE YMCA CONTINUED ITS FOOD INSECURITY PROGRAM THAT OFFERS MONTHLY DELIVERY AND ACCESS TO SIX MINI FOOD
BACK TO SCHOOL SUPPLIES AND ANGEL TREE	0	0.	1,700.	FMV	
FREE MEMBERSHIPS	38	9,000.	0.		
WINTER COATS AND ACCESSORIES	0	0.	10,000.	$50 PER COAT	

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

(F) DESCRIPTION OF NON-CASH ASSISTANCE: IN 2025, THE YMCA CONTINUED ITS FOOD INSECURITY PROGRAM THAT OFFERS MONTHLY DELIVERY AND ACCESS TO SIX MINI FOOD PANTRIES THROUGHOUT THE COMMUNITY. THE YMCA DELIVERS FOOD BOXES MONTHLY TO RESIDENTS IN NEED, AVERAGING 100 DELIVERIES PER MONTH. THESE BOXES CONTAIN HEALTHY, NUTRITIOUS FOODS AND PANTRY ITEMS AND ARE ORGANIZED AND DELIVERED BY VOLUNTEERS. THE NEIGHBORHOOD FOOD PANTRIES SUPPLY NONPERISHABLE ITEMS THAT A RESIDENT CAN ACCESS AT ANY TIME. THESE FOOD PANTRIES ARE LOCATED IN SEWICKLEY, LEETSDALE, FAIR OAKS, AMBRIDGE, AND CRESCENT. IN 2025 THE YMCA PROVIDED 40,657POUNDS OF FOOD VALUED AT $80,130.

SEE PART IV FOR COLUMN (F) DESCRIPTIONS

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number: 25-0979384

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICIA HOOPER	(i)	176,818.	0.	0.	0.	36,564.	213,382.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

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

Employer identification number: 25-0979384

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		10,000.	$50 PER COAT
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				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	43,195	85,094.	$1.97 PER POUND
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (SUPPLIES)	X	0	19,000.	FMV
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number: 25-0979384

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MIND AND BODY BASED ON CHRISTIAN PRINCIPLES AND TO IMPROVE THE QUALITY OF LIFE FOR CHILDREN, INDIVIDUALS, AND FAMILIES IN THE QUAKER VALLEY, MOON AREA, CORNELL AND AMBRIDGE AREA SCHOOL DISTRICTS. THE YMCA PROVIDES FINANCIAL ASSISTANCE FOR MEMBERSHIP AND PROGRAMS TO THOSE IN NEED, SO THE YMCA REMAINS OPEN TO ALL IN THE COMMUNITY REGARDLESS OF THEIR FINANCIAL CIRCUMSTANCES. IN 2025, THE SEWICKLEY VALLEY YMCA PROVIDED $491,371 IN FINANCIAL ASSISTANCE FOR 1,324 INDIVIDUALS AND FAMILIES IN NEED OF YMCA PROGRAMS AND SERVICES.

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

THROUGHOUT OUR YOUTH PROGRAMS, THE Y PROVIDES HEALTHY SNACKS AND FOODS, AND OFFERS WATER AS THE DRINK OF CHOICE FOR CHILDREN. THE Y RECOGNIZES THAT CHILDHOOD OBESITY IS A GROWING NATIONAL CHALLENGE THAT WILL COST OUR NATION VALUABLE RESOURCES. THE SEWICKLEY VALLEY YMCA ALSO ABIDES BY THE HEALTHY EATING AND PHYSICAL ACTIVITY STANDARDS FOR CHILDREN IN OUR CHILD CARE PROGRAMS WHICH PROVIDE CHILDREN WITH A CONSISTENT EXAMPLE AND MODELING OF HEALTHY BEHAVIORS IN SCREEN-FREE ENVIRONMENTS. ADULTS HAVE ACCESS TO WELLNESS PROGRAMS AND COACHING, AND CAN PARTICIPATE IN GROUP WELLNESS PROGRAMS THAT PROMOTE PHYSICAL ACTIVITY, SOCIAL SUPPORT AND FOUNDATIONS TO BUILD AND MAINTAIN A HEALTHY LIFESTYLE FOR ALL PHASES OF LIFE AND PHYSICAL ABILITY. THE YMCA PROVIDES SUPPORT FOR INDIVIDUALS RECOVERING FROM SURGERY OR ILLNESS, AND FOR THOSE WHO ARE COPING WITH CHRONIC ILLNESSES, SUCH AS ARTHRITIS AND OTHER JOINT ISSUES, AND OBESITY AND ITS RELATED CONDITIONS. IN 2025, THE SEWICKLEY VALLEY YMCA CONTINUED TO OFFER HEALTH-IMPROVING PROGRAMS FOR PEOPLE SUFFERING FROM CHRONIC CONDITIONS OF ARTHRITIS AND PARKINSON'S DISEASE. THESE EVIDENCE-BASED PROGRAMS PROVIDE SUPPORT, COACHING AND HOLISTIC WELLNESS FOR PEOPLE SUFFERING FROM DISEASE. OVER TIME THESE PROGRAMS ARE SHOWN TO REDUCE RELIANCE ON MEDICAL TREATMENT AND LOWER HEALTH CARE COSTS AND IMPROVE QUALITY OF LIFE. THE YMCA PROVIDES COMMUNITY OUTREACH TO PROMOTE HEALTH. THE Y CONTINUES TO WORK WITH COMMUNITY PARTNERS TO PROMOTE HEALTHY BEHAVIORS THROUGH PARTICIPATION IN LOCAL HEALTH FAIRS AND COOPERATING WITH LOCAL ORGANIZATIONS TO LEND OUR EXPERTISE AS NEEDED. IN 2025, THE Y RECORDED 298,713 RECREATIONAL VISITS FROM COMMUNITY MEMBERS WHO PARTICIPATED IN EXERCISE CLASSES, SWAM IN THE Y'S TWO POOLS, UTILIZED HEALTH AND WELLNESS EQUIPMENT, PROGRAMS AND SERVICES AND PARTICIPATED IN GROUP SPORTS AND ACTIVITIES. THE Y PROVIDED 1,031 PEOPLE WITH A TOTAL OF $225,144 IN FINANCIAL SUPPORT TO ACCESS THESE PROGRAMS AND SERVICES.

YMCA AQUATICS:
THE YMCA BELIEVES THAT PROVIDING THE FOUNDATIONS FOR SAFE ENJOYMENT OF THE WATER CAN OPEN THE DOORS TO A LIFETIME OF WELLNESS AND PREVENT CHILD AND ADULT DROWNINGS. THE YMCA PROVIDES SWIM LESSONS FOR CHILDREN AND ADULTS OF ALL AGES, AND IN 2025 PROVIDED 903 CHILDREN WITH SWIM LESSONS. THE YMCA ALSO PROVIDED IN 2025 FREE OR REDUCED FEE SWIM LESSONS TO 51 CHILDREN WHO HAVE BEEN DIAGNOSED AS BEING ON THE AUTISM SPECTRUM. IN PARTNERSHIP WITH THE CORNELL SCHOOL DISTRICT AND THE CORAOPOLIS NAACP, THE Y PROVIDED FREE SWIM LESSONS TO 30 STUDENTS

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ENROLLED IN THE 21ST CENTURY SUMMER LEARNING PROGRAM. THIS PROGRAM HELPS CHILDREN LEARN WATER SAFETY AND DEVELOP SOCIAL SKILLS IN AN ENVIRONMENT THAT IS CONDUCIVE TO LEARNING AND BUILDING SOCIAL BONDS AND IS TAUGHT BY STAFF TRAINED FOR THIS POPULATION. THE YMCA BUILDS CHARACTER AND LIFE SKILLS BY ENCOURAGING CHILDREN TO PARTICIPATE IN THE Y SWIM TEAM PROGRAM WHERE THEY ARE COACHED IN WAYS THAT BUILD ON OUR CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY, AND HAD A ROSTER IN 2025 OF 138 YOUTH SWIMMERS. THE Y HOSTS THE JOINT QUAKER VALLEY/SEWICKLEY ACADEMY SWIM TEAM EACH SEASON SO AS TO RELIEVE THE DISTRICT OF THE FINANCIAL BURDEN OF HAVING TO OPERATE AND MAINTAIN ITS OWN POOL. THE YMCA PROVIDED 130 HOURS OF POOL TIME AND LIFEGUARD STAFF IN SUPPORT OF THE QUAKER VALLEY/SEWICKLEY ACADEMY SWIM TEAM. IN 2025, THE Y RECORDED 1,285 INDIVIDUALS REGISTERING FOR LAP SWIMMING, SERVING A PRIMARILY AN ADULT POPULATION.

YMCA OLDER ADULTS

THE YMCA PROVIDES NUMEROUS PROGRAMS AND SERVICES TO SUPPORT THE HEALTH AND WELFARE OF OLDER ADULTS. THE YMCA PROMOTES AND PROVIDES OPPORTUNITIES FOR PHYSICAL ACTIVITY, CREATION AND MAINTENANCE OF STRONG SOCIAL CONNECTIONS, ACCESS TO VOLUNTEER OPPORTUNITIES AND CONNECTS SENIORS WITH NEEDED COMMUNITY RESOURCES. THE YMCA ALSO OPERATES AND MAINTAINS A VOLUNTEER-BASED TRANSPORTATION PROGRAM FOR SENIORS THAT PROVIDES FREE TRANSPORTATION TO DOCTOR APPOINTMENTS AND MEDICAL TREATMENTS FOR SENIORS IN OUR AREA WHO ARE UNABLE TO DRIVE BUT OTHERWISE ARE FIT TO LIVE IN THEIR HOMES AND REMAIN IN THEIR COMMUNITIES. IN 2025, THE FAITH IN ACTION PROGRAM ORGANIZED 29 VOLUNTEERS WHO PROVIDED 794 TRIPS FOR ELDERLY RESIDENTS IN OUR COMMUNITY SO THEY COULD RECEIVE MEDICAL CARE, AND DELIVERED 1,250 FOOD BOXES TO LOCAL FAMILIES, INCLUDING THE ELDERLY, WHO WERE STRUGGLING WITH FOOD INSECURITY. WITHOUT THIS SERVICE, SENIORS IN OUR AREA MAY BE FORCED TO MOVE INTO ASSISTED LIVING FACILITIES, OR FORGO MEDICAL CARE AND TREATMENTS FOR LACK OF TRANSPORTATION TO ACCESS CARE. EIGHTY FIVE PERCENT OF SENIORS SERVED IN THIS PROGRAM ARE AGE 70 OR OLDER, AND 75 PERCENT HAVE LITTLE OR NO FAMILY SUPPORT IN THE VICINITY.
IN 2025, THE YMCA EXPANDED ITS OLDER ADULT OUTREACH TO INCLUDE A FREE REFERRAL SERVICE FOR COMMUNITY-BASED RESOURCES. THIS SERVICE PROVIDES OLDER ADULTS AND THEIR CAREGIVERS WITH ACCESS TO LOCAL RESOURCES AND CONSULTATION FROM Y STAFF TO IDENTIFY THE APPROPRIATE RESOURCES. IN 2025, 291 REFERRALS WERE PROVIDED TO OLDER ADULTS AND THEIR CAREGIVERS. ADDITIONALLY, THE YMCA LAUNCHED A SAFE AT HOME PROGRAM TO HELP OLDER ADULTS ASSESS THEIR HOMES FOR SAFETY HAZARDS IN ORDER TO PREVENT FALLS, ACCIDENTS AND INJURIES IN THEIR HOME SETTINGS.
ADDITIONALLY, THE YMCA HAS EXPANDED ITS SOCIAL OFFERINGS FOR OLDER ADULTS TO ADDRESS SOCIAL ISOLATION AS A RISK FACTOR FOR POOR HEALTH IN THE ELDERLY. THE YMCA OFFERS FREE SENIOR SOCIAL EVENTS TWICE A MONTH WHICH ARE FREE AND OPEN TO ALL OLDER ADULTS IN THE COMMUNITY. THE YMCA ALSO PROVIDES PHYSICAL AND SOCIAL ACTIVITIES ONSITE AT TWO LOCAL LOW-INCOME SENIOR HIGH-RISES SO THAT THOSE WHO DO NOT HAVE ACCESS TO TRANSPORTATION CAN BENEFIT FROM YMCA PROGRAMS.
THE YMCA SPONSORED A SENIOR EXPO THAT OFFERED OLDER ADULTS IN THE COMMUNITY THE OPPORTUNITY TO ENGAGE WITH 35 AGENCIES AND RECEIVE HEALTH SCREENINGS AND VACCINES. THIS EVENT IS FREE AND OPEN TO THE PUBLIC.
THE Y OFFERS NUMEROUS OPPORTUNITIES FOR OLDER ADULTS TO BE SOCIALLY ENGAGED WITH OTHERS THROUGH CLUBS, LUNCHES, COFFEE SESSIONS AND OTHER ACTIVITIES DESIGNED SPECIFICALLY TO MEET THEIR NEEDS. THE Y ALSO OFFERS

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NUMEROUS WELLNESS CLASSES BOTH IN WATER AND ON LAND TARGETED TO HELP OLDER ADULTS AGE IN HEALTHY WAYS.
IN 2025, THE YMCA OPENED THE THRIVE CENTER FOR HEALTHY AGING TO PROVIDE CLASSES AND PROGRAMS GEARED TOWARD HELPING THE COMMUNITY AGE IN HEALTHY WAYS. OFFERINGS INCLUDE CLASSES TO PROMOTE A HEALTHY NECK AND BACK, BETTER BALANCE, STRENGTH AND CONDITIONING FOR OLDER ADULTS AND FALL PREVENTION. IN ALL, THE Y SERVED 623 INDIVIDUALS IN THESE HEALTHY AGING CLASSES AND PROGRAMS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
YMCA CHILD CARE AND DEVELOPMENT: THE YMCA PROVIDES FOR THE CARE AND DEVELOPMENT OF CHILDREN YEAR-ROUND. IN 2025, 339 CHILDREN RECEIVED DIRECT CARE AND DEVELOPMENT FROM THE YMCA THROUGH ITS LICENSED CHILD CARE AND DEVELOPMENT PROGRAMS. THESE PROGRAMS PROVIDE VITAL AFFORDABLE CHILD CARE FOR STRUGGLING WORKING FAMILIES SO PARENTS CAN AFFORD TO GO TO WORK. WHILE IN OUR CARE, CHILDREN RECEIVE EDUCATION AND DEVELOPMENT FROM AN AGE-APPROPRIATE CURRICULUM THAT INCLUDES FOUNDATIONS OF SCIENCE, TECHNOLOGY, ENGINEERING, ARTS AND MATH (STEAM), ALONG WITH OPPORTUNITIES TO DEVELOP SOCIALLY, EMOTIONALLY AND PHYSICALLY THROUGH STRUCTURED ACTIVITIES, EXPERIENCES AND PHYSICAL PLAY BOTH AT THE Y AND IN THE COMMUNITY. THE YMCA PROVIDES FINANCIAL ASSISTANCE FOR FAMILIES IN NEED, AND ALSO PARTNERS WITH THE STATE TO PROVIDE ACCESS FOR LOW-INCOME WORKING FAMILIES. THE YMCA PROVIDES THESE SERVICES AT ITS CAMPUS, AND AT FOUR EXTENSION SITES THROUGHOUT ITS SERVICE AREA, AND SERVES CHILDREN RANGING IN AGE FROM SIX WEEKS TO FIFTH GRADE.

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

PROGRAM DESCRIPTIONS AND OUTCOMES:
YMCA SUMMER DAY CAMP:
DURING THE SUMMER MONTHS, CHILDREN AND PARENTS ARE FACED WITH WEEKS OF UNSTRUCTURED TIME. THE YMCA SUMMER DAY CAMP PROVIDES A STRUCTURED AND FUN ATMOSPHERE FOR CHILDREN TO BE PHYSICALLY ACTIVE, DEVELOP NEW SKILLS, IMPROVE THEIR SWIMMING AND WATER SAFETY, AND GROW SOCIALLY AND EMOTIONALLY AS THEY MEET NEW PEOPLE AND TAKE ON NEW CHALLENGES. IN 2025, 707 REGISTERED CHILDREN PARTICIPATED IN THE Y'S SUMMER DAY CAMP. THE YMCA PROVIDED $94,772 IN DIRECT FINANCIAL ASSISTANCE FOR 100 CHILDREN ATTENDING CAMP.

YMCA YOUTH AND TEEN SPORTS AND ACTIVITIES:

THE YMCA PROVIDES NUMEROUS OPPORTUNITIES YEAR-ROUND FOR CHILDREN OF ALL AGES TO ENGAGE IN HEALTHY ACTIVITIES THAT PROMOTE THE YMCA CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY. FROM SPORTS PROGRAMS FOR BASKETBALL, FLAG FOOTBALL AND RUNNING, TO PARENT-CHILD PROGRAMS LIKE FAMILY GYM, CHILDREN HAVE THE OPPORTUNITY TO LEARN AND GROW WITH THEIR FAMILIES AND AS INDIVIDUALS AT THE YMCA. THE YMCA OASIS AFTER SCHOOL PROGRAM PROVIDES A SAFE AND HEALTHY PLACE FOR MIDDLE SCHOOL CHILDREN IN THE AFTER-SCHOOL HOURS WHERE THEY CAN GET A HEALTHY SNACK, TUTORING, ENJOY ORGANIZED ACTIVITIES AND HAVE THE GUIDANCE AND SUPPORT OF CARING ADULTS WHEN MANY CHILDREN WOULD OTHERWISE GO HOME TO AN EMPTY HOUSE, OR FALL PREY TO RISKY BEHAVIORS. THIS PROGRAM IS FREE TO ALL MIDDLE SCHOOL AND HIGH SCHOOL CHILDREN IN THE COMMUNITY, AND HAS AVERAGE ATTENDANCE OF 25-30 YOUTHS A DAY. THE YMCA COLLABORATES WITH OTHER LOCAL ORGANIZATIONS, CHURCHES AND SCHOOLS TO IDENTIFY AREAS OF NEED, POOL RESOURCES FOR PROGRAMS, SHARE FACILITIES, INFORMATION AND

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BEST PRACTICES ON MATTERS RELATED TO CHILD GROWTH, DEVELOPMENT AND EMERGING CHALLENGES.

FOOD INSECURITY:
IN 2025, THE YMCA CONTINUED ITS FOOD INSECURITY PROGRAM THAT OFFERS MONTHLY DELIVERY AND ACCESS TO SIX MINI FOOD PANTRIES THROUGHOUT THE COMMUNITY. THE YMCA DELIVERS FOOD BOXES MONTHLY TO RESIDENTS IN NEED, AVERAGING 100 DELIVERIES PER MONTH. THESE BOXES CONTAIN HEALTHY, NUTRITIOUS FOODS AND PANTRY ITEMS AND ARE ORGANIZED AND DELIVERED BY VOLUNTEERS. THE NEIGHBORHOOD FOOD PANTRIES SUPPLY NONPERISHABLE ITEMS THAT A RESIDENT CAN ACCESS AT ANY TIME. THESE FOOD PANTRIES ARE LOCATED IN SEWICKLEY, LEETSDALE, FAIR OAKS, AMBRIDGE, AND CRESCENT. IN 2025 THE YMCA PROVIDED 40,657POUNDS OF FOOD VALUED AT $80,130.

ADDITIONALLY, THE YMCA PROVIDED IN-KIND SERVICES FOR THE ANNUAL ANGEL TREE VALUED AT $14,000; BACK-TO-SCHOOL SUPPLIES VALUED AT $1,700; 38 FREE YOUTH AND TEEN MEMBERSHIPS VALUED AT $9,000; AND YOUTH WINTER COATS AND ACCESSORIES VALUED AT $10,000.

FORM 990, PART VI, SECTION A, LINE 6:
MEMBERS ARE DESCRIBED IN THE LINE 7A NOTE BELOW.

FORM 990, PART VI, SECTION A, LINE 7A:
THROUGHOUT 2025, THE YMCA SERVED 11,405 MEMBERS, OF WHICH 7,930 WERE 18 OR OLDER AND CLASSIFIED AS VOTING MEMBERS UNDER THE ORGANIZATION'S BYLAWS.

VOTING IN THE ANNUAL ELECTION IS THE ONLY GOVERNANCE ROLE OF THE YMCA MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:
PRIOR TO SUBMISSION OF THE IRS FORM 990 TO THE INTERNAL REVENUE SERVICE, THE SEWICKLEY VALLEY YMCA FINANCE COMMITTEE MEETS WITH AN INDEPENDENT AUDITOR TO RECEIVE A FORMAL PRESENTATION OF THE FINANCIAL AUDIT, THE COMPLETED IRS FORM 990, AND THE MANAGEMENT LETTER FOR THE PREVIOUS FISCAL YEAR. FOLLOWING THE PRESENTATION, AND AFTER ALL QUESTIONS HAVE BEEN ANSWERED, THE FINANCE COMMITTEE FORMALLY VOTES TO ACCEPT OR REJECT THE AUDIT AND THE COMPLETED IRS FORM 990. FOLLOWING A FAVORABLE VOTE, THE AUDIT, MANAGEMENT LETTER, AND COMPLETED IRS FORM 990 ARE SUBMITTED TO THE FULL BOARD OF DIRECTORS FOR A PERIOD OF REVIEW. FOLLOWING FULL BOARD REVIEW, THE IRS FORM 990 IS SIGNED AND SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:
THE FOLLOWING CONFLICT OF INTEREST POLICY AND PROCEDURE WAS ADOPTED AND IMPLEMENTED BY THE SEWICKLEY VALLEY YMCA BOARD OF DIRECTORS IN SEPTEMBER, 2008:

SEWICKLEY VALLEY YMCA
CONFLICT OF INTEREST POLICY AND PROCEDURES
I. PURPOSE OF THE CONFLICT OF INTEREST POLICY
THE PURPOSE OF THE CONFLICT OF INTEREST POLICY OF THE SEWICKLEY VALLEY YMCA IS TO PROTECT THE YMCA WHEN IT IS CONTEMPLATING ENTERING INTO A CONTRACT, TRANSACTION OR ARRANGEMENT THAT HAS THE POTENTIAL FOR BENEFITING THE PRIVATE INTEREST OF A "SIGNIFICANT PERSON" AS DEFINED BELOW. THIS POLICY IS INTENDED TO SUPPLEMENT, BUT NOT REPLACE, ANY APPLICABLE STATE AND FEDERAL LAWS GOVERNING CONFLICT OF INTEREST APPLICABLE TO NONPROFIT AND CHARITABLE ORGANIZATIONS.

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II. STATEMENT OF POLICY

THE YMCA WILL NOT ENGAGE IN ANY CONTRACT, TRANSACTION OR ARRANGEMENT INVOLVING A CONFLICT OF INTEREST WITHOUT ESTABLISHING APPROPRIATE SAFEGUARDS TO PROTECT THE INTERESTS OF THE YMCA. TO THAT END:

A. EACH SIGNIFICANT PERSON MUST PROMPTLY, FULLY AND TIMELY COMPLY WITH THE DISCLOSURE REQUIREMENTS SET FORTH IN THIS POLICY, OR AS OTHERWISE ADOPTED BY THE BOARD IN ACCORDANCE WITH THIS POLICY.

B. ALL TRANSACTIONS, CONTRACTS OR ARRANGEMENTS INVOLVING A CONFLICT OF INTEREST MUST BE REVIEWED BY THE BOARD OR BY A DESIGNATED BODY OF DISINTERESTED PERSONS.

C. THE BOARD, OR DESIGNATED BODY, MUST DETERMINE BY A MAJORITY VOTE OF DISINTERESTED PERSONS, THAT APPROPRIATE SAFEGUARDS ARE IN PLACE TO PROTECT THE INTERESTS OF THE YMCA AND ARE CONSISTENT WITH THE PURPOSES OF THIS POLICY.

D. WHERE APPROPRIATE, THE BOARD OR DESIGNATED BODY SHALL SEEK ADVICE OF LEGAL COUNSEL.

THIS POLICY APPLIES TO (A) SIGNIFICANT PERSONS, AND (B) ANY CONTRACT, TRANSACTION OR ARRANGEMENTS INVOLVING THE Y.

III. DEFINITIONS APPLICABLE TO THE POLICY

SIGNIFICANT PERSON - ANY DIRECTOR, OFFICER, KEY EMPLOYEE OR COMMITTEE MEMBER WITH BOARD DELEGATED POWERS IS A SIGNIFICANT PERSON. NOTE: THIS REFLECTS AN INTENTIONAL SHIFT (FROM "INTERESTED PERSON') TO FOCUS ON A BROADER CLASS OF INDIVIDUALS; IT IS INTENDED TO APPLY TO ALL DECISION MAKERS, NOT JUST THOSE SIGNIFICANT BY THE INTERMEDIATE SANCTIONS REGULATIONS.

CONFLICT OF INTEREST - A "CONFLICT OF INTEREST" EXISTS WHENEVER A SIGNIFICANT PERSON HAS A SIGNIFICANT PERSONAL INTEREST IN A PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT TO WHICH THE Y MAY BE A PARTY, NOTE: ATTENTION SHOULD ALSO BE PLACED ON THE ORGANIZATIONAL COSTS ASSOCIATED WITH THE "APPEARANCE" OF IMPROPRIETY CREATED BY A PERSONAL INTEREST EVEN IF IT DOES NOT CONSTITUTE AN ACTUAL CONFLICT OF INTEREST.

SIGNIFICANT PERSONAL INTEREST - A SIGNIFICANT PERSONAL INTEREST EXISTS IF THE SIGNIFICANT PERSON, DIRECTLY OR INDIRECTLY, THROUGH BUSINESS, INVESTMENT, OR FAMILY MEMBER, HAS A(N):

A. OWNERSHIP OR INVESTMENT INTEREST IN ANY ENTITY WITH WHICH THE YMCA HAS A CONTRACT, TRANSACTION OR ARRANGEMENT;

B, COMPENSATION ARRANGEMENT WITH THE YMCA;

C. COMPENSATION ARRANGEMENT WITH ANY ENTITY OR INDIVIDUAL WITH WHICH THE YMCA HAS A CONTRACT, A TRANSACTION OR ARRANGEMENT;

D. POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN, OR COMPENSATION ARRANGEMENT WITH, ANY ENTITY OR INDIVIDUAL WITH WHICH THE YMCA IS NEGOTIATING (OR IS PROPOSING TO NEGOTIATE) A CONTRACT, A TRANSACTION OR ARRANGEMENT; OR

E. FIDUCIARY POSITION (E.G., MEMBER, OFFICER, DIRECTOR, COMMITTEE MEMBER), WHETHER COMPENSATED OR UNCOMPENSATED, WITH ANOTHER, UNAFFILIATED ORGANIZATION (I) WHICH DIRECTLY COMPETES WITH THE YMCA IN TERMS OF SERVICE OR FOR CHARITABLE CONTRIBUTIONS; OR (II) WITH WHICH THE YMCA HAS (OR IS PROPOSING TO ENTER INTO) A CONTRACT, TRANSACTION OR ARRANGEMENT.

COMPENSATION INCLUDES DIRECT AND INDIRECT REMUNERATION, CONSULTING FEES, BOARD OR ADVISORY COMMITTEE FEES, HONORARIA, AS WELL AS GIFTS OR FAVORS THAT ARE NOT INSUBSTANTIAL.

A SIGNIFICANT INTEREST IS NOT NECESSARILY A CONFLICT OF INTEREST. ARTICLE IV, SECTION 4 DESCRIBES THE PROCEDURE THAT WILL BE USED TO DECIDE WHETHER OR NOT A CONFLICT OF INTEREST EXISTS.

FAMILY MEMBER - WITH RESPECT TO A SIGNIFICANT PERSON, A "FAMILY MEMBER" MEANS:
A. THE PERSON'S SPOUSE;
B, A BROTHER, SISTER, PARENT, GRANDPARENT, CHILD, GRANDCHILD, GREAT GRANDCHILD (BY WHOLE OR HALF BLOOD)
OF THE PERSON OR THE PERSON'S SPOUSE, OR
C. THE SPOUSE OF AN INDIVIDUAL LISTED IN PARAGRAPH (B),
HOWEVER, A FAMILY MEMBER INCLUDES INDIVIDUALS LISTED IN PARAGRAPHS (A) AND (B) (OTHER THAN A CHILD) ONLY IF THE INDIVIDUAL LIVES IN THE PERSON'S HOUSEHOLD, THE PERSON MANAGES THE INDIVIDUAL'S FINANCIAL AFFAIRS, OR THE PERSON IS AWARE WITHOUT SPECIAL INQUIRY THAT THE FAMILY MEMBER HOLDS A PARTICULAR INTEREST.

IV. PROCEDURES FOR IDENTIFICATION OF POTENTIAL CONFLICTS OF INTEREST
ANNUAL QUESTIONNAIRE - EACH SIGNIFICANT PERSON SHALL COMPLETELY, ACCURATELY AND TIMELY SUBMIT THE ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE (THE "ANNUAL QUESTIONNAIRE") AS PREPARED AND DISTRIBUTED BY THE BOARD [OR COMMITTEE].
DUTY TO DISCLOSE - A SIGNIFICANT PERSON MUST DISCLOSE THE EXISTENCE OF ANY INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE PERSONS THE BOARD HAS DESIGNATED TO CONSIDER THE PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT. SUCH INFORMATION MUST BE PROVIDED SO THAT DECISIONS ARE MADE WITH FULL KNOWLEDGE AND UNDERSTANDING OF THE SIGNIFICANT PERSON'S INTEREST.
CONTINUING DISCLOSURES - IF, AFTER COMPLETION OF THE ANNUAL QUESTIONNAIRE, ANY SIGNIFICANT PERSON BECOMES AWARE OF ANYTHING THAT COULD GIVE RISE TO A POTENTIAL CONFLICT OF INTEREST WITH RESPECT TO A PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT INVOLVING THE YMCA, THE SIGNIFICANT PERSON SHALL PROMPTLY DISCLOSE THAT INTEREST TO THE BOARD OR ITS DESIGNEE.

V. PROCEDURE FOR DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS
THE BOARD [OR COMMITTEE] SHALL DETERMINE BY A MAJORITY VOTE OF DISINTERESTED DIRECTORS WHETHER THE DISCLOSED INTEREST MAY RESULT IN A CONFLICT OF INTEREST AFTER MEETING, DISCUSSING AND VOTING ON THE MATTER.
THE BOARD [OR COMMITTEE] SHALL:
A. REVIEW RESPONSES TO THE ANNUAL QUESTIONNAIRE AND ANY CONTINUING DISCLOSURES THAT ARE MADE DURING THE YEAR;
B. TAKE SUCH STEPS AS ARE NECESSARY TO IDENTIFY AND REVIEW ANY SO IDENTIFIED;
C. TAKE SUCH FURTHER INVESTIGATION AS IT DEEMS APPROPRIATE WITH REGARD TO INTERESTS DISCLOSED OR IDENTIFIED; AND
D. DETERMINE WHETHER ANY SUCH INTEREST GIVES RISE TO A CONFLICT OFINTEREST.
THE BOARD [OR COMMITTEE] MAY REQUEST ADDITIONAL INFORMATION CONCERNING THE RELEVANT INTEREST FROM ALL REASONABLE SOURCES BEFORE REACHING A DETERMINATION. A SIGNIFICANT PERSON MAY MAKE A PRESENTATION AT THE BOARD [OR COMMITTEE] MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE OF, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

VI. PROCEDURE WHEN A CONFLICT OF INTEREST EXISTS
WHERE A CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE YMCA SHALL NOT ENTER INTO THE PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT UNLESS THE BOARD [OR COMMITTEE THEREOF] HAS COMPLIED WITH THE FOLLOWING:
A. THE CHAIRPERSON OF THE BOARD [OR COMMITTEE] SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED CONTRACT, TRANSACTION OR ARRANGEMENT.

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B. AFTER EXERCISING DUE DILIGENCE, THE BOARD [OR COMMITTEE] SHALL DETERMINE WHETHER THE YMCA CAN, WITH REASONABLE EFFORTS, GET A MORE ADVANTAGEOUS CONTRACT, TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY WITHOUT A CONFLICT OF INTEREST.

C. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE, THE BOARD [OR COMMITTEE] SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE Y'S 'BEST INTEREST", FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION, THE BOARD SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE CONTRACT, TRANSACTION OR ARRANGEMENT.

VII. PROCEDURE FOR VIOLATIONS OF THE POLICY

A. IF THE BOARD [OR COMMITTEE] HAS REASONABLE CAUSE TO BELIEVE A SIGNIFICANT PERSON HAS FAILED TO COMPLY WITH THE DISCLOSURE REQUIREMENTS IN THIS POLICY, IT SHALL INFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD THE PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

B. IF, AFTER HEARING THE SIGNIFICANT PERSON'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD [OR COMMITTEE] DETERMINES THE SIGNIFICANT PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15B:
THE FOLLOWING EXECUTIVE COMPENSATION REVIEW PROCESS WAS ADOPTED AND IMPLEMENTED BY THE SEWICKLEY VALLEY YMCA BOARD OF DIRECTORS IN SEPTEMBER, 2008:

SEWICKLEY VALLEY YMCA
IRS INTERMEDIATE SANCTIONS
REBUTTABLE PRESUMPTION STATEMENT
YEAR _____ TOTAL REWARDS DATA
EXECUTIVE DIRECTOR:
(DATE OF EMPLOYMENT AT THE SEWICKLEY VALLEY YMCA:
ANNUAL COMPENSATION:
BASE ANNUAL SALARY:
ANNUAL INCENTIVE:
(BASED ON MEAN SALARY INCREASE
OVER PAST FIVE YEARS)
LONG TERM INCENTIVE:
TOTAL CASH:
BASIC & SUPPLEMENTAL INSURANCE BENEFITS:
MEDICARE INSURANCE:
HEALTH INSURANCE:
DENTAL INSURANCE:
AD&D INSURANCE:
LIFE INSURANCE:
SHORT-TERM DISABILITY INSURANCE:
LONG-TERM DISABILITY INSURANCE:
WORKERS' COMPENSATION INSURANCE:
TOTAL INSURANCE BENEFITS:
BASIC & SUPPLEMENTAL RETIREMENT BENEFITS:
SOCIAL SECURITY:
QUALIFIED PENSION FUND:
(12% OF GROSS SALARY PAID TO THE
YMCA RETIREMENT FUND)

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TOTAL RETIREMENT BENEFITS:
FLEXIBLE PERQUISITES PLAN:
PERCENT OF ANNUAL SALARY OR DOLLAR AMOUNT ALLOCATED FOR PERQUISITES:
ALTERNATIVE PERQUISITES:
CAR/CAR ALLOWANCE:
CELLULAR TELEPHONE:
PROFESSIONAL DUES:
LEGAL SERVICES:
FINANCIAL COUNSELING:
YMCA MEMBERSHIP:
EXECUTIVE PHYSICAL EXAM:
CONTINUING PROFESSIONAL EDUCATION: $
HOME COMPUTER LAPTOP:
OTHER:
TOTAL ALTERNATIVE PERQUISITES: $
TOTAL REWARDS COMPARISON
SOURCE OF COMPARABILITY:
2009 YMCA OF THE USA SALARY ADMINISTRATION GUIDELINE RECOMMENDATION
COMPETITIVE PERCENTILE COMPETITIVE VALUE YEAR 2008
ANNUAL COMPENSATION
BASIC & SUPPLEMENTAL
INSURANCE BENEFITS
BASIC & SUPPLEMENTAL
RETIREMENT BENEFITS
FLEXIBLE PERQUISITES PLAN
ALTERNATIVE PERQUISITES PLAN
TOTAL REWARDS OPPORTUNITY
OFFICE OR FILE WHERE COMPARABILITY DATA KEPT:
DECISION-MAKING BODY COMPENSATION APPROVAL
MEMBER NAME APPROVED / NOT APPROVED/ DATE APPROVED
COMPARABILITY DATA RELIED UPON BY AUTHORIZED BODY AND HOW DATA WAS OBTAINED
NAMES AND ACTIONS (IF ANY) BY MEMBERS OF AUTHORIZED BODY HAVING CONFLICT OF INTEREST
DATE OF PREPARATION OF THIS DOCUMENT (MUST BE PREPARED BY THE LATTER OF THE NEXT MEETING OF AUTHORIZED BODY, OR SIXTY DAYS AFTER AUTHORIZED BODY APPROVED COMPENSATION)
DATE OF APPROVAL OF THIS DOCUMENT BY THE BOARD OF DIRECTORS (MUST BE WITHIN REASONABLE TIME AFTER PREPARATIONS OF DOCUMENT ABOVE)
BOARD OF DIRECTORS APPROVAL: SEPTEMBER 23, 2008
LEGAL REVIEW COMPLETED: SEPTEMBER 8, 2008

FORM 990, PART VI, SECTION C, LINE 19:
THE SEWICKLEY VALLEY YMCA PRESENTS THE FOLLOWING GOVERNING DOCUMENTS FOR PUBLIC VIEW UPON REQUEST DURING NORMAL BUSINESS HOURS IN A VIEW NOTEBOOK HELD IN THE EXECUTIVE DIRECTORS' OFFICE:

SEWICKLEY VALLEY YMCA MISSION, THEME AND BRIEF HISTORY
SEWICKLEY VALLEY YMCA FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
GOVERNANCE POLICIES:
CODE OF ETHICS
CONFLICT OF INTEREST POLICY
RECORD RETENTION AND DOCUMENT DESTRUCTION POLICY
WHISTLEBLOWER POLICY, EXECUTIVE COMPENSATION POLICY
STAFF AND VOLUNTEER EXPENSES AND ALLOWANCES POLICY
COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF STATE BUREAU OF CHARITABLE

Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION OF SEWICKLEY VALLEY

Employer identification number 25-0979384

ORGANIZATIONS - CERTIFICATE OF REGISTRATION
SEWICKLEY VALLEY YMCA AUDITED FINANCIAL STATEMENTS
SEWICKLEY VALLEY YMCA AMENDED AND RESTATED ARTICLES OF INCORPORATION
SEWICKLEY VALLEY YMCA BY-LAWS AND COMMITTEE COMMISSIONS
SEWICKLEY VALLEY YMCA INCOME AND SALES TAX EXEMPTION INFORMATION
SEWICKLEY VALLEY YMCA STRATEGIC PLAN
SEWICKLEY VALLEY YMCA ANNUAL REPORT

FORM 990, PART XII, LINE 2C:
THE PROCESS FOR REVIEWING, APPROVING, AND FILING THE FORM 990 HAS NOT CHANGED FROM PRIOR YEAR.