efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

DLN: 93493312011168 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Form **990**

I ī foundations)

Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 Open to Public Inspection

□ Add	dress me ch		GREATER PITTSBURGH CONV & VISITORS BUREAU INC	/ENTION			25-07:		ication number
☐ Ini		eturn rn/terminated	VISIT PITTSBURGH						
☐ Am	nende	ed return on pending	Number and street (or P O b 5TH AVE PLACE 120 5TH AVE	oox if mail is not delivered to street addres E NO 2800	s) Room/su	ııte		one number 281-7711	
			City or town, state or province PITTSBURGH, PA 15222	ce, country, and ZIP or foreign postal code			G Gross r	eceipts \$ 1	4,515,638
			F Name and address of process o	rincipal officer		su	this a group ribordinates? e all subordina		□Yes ☑No
I Tax	x-exe	mpt status	501(c)(3) 2 501(c)((6) ◀ (insert no) ☐ 4947(a)(1) or	527	(- / ind	cluded? "No," attach a		Yes No
J W	ebsit	te:► WW	W VISITPITTSBURGH COM			H(c) Gr	oup exemptio	n number	>
K Forn	n of o	organization	✓ Corporation ☐ Trust ☐	Association ☐ Other ►		L Year of fo	ormation 1997	M State	of legal domicile PA
Pa	rt I	Sum	mary			1		1	
	1	Briefly des TO PROMO	scribe the organization's mis DTE PITTSBURGH (ALLEGHE	sion or most significant activities NY COUNTY) TO THE WORLD AND TI	HE WORLD	TO PITTSE	BURGH (ALLEG	HENY CO	JNTY)
E E	:								
Activities & Governance				ion discontinued its operations or dis		nore than 2	25% of its net		
জ জ	l		-	overning body (Part VI, line 1a) .			•	3	21
~ √	l		-	pers of the governing body (Part VI,				4	21
Ě	l		• •	d in calendar year 2017 (Part V, line	•		• •	5	83
} ct	l		·	e if necessary)				6	0
~	l			m Part VIII, column (C), line 12 . ne from Form 990-T, line 34				7a 7b	0
	b	Net unie	ated business taxable incom	ne from Form 990-1, line 34	• • •		· · Prior Year	/b	Current Year
	R	Contribut	none and grants (Part VIII	ine 1h)			10,555	164	10,501,706
Ę	l		service revenue (Part VIII, I	-	,155	1,220,030			
Rəvenue	l	_	•	n (A), lines 3, 4, and 7d)....				,824	270,781
ď	l		•), lines 5, 6d, 8c, 9c, 10c, and 11e)	•			,754	-66,338
	l			.1 (must equal Part VIII, column (A),	line 12)		11,562		11,926,179
	-			rt IX, column (A), lines 1–3)			·	0	0
	l		, ,	t IX, column (A), line 4)				0	0
S	l		•	yee benefits (Part IX, column (A), lir			6,105	,895	6,522,210
Expenses	l	-		K, column (A), line 11e)	•			0	0
D 04	Ι.		raising expenses (Part IX, columi						
Щ	l			, lines 11a-11d, 11f-24e)	•		5,140	,826	5,315,495
	18	Total exp	enses Add lines 13-17 (mu	ust equal Part IX, column (A), line 25)		11,246	,721	11,837,705
	19	Revenue	less expenses Subtract line	e 18 from line 12			315	,668	88,474
Net Assets or Fund Balances						Beginn	ing of Current	Year	End of Year
Bak	20	Total ass	ets (Part X, line 16)				11,936	,445	12,043,728
절절	21	Total liab	ulities (Part X, line 26) .				1,773	,034	1,435,783
žZ_	22	Net asset	s or fund balances Subtract	t line 21 from line 20			10,163	,411	10,607,945
Par			ature Block						
	ledge	and belie		examined this return, including accomplete Declaration of preparer (other					
		T k 2					2010 1: 55		
C:		Signat	* ure of officer				2018-11-08 Date		
Sign Here									
	-		T DAVIS PRESIDENT & CEO r print name and title						
——Paic	4	P	rint/Type preparer's name ICHAEL M COMSTOCK	Preparer's signature MICHAEL M COMSTOCK		Date	Check I if	PTIN P00474378	3
. ail	4						self-employed		

Preparer Use Only

Firm's name SISTERSON & CO LLP Firm's EIN ► 25-1467156 Firm's address ► 310 GRANT STREET SUITE 2100 Phone no (412) 281-2025 PITTSBURGH, PA 15219 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) .

Form	990 (2017)				Page 2
Par	t IIII Stateme	nt of Program Service Acc	complishments		
	Check if Sc	hedule O contains a response or	note to any line in this Part III .		🗆
1		e organızatıon's mıssıon			
TO D		D INTERNATIONAL VISITATION	TO PITTSBURGH AND ALLEGHENY C	OUNTY FOR CONVENTIONS, MEE	ETINGS, SPORTS AND
2	=		gram services during the year which	were not listed on	 □ Yes ☑ No
	•	O or 990-EZ?			⊔ Yes 🛂 No
_	· ·	these new services on Schedule			
3	services?	these changes on Schedule O	gnificant changes in how it conducts, 		☐ Yes ☑ No
4	Section $501(c)(3)$		plishments for each of its three larg required to report the amount of gr ervice reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, (,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program se	rvices (Describe in Schedule O)	grants of \$) (Revenue \$)
4e	• • •	ervice expenses >			·

or X as applicable

Checklist of Required Schedules

Yes

Yes

Yes

Yes

Yes

Yes

Nο

Nο

Nο

No

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2017)

11a

11b

11c

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11e

11f

12a

12b

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14a

14b

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Page 3

No

Νo

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

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t IV Checklist of Required Schedules (continued)			
		Yes	No
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		No
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		No
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 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 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,"	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

organization? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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Yes

Yes

Form **990** (2017)

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orm '	990 (2017)			Page !
Par	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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 8.	」		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	5 7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	—		
9	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	711		
	the year?	8		
9a	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		
	Section 501(c)(7) organizations. Enter			
	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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	, 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
c	Enter the amount of reserves on hand			
		امدا		No
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		INO

-orm	m 990 (2017)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instruction.		onse to l	_
	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>
Se	Section A. Governing Body and Management			
1a	a Enter the number of voting members of the governing body at the end of the tax year	21	Yes	No
	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 in Schedule O			
b	b Enter the number of voting members included in line 1a, above, who are independent 1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with ar officer, director, trustee, or key employee?	y other 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct s of officers, directors or trustees, or key employees to a management company or other person? .	upervision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	ed? 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	'a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one members of the governing body?	or more 7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholded persons other than the governing body?	ers, or 7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the the following	year by		
а	a The governing body?	8a	Yes	
b	b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at organization's mailing address? If "Yes," provide the names and addresses in Schedule O			No
Se	Section B. Policies (This Section B requests information about policies not required by the Interna	Revenue Cod	e.)	
			Yes	No
10a	a Did the organization have local chapters, branches, or affiliates?	10a		No
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, at and branches to ensure their operations are consistent with the organization's exempt purposes?	filiates,		
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before form?	ling the 11a	Yes	
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give conflicts?	rise to 12b	Yes	
С	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described by Schedule O how this was done	ribe in	Yes	
13		13	Yes	
14	• • • • • • • • • • • • • • • • • • • •	. 14	Yes	
15		endent		
а	a The organization's CEO, Executive Director, or top management official	. 15a	Yes	
	b Other officers or key employees of the organization	. 15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement wit taxable entity during the year?	h a 16a		No
b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its par in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ticipation		
	status with respect to such arrangements?	16b		
	Section C. Disclosure			
17		2)		
18	available for public inspection. Indicate how you made these available. Check all that apply	s only)		
	Own website Another's website Upon request Other (explain in Schedule O)			
19	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 re MS KAREN H FISHER 5TH AVENUE PLACE 120 5TH AVENUE PGH, PA 15222 (412) 325-0301	coras		

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Π.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all o organization	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	2
	in the following order individua d employees, and former such p		ectors,	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
🗌 Check tl	his box if neither the organizatio	n nor any relate	ed organ	nzatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) Average hours per week (list any hours for related organization compensated any current officer, director, or trustee (D) (E) (F) Reportable compensation compensation from the organization (W-organizations for related organization (W-organizations) (W-organization) (W-orga										
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	,	MISC)	related organizations
See Additiona	al Data Table										

2251 SWEENEY DRIVE CLINTON, PA 15026 LEVY PREMIUM FOOD SERVICE

980 N MICHIGAN AVENUE 500 CHICAGO, IL 60611

compensation from the organization ▶ 5

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	790 (2017)															Page 8
Part \	Section A. Officers, Direct	tors, Trustees	, Key آ	<u>Empl</u>	oye	:es,	and	High	nest Cor	mpensa	ted E	mploy	rees (c	conti	nued)	
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo	ox, u an off tor/ti	ot che unles fficer truste		rson a	Repo compe fror organiz	(D) (E) nortable nensation nen the from relate zation (W- 2/1099-MISC) (E) Reportable compensation from relate organizations 2/1099-MISC			table isation elated ions (W	/-	Estima Estima amount o compen from organizat	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensate employee	Former	2,100	genise,		./ 1055	Mise,		relat organiza	ed
See Ad	ldıtıonal Data Table			-	<u> </u>		<u> </u>	+			+			+		
							<u> </u>	 						+		
								\Box								
		!		<u></u> '	<u> </u>	-		+	-		+			+		
				 			 	+			+			+		
			<u></u>	<u> </u>	'	'		<u> </u>	<u> </u>							
				<u> </u> -	<u> </u>	-		+			+			+		
c Tot	ib-Total	Part VII, Section	on A.				 	<u></u>		968,217	<u> </u>		0			273,743
2 T	Total number of individuals (including of reportable compensation from the	g but not limited	to thos			bove		o rec			\$100,C)00		1		Zroji .
															Yes	No
	Did the organization list any former of line 1a ⁷ <i>If "Yes," complete Schedule S</i>			tee, ke			oyee, d	or hi	ghest cor	npensate	ed em	ployee o	on	3		No
0	For any individual listed on line 1a, is organization and related organization	ns greater than \$	\$150,000	00? <i>If</i>	"Yes	s," cc						9				
	<i>Individual</i>						• . unrel	· ·	organiza	tion or ir	• ndividi	· ·	. -	4	Yes	
s	services rendered to the organization	י [?] If "Yes," compl									• •	• •		5		No
	tion B. Independent Contract															
	Complete this table for your five high from the organization Report comper	nsation for the c									ion's t	ax year		pens		
		(A) and business addre	ess								escriptio	(B) on of serv			(C Comper	nsation
РО ВОХ	ARK BLUE CROSS BLUE SHIELD 890089									MEDICAL	INSUR	ANCE PR	.EMIUMS			512,320
	IILL, PA 17089 DNTRACTING									GENERAL	. CONTF	RACTING		+		358,579
PITTSBU	LD CLAIRTON ROAD URGH, PA 15236											::=== D				
1000 FO	L LAWRENCE CONVENTION CENTER DRT DUQUESNE BLVD									CONVENT SERVICES		NTEK KE	∃NTAL ∞			180,907
	R PRESS									PRINTING	FULFI	LLMENT :	SERVICE	ES		153,986

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

147,403

CATERING SERVICES

Part		I Statement of	Revenue								rage 3
				a respo	onse or note to any	line in t	hıs Part VIII	ι			\square
				•		((A) revenue	Rel e> fu	(B) ated or kempt nction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	12	Federated campaig	ns	1a				re	venue		512-514
ats nts		• Membership dues			677,171						
rar ou		·		1b	077,171						
S. G.		Fundraising events		1c							
ifts ar /		d Related organizatio		1d	15,983						
9 iii	•	Government grants (co	ontributions)	1e	9,717,072						
Sil	1	 All other contributions, and similar amounts n 			01 400						
tributions, Gifts, Grants Other Similar Amounts		above		1f	91,480						
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contribution in lines 1a-1f \$	ons included								
Cont and	h	Total Add lines 1a-1	.f		•						
	_				 Business		0,501,706				
in.	22	PROGRAM SERVICE REV	/ENITE		Business	541800	1.2	20,030	491,	560	728,470
4	_ _a		ENOE			512000		20,000			729,170
Service Revenue	b			_							
۲.	C										
38	d e										
Jran	_	All other program se	rvice revenue	<u> </u>							
Program		Total. Add lines 2a-21			1,2	220,030					
						1		I			
		Investment income (ii imilar amounts) .			nterest, and other	.	161,58	7	161,587		
	4	Income from investm	ent of tax-exe	empt bo	ond proceeds	•					
	5 I	Royalties			>	<u>· </u>					
		_	(ı) Rea	I	(II) Personal	4					
	6a	Gross rents									
	b	Less rental expenses									
		Doubal manager				4					
	С	Rental income or (loss)									
	d	Net rental income o	r (loss)	•		1					
			(ı) Securit	ties	(II) Other						
	7a	Gross amount from sales of assets other than inventory	2,5	532,749							
	b	Less cost or other basis and sales expenses	2,4	23,555							
	c	Gain or (loss)	1	.09,194		1					
	d	Net gain or (loss) .		•	•	1	109,194	4	109,194		
_	8a	Gross income from fi	_								
Other Revenue		(not including \$ contributions reporte See Part IV, line 18	ed on line 1c)	of . a∣							
Re		Less direct expense		b							
her		Net income or (loss)			ents 🕨						
o	Уa	Gross income from g See Part IV, line 19		ies							
				a							
		Less direct expense		b							
		Net income or (loss)		activit	ies >						
	10a	Gross sales of invent returns and allowand	ory, less								
				а	98,818						
	b	Less cost of goods s	sold	b	165,904						
	c	Net income or (loss)		invent	ory >		-67,086	5	-67,086		
		Miscellaneous			Business Code						
	11	aother revenue - i	RELATED		90009	9	748	8	748		
	b	,									
	c										
	d	All other revenue .									
	е	Total. Add lines 11a	-11d				748	8			
	12	Total revenue. See	Instructions						606.000		0 300 450
					•		11,926,179	7	696,003		0 728,470 Form 990 (2017)

Part IX	Statement of	Functional	Expenses
1 41 6 47	otatement of	. anceiona.	-xpc::3c3

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX		<u></u>	<u> </u>
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) Fundraisingexpenses
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				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,342,635			
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	3,775,560			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	332,127			
9 Other employee benefits	684,485			
10 Payroll taxes	387,403			
11 Fees for services (non-employees)				
a Management				
b Legal	22,402			
c Accounting	42,310			
d Lobbying	82,863			
e Professional fundraising services See Part IV, line 17	,			_
f Investment management fees	45,189			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,059			
12 Advertising and promotion	1,866,745			
13 Office expenses	394,388			
14 Information technology	143,219			-
15 Royalties				
16 Occupancy	394,368			
17 Travel	429,282			_
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	,			
19 Conferences, conventions, and meetings				
20 Interest	20,815			
21 Payments to affiliates	,			
22 Depreciation, depletion, and amortization	174,237			
23 Insurance	35,118			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	33,110			
a SPECIAL PROJECTS/HOSTIN	837,684			
b REGISTRATION & EXHIBITS	262,234			
c MEALS & ENTERTAINMENT	252,612			
d MEMBERSHIP DUES	172,253			
e All other expenses	128,717			
25 Total functional expenses. Add lines 1 through 24e	11,837,705			
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)				

Form **990** (2017)

(B) End of year

1

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10c

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22 23

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31 32

33

34

414.902

539,479

4.400.903

2.233.280

27.043

11,936,445

1,623,890

71.001

78.143

1,773,034

10.163.411

10,163,411

11.936.445

Page **11**

490.927

844,713

4.848.771

2,343,838

25.437

12.043,728

1,300,644

60,413

74.726

1,435,783

10.607.945

10,607,945

12.043.728

Form **990** (2017)

Cash-non-interest-bearing .

2	Savings and temporary cash investments	3,519,505	2	2,623,631
3	Pledges and grants receivable, net		3	91,480
4	Accounts receivable, net	801,333	4	774,931
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)			

1,415,064

570,351

(A)

Beginning of year

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

30

31

32

33

34

Liabilities 22

Fund Balances

Assets or

Net

Part II of Schedule L Notes and loans receivable, net . Inventories for sale or use . Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b

Investments—publicly traded securities .

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightleftarrows and

Investments-program-related See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

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

voluntary employees' beneficiary organizations (see instructions) Complete

Page **12**

Νo

No

Form 990 (2017)

2a

2b

2c

3a

3b

Yes

Yes

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 5 6

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Form 990 (2017)

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

separate basis, consolidated basis, or both

10,163,411 5 7

8 Other changes in net assets or fund balances (explain in Schedule O) 9 10

356,060 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10,607,945 Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII Yes No ☐ Cash ☑ Accrual ☐ Other 1 Accounting method used to prepare the Form 990

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Additional Data

Software ID: Software Version:

CONVENTION AND LEISURE TRAVEL MARKETING AND SERVICE FOR THE PITTSBURGH REGION. SERVICING OUR MEMBERSHIP BY SUPPORTING THEIR FEFORTS TO

Name: GREATER PITTSBURGH CONVENTION

& VISITORS BUREAU INC.

Form 990 (2017) Form 990, Part III, Line 4a:

ATTRACT COMMERCIAL OPPORTUNITIES

EIN: 25-0729260

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours from the

organization

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organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	1 6 1 !	, ,						1 (1) 3 (4 000	1 (1) 2/4 200	avannination and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JAMIE D CAMPOLONGO IMMEDIATE PAST CHAIRMAN	0 30	x		×				0	0	0	
ERIC A DESTEFANO CHAIRMAN	0 30	х		х				0	0	0	
BRYAN N IAMS VICE CHAIRMAN	0 30	x		x				0	0	0	
COUNCILMAN TOM BAKER DIRECTOR	0 30	x						0	0	0	
ANNI M MET7GED	0 30										

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7702 017 (2111111
COUNCILMAN TOM BAKER
DIRECTOR
ANN M METZGER
TREASURER

SEAN CASEY

TRACY CERTO 1117-31617

PATRICE M MATAMOROS

......

DIRECTOR

DIRECTOR

DIRECTOR

OMAR KAHN

DIRECTOR

DIRECTOR

CRAIG CLARK

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

SHELDON INGRAM

RONNIE SAVION

THOMAS D MICHAEL 1117-31617

......

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MITCH SWAIN

TIMOTHY O MULDOON

EX OFFICIO DIRECTOR

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
TIMOTHY Q HUDAK 1117-31617 DIRECTOR	0 30	x						0	0	(
COUNCILMAN DANIEL GILMAN DIRECTOR	0 30	х						0	0	(
THOMAS E MARTINI SECRETARY	0 30	х		х				0	0	(
CHRISTINE A CASSOTIS	0 10										

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0 30

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) from the

organization

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organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

		1 4114	a un	CCCC	317 (1	usice,	,	Organization	Organizations	monn the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	eanolomee Highest contpensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
THE HONORABLE WILLIAM PEDUTO HONORARY DIRECTOR	0 10	x						0	0	0	
THE HONORABLE RICH FITZGERALD HONORARY DIRECTOR	0 10	x						0	0	0	
JAMES T KUNZ JR DIRECTOR	0 30	x						0	0	0	
AYANNA M LEE-DAVIS DIRECTOR	0 30	x						0	0	0	
SALVIV WCCOA	0 30			T	T	\Box					

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MICHELE MELOY BURCHFIELD

ERIC J DORFMAN PHD

STUART G HOFFMAN

TOMMY JOHNSON

CHAZ R KELLEM

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

VP OF CONVENTION SALES

VP OF HUMAN RESOURCES

......

VP OF CONVENTION SERVICES

VP OF DIGITAL MARKETING

VP OF SPORTS COMMUNICATION

MARY GRASHA-HOUPT

BRENDA HILL

DAVID ATKINS

JENNIFER HAWKINS

	any hours	and	a dır	ecto	r/tr	ustee))	organization	organizations	from the organization and related organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		
CRAIG T DAVIS PRESIDENT & CEO	40 00			×				362,995	0	39,312	
KAREN FISHER CHIEF FINANCIAL OFFICER	40 00			x				201,485	0	26,493	
JASON FULVI EXECUTIVE VICE PRESIDENT	40 00			x				234,310	0	33,370	
TOM LOFTUS CHIEF MARKETING OFFICER	40 00			×				194,935	0	19,490	

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163,394

143,058

120,134

126,121

121,999

21,024

29,293

24,954

26,218

26,012

14,141

EXECUTIVE VICE PRESIDENT			ζ			231,310	
TOM LOFTUS	40 00		X			194.935	
CHIEF MARKETING OFFICER							
ANNETTE E LABRIE	40 00			X		185,516	
VP OF MARKETING				_ ``		103,510	
VADI DIETDZAV	40 00						

......

40 00

40 00

40 00

40 00

................

and Independent Contractors (A)

VP OF PARTNERSHIP DEVELOPMENT

DAWN HOLDEN

Name and Title

week (list any hours for related organizations below dotted line)
40 00

.

(B)

Average hours per

Institutio

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Position (do not check more

than one box, unless person is both an officer and a director/trustee) employee Х

(D) Reportable compensation from the organization (W- 2/1099-MISC) 114,270 (E)

Reportable

compensation

from related

organizations (W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations

13,436

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

Political Campaign and Lobbying Activities

www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Schedule C (Form 990 or 990-EZ) 2017

Cat No 50084S

DLN: 93493312011168

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

● S If the ● S ● S If the (Pro)	Section 527 organizations Complet organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 thave filed Form 5768 (election under s thave NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax s), then	90-EZ, Part VI, Iir ection 501(h)) Co ider section 501(h	ne 47 (Lobb omplete Par)) Complet	bying Activit t II-A Do not e Part II-B D	i es), com _l o not	plete Part II-l t complete Pa	art II-A
Nar GRE	ne of the organization ATER PITTSBURGH CONVENTION SITORS BUREAU INC	·			Employer id 25-0729260	entif	fication nun	nber
		nization is exempt under sectio	n 501(c) or is			niza	tion.	
1 2		ization's direct and indirect political can						
3	Volunteer hours for political camp	·						
Par	I-B Complete if the organ	nization is exempt under sectio	n 501(c)(3).					
1	Enter the amount of any excise ta	ex incurred by the organization under se	ection 4955		>	\$_		
2	•	ex incurred by organization managers u			•	\$_		
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	his year?				☐ Yes	☐ No
4a	Was a correction made?						☐ Yes	☐ No
b	If "Yes," describe in Part IV							
Par		nization is exempt under sectio		-		3).		
1		ed by the filing organization for section	·			\$_		
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other o	rganızatıons for se	ection 527 e	exempt •	\$_		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	lıne 17b	>	\$_		
4	Did the filing organization file For	m 1120-POL for this year?				_	☐ Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing orgar olitical orga	nization's fund inization, suc	ds A	lso enter the	
	(a) Name	(b) Address	(c) EIN	filing or	unt paid from ganization's f none, enter -0-		(e) Amount contributions and promp directly delives separate proganization enter	s received otly and vered to a political If none,
1								
2								
3								
4								_
5								
6								

2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2017

Part II-B

Volunteers?

activity

1

b

2

3

Part IV

Part III-B

No

No

No

No

677,171

82,863

82.863

94,804

-11.941

(b)

Amount

(a)

No

Yes

1

2a

2b

2c

3

4 5

Schedule C (Form 990 or 990EZ) 2017

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912

Complete if the organization is exempt under section 501(c)(3) and has NOT filed

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes Were substantially all (90% or more) dues received nondeductible by members? 1 1

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

2a If "Yes," enter the amount of any tax incurred by organization managers under section 4912

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

answered "Yes." Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

expenses for which the section 527(f) tax was paid).

Current year

Carryover from last year

Total

Supplemental Information

c

expenditure next year?

Return Reference

Taxable amount of lobbying and political expenditures (see instructions)

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

instructions), and Part II-B, line 1 Also, complete this part for any additional information Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493312011168 OMB No 1545-0047

> Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

(Form 990)

Employer identification number GREATER PITTSBURGH CONVENTION & VISITORS BUREAU INC 25-0729260 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) Aggregate value of grants from (during year) Aggregate value at end of year 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 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 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

(ii) Assets included in Form 990, Part X

the organization's accounting for conservation easements

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

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

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2017

Pal	Organizations Maintaining Col	liections of .	Art, Histor	icai irea	sures, or	otner	Similar Ass	ets (co	ontinued)
3	Using the organization's acquisition, accessio items (check all that apply)	n, and other re	ecords, check	any of the	following t	hat are a	significant us	e of its	collection
а	Public exhibition		d	☐ Lo	an or excha	ange prog	rams		
b	Scholarly research		e	☐ Ot	her				
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIII	llections and ex	xplain how th	ey further	the organiz	zation's ex	empt purpose	e in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to						ıılar	☐ Yes	; □ No
Par	rt IV Escrow and Custodial Arrange	ments							
	Complete if the organization answ X, line 21.		on Form 990	O, Part IV	, line 9, oi	r reporte	d an amoun	t on Fo	orm 990, Part
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	ian or other int	ermediary fo	r contributi	ons or othe	er assets I		☐ Yes	s □ No
b	If "Yes," explain the arrangement in Part XII:	I and complete	the following	ı table			Am	ount	
c	Beginning balance	complete	101101111119	,		1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 000 Bort \	/ line 21 for		sustadial a		.h.l.+?		
Za	Did the organization include an amount on Fo	Jilli 990, Part /	IIIIe 21, 101	escrow or	Custourar a	iccount na	ibility	☐ Yes	i ∐ No
b	If "Yes," explain the arrangement in Part XIII	Check here if	the explanat	tion has be	en provide	d in Part)	KIII		. ⊔
Pa	art V Endowment Funds. Complete if	f the organiza	ation answe	red "Yes"	on Form	990, Par	t IV, line 10		
		(a)Current y	ear (b)	Prior year	(c)Two y	ears back	(d)Three years	back ((e)Four years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end b	alance (line 1	.g, column	(a)) held a	s			
а	Board designated or quasi-endowment ▶								
b	Permanent endowment ▶								
_	Temporarily restricted endowment ▶								
Ĭ	The percentages on lines 2a, 2b, and 2c show	ıld equal 100%)						
3а	Are there endowment funds not in the posses organization by	•		at are held	and admini	istered fo	r the		Yes No
	(i) unrelated organizations							3a	(i)
b	(ii) related organizations	ns listed as req	uired on Sch	 edule R?				3a(
4	Describe in Part XIII the intended uses of the	e organization's	endowment	funds					
Pai	rt VI Land, Buildings, and Equipme	nt.							
	Complete if the organization answ								
	Description of property (a) Cost or ot (investment)		b) Cost or othe	r basıs (othe	r) (c) Acc	umulated o	lepreciation	(d	I) Book value
1a	Land								
b	Buildings								
	Leasehold improvements			524,8	52		74,680		450,17
	Equipment			890,2	_		495,671		394,54
	Other	-		/-			,		
	Add lines 12 through 1e (Column (d) must e	aual Form 990	Part V colu	ımn (B) lin	10(c)		_		944 71

Part VII	Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	e organization ansv	vered "Yes" on For	m 990, Part IV, line 11b.
	(a) Description of security or category (including name of security)	(b) Book value		Method of valuation end-of-year market value
(1) Financia	derivatives		Cost of	Silu-oi-year market value
(2) Closely- (3) Other _	held equity interests			
(A) CORPOR	ATE OBLIGATIONS	2,343,838		F
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Part VIII	n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. ▶	2,343,838		
	Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, li (b) Book value		990, Part X, line 13. Method of valuation
	(a) Description of investment	(B) Book value		end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. Complete if the organization answered (a) Description	'Yes' on Form 990, Pa	art IV, line 11d See l	Form 990, Part X, line 15 (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15)			•
Part X	Other Liabilities. Complete if the organization ar See Form 990, Part X, line 25.	nswered 'Yes' on Fo	orm 990, Part IV, I	ine 11e or 11f.
1.	(a) Description of liability	(b) B	ook value	
OTHER LIAB	ncome taxes ILITIES		74,726	
(2)			,	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the text of	the footnote to the or	74,726 rganization's financia	statements that reports the
	's liability for uncertain tax positions under FIN 48 (ASC 74			

Part XI

2

h

5

1

2

b

c

d

3 4

b

5

Part XIII

See Additional Data Table

Part XII

Schedule D (Form 990) 2017

Add lines 4a and 4b .

356.060

56.694

165.904

45,189

56,694

165,904

45.189

2e

3

4c

2e

3

4c

5

Page 4

578,658

45,189

11,926,179

12,015,114

222,598

45,189

11.837.705

Schedule D (Form 990) 2017

11,792,516

11,880,990

Donated services and use of facilities . . .

Other (Describe in Part XIII) . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Prior year adjustments

Donated services and use of facilities .

c	Recoveries of prior year grants
d	Other (Describe in Part XIII)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but not
а	Investment expenses not included on Form 990, Part VIII,
b	Other (Describe in Part XIII)

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

on line 1 line 7b .

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Supplemental Information

Add lines **4a** and **4b**

2a

2b

2c 2d

4a 4b

2a

2b

2c

2d

4a

4b

Explanation

Page 5		Schedule D (Form 990) 2017			
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 25-0729260

Name: GREATER PITTSBURGH CONVENTION

& VISITORS BUREAU INC

Supplemental Information

Return Reference

	Explanation

PART X, LINE 2

ACCOUNTING FOR UNCERTAIN INCOME TAX POSITIONS THE FINANCIAL ACCOUNTING STANDARDS BOARD ACC
OUNTING STANDARDS CODIFICATION ON INCOME TAXES CLARIFIES RECOGNITION, MEASUREMENT, PRESENT ATION AND DISCLOSURE RELATING TO UNCERTAIN TAX POSITIONS THE BUREAU EVALUATES UNCERTAIN TAX POSITIONS FOR RECOGNITION BY DETERMINING WHETHER EVIDENCE INDICATES IT IS MORE LIKELY THAN NOT THAT A POSITION WILL BE SUSTAINED IF EXAMINED BY TAXING AUTHORITIES AS OF DECEMBE R 31, 2017 AND 2016, THE BUREAU IS UNAWARE OF ANY UNCERTAIN TAX POSITIONS THE BUREAU'S TAX RETURNS FOR YEARS 2014 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF SALES 165,904

s

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT FEES 45,189

S

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF SALES 165,904

s

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT FEES 45,189

s

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19331	2011	168	
Sch	edule J	Co	mpensati	on Information	OM	1B No	1545-0	0047	
(Form 990)		▶ Attach to Form 990.					2017 Open to Public		
•	tment of the Treasury al Revenue Service	▶ Information ab		gov/form990.	is at		ectio		
Nar GRE	ne of the organizater PITTSBURGH SITORS BUREAU IN	CONVENTION			Employer identificat 25-0729260				
Pa	rt I Questi	ons Regarding Compensat	ion		23 0723200				
1a				the following to or for a person liste			Yes	No	
		ection A, line 1a Complete Part	III to provide an	y relevant information regarding the					
		companions	H	Housing allowance or residence for Payments for business use of perso	•				
		nification and gross-up payments		Health or social club dues or initiati					
		nary spending account		Personal services (e.g., maid, chauf					
		,		(- 3 ,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
b	or provision of a	all of the expenses described abo	ve? If "No," com	'	nent or reimbursement	1 b			
2				or allowing expenses incurred by all r, regarding the items checked in line	- 1a?	2	Yes		
	anectors, traste	es, officers, including the CLO/L	Accutive Director	, regarding the items checked in line	- 14				
3	organization's C	EO/Executive Director Check all	that apply Don	d to establish the compensation of t oot check any boxes for methods CEO/Executive Director, but explain					
	✓ Compens	ation committee	\checkmark	Written employment contract					
		ent compensation consultant	✓	Compensation survey or study					
		of other organizations	\checkmark	Approval by the board or compensa	ition committee				
4	During the year related organiza		990, Part VII, Sec	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-cont	rol payment?			4a		No	
b		r receive payment from, a supple		fied retirement plan?		4b		No	
С	•	r receive payment from, an equit	•	•		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Par	t III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.					
5		ed on Form 990, Part VII, Section ontingent on the revenues of		the organization pay or accrue any					
а	The organization	٦?				5a			
b	Any related orga					5b			
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any					
а	The organization	٦?				6 a			
b	Any related orga					6b			
	If "Yes," on line	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Yes		the organization provide any nonfixe rt III	d	7			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8			
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follov	v the rebuttable	presumption procedure described in	Regulations section	9			
For F	Panerwork Redu	iction Act Notice, see the Inst	ructions for Fo	rm 990. Cat No. 5	50053T Schedule J	(Form	990)	2017	

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

For each individual whose instructions, on row (ii) Denote. The sum of column	o no	ot list any individuals that		90, Part VII		_		t ındıvıdual
(A) Name and Title	Ì	(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 CRAIG T DAVIS PRESIDENT & CEO	(i)	277,366	76,372	9,257	21,600	17,712	402,307	0
	(ii)	0	0	0	0	0	0	0
2 KAREN FISHER CHIEF FINANCIAL OFFICER	(i)	166,156	34,225	1,104	13,364	13,129	227,978	0
CHILL FIRMING THE CHILDER	(ii)	0	0	0	0	0	0	0
3 JASON FULVI EXECUTIVE VICE PRESIDENT	(i)	189,663	34,396	10,251	15,482	17,888	267,680	0
EACOTIVE VICE TRESIDENT	(ii)	0	0	0	0	0	0	0
4 TOM LOFTUS CHIEF MARKETING OFFICER	(i)	165,021	27,850	2,064	13,301	6,189	214,425	0
	(ii)	0	0	0	0	0	0	0
5 ANNETTE E LABRIE VP OF MARKETING	(i)	145,655	26,455	13,406	12,699	8,325	206,540	0
	(ii)	0	0	0	0	0	0	0
6 KARL PIETRZAK VP OF CONVENTION SALES	(i)	140,987	22,047	360	11,581	17,712	192,687	0
	(ii)	0	0	0	0	0	0	0
7 MARY GRASHA-HOUPT VP OF HUMAN RESOURCES	(i)	117,268	24,179	1,611	9,637	15,317	168,012	0
	(ii)	0	0	0	0	0	0	0
8 DAVID ATKINS VP OF DIGITAL MARKETING	(i)	106,832	18,929	360	8,784	17,228	152,133	0
	(ii)	0	0	0	0	0	0	0
								1 (Form 990) 2017

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2017

efile GRAPH	IC prir	nt - DO NOT PROCESS	As Filed Data -		DLI	N: 93493312011168
(Form 990 or 990- EZ) Department of the Treasury Complete to provide in Form 990 or 990- Form 990 or 990- Information about Scheoo		vide information for r 990-EZ or to provi ▶ Attach to Form Schedule O (Form !	nformation to Form 990 or 990-E nformation for responses to specific questions on -EZ or to provide any additional information. Attach to Form 990 or 990-EZ. adule O (Form 990 or 990-EZ) and its instructions is www.irs.gov/form990.		OMB No 1545-0047 2017 Open to Public Inspection	
Internal Revenue Ser Name of the org GREATER PITTSBUI & VISITORS BUREA	RGH CON AU INC	VENTION			Employer ider 25-0729260	ntification number
990 Schedule	e O, Su	ipplemental Information	1			
Return Reference				Explanation		
FORM 990, PART VI, SECTION A, LINE 6	MAY D PARTN THE B THAT I APPLIO APPLIO THE B RENEV	VETERMINE FROM TIME TO NERS ANY BUSINESS, CIVIC UREAU APPLICATION FOR PURPOSE THE BUREAU MACANT AS IT DEEMS NECESS CANT WILL CONTRIBUTE TO UREAU MAY, IN ITS DISCRE	TIME MEMBERS MAC, SOCIAL OR RELIG MEMBERSHIP MUS AY MAKE SUCH INVE SARY OR DESIRABLE O THE PURPOSE OF TION, ELECT TO CO BOARD OF DIRECT	ERSHIP WITH SUCH PRIVILE AY BE REFERRED TO IN BURE BIOUS ASSOCIATION, IS ELIG T BE MADE IN WRITING ON A ESTIGATION INTO THE CHAR, E AND SHALL ASSESS WHET THE BUREAU AND SHOULD DINDUCT SUCH AN INVESTIGATION ORS MAY APPROVE UP TO A FULL VOTING MEMBERS	EAU LITERATUR IBLE TO APPLY SPECIAL FORM ACTER AND ST HER, IN ITS JUI BE ACCEPTED ITION AT THE T	RE AS MEMBERS OR FOR MEMBERSHIP IN M PROVIDED FOR ANDING OF THE DGMENT, THE INTO MEMBERSHIP IME OF ANY ANNUAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	AT LEAST 30 DAYS PRIOR TO THE ANNUAL MEETING OF THE MEMBERS, THE GOVERNANCE COMMITTEE SHALL REPORT TO THE BOARD OF DIRECTORS THOSE CANDIDATES IT RECOMMENDS FOR DIRECTORS AND OFFICERS AND ANY OTHER CANDIDATES FOR DIRECTORS PROPOSED BY THE MEMBERSHIP IN ACCORDANCE WITH THE PROCEDURE SET FORTH BELOW THE BOARD OF DIRECTORS SHALL CIRCULATE THE GOVERNANCE COMMITTEE'S REPORT TO THE MEMBERSHIP ALONG WITH THE NOTICE OF THE ANNUAL MEETING BOTH THE RECOMMENDATIONS OF THE GOVERNANCE COMMITTEE AND THE NOMINATIONS FROM THE MEMBERSHIP FOR DIRECTORS AS DESCRIBED BELOW SHALL BE SUBMITTED TO THE VOTE OF THE MEMBERSHIP AT THE ANNUAL MEETING ANY MEMBER OF THE BUREAU MAY NOMINATE ANY OTHER MEMBER AS A CANDIDATE FOR DIRECTOR BY DELIVERING TO THE SECRETARY OF THE BUREAU AT LEAST 40 DAYS PRIOR TO THE ANNUAL MEETING A WRITTEN NOMINATION ACCOMPANIED BY THE SIGNATURES OF AT LEAST 10% OF THE MEMBERS OF RECORD AS OF 90 DAYS PRIOR TO THE DATE SET FOR THE ANNUAL MEETING IN SUPPORT OF THE NOMINATION AND THE WRITTEN CONSENT OF THE NOMINEE THE SECRETARY SHALL PROMPTLY DELIVER ANY PROPER NOMINATIONS TO THE CHAIRMAN OF THE NOMINATING COMMITTEE THE NOMINATION PROCEDURES SET FORTH IN THIS SECTION SHALL BE THE EXCLUSIVE METHOD FOR NOMINATING INDIVIDUALS TO SERVE AS DIRECTORS

Reference	
FORM 990,	THE GOVERNANCE COMMITTEE SHALL CONSIST OF AT LEAST THREE PERSONS APPOINTED BY THE CHAIRMAN THE
PART VI,	GOVERNANCE COMMITTEE SHALL BE RESPONSIBLE FOR OVERSEEING THE MANNER IN WHICH THE BOARD

Explanation

POLICIES AFFECTING BOARD OPERATIONS IT SHALL REVIEW THE ANNUAL DISCLOSURE DOCUMENTS PROVIDED BY

Return

SECTION A. GOVERNS THE CORPORATION IT SHALL PREPARE THE SLATE OF CANDIDATES FOR OFFICERS AND DIRECTORS IN LINE 7B ACCORDANCE WITH SECTION 3.3 MAKING NOMINATIONS. THE GOVERNANCE COMMITTEE SHALL CONSIDER WHETHER THE BOARD OF DIRECTORS CONTAINS PERSONS WITH THE SKILLS AND KNOWLEDGE NECESSARY TO OVERSEE THE CORPORATION THE GOVERNANCE COMMITTEE SHALL BE RESPONSIBLE FOR PLANNING ANY NECESSARY OR DESIRABLE BOARD EDUCATION IT SHALL MONITOR THE CORPORATION'S IMPLEMENTATION OF ITS CONFLICT OF INTEREST POLICY, PERFORM REGULAR ASSESSMENTS OF BOARD ACTIVITY AND MONITOR OTHER

THE OFFICERS AND DIRECTORS PURSUANT TO THE CORPORATION'S CONFLICT OF INTEREST POLICY

Return Explanation
Reference

FORM 990, POSTED ON A SECURE WEBSITE THAT BOARD HAS ACCESS TO SECTION B, LINE 11B

990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST THE BUREAU SHALL NOT BE PRECLUDED FROM CONDUCTING BUSINESS WITH ANY PARTNERSHIP, FIRM OR COMPANY WITH WHICH ONE OR MORE DIRECTORS ARE ASSOCIATED, PROVIDED ANY BUSINESS RELATIONSHIP IS ESTABLISHED AND MAINTAINED ON AN ARM'S LENGTH BASIS AND SUBSEQUE NT PROVISIONS OF THIS SECTION ARE MET AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST EXISTS WHEN ANY OF THE FOLLOWING EXISTS 1) AN OFFICER OR DIRECTOR HAS AN OWNERSHIP OR INVESTMENT INTEREST IN OR COMPENSATION RELATIONSHIP WITH AN ORGANIZATION WITH WHICH THE CORPORATION DES OR PROPOSES TO DO BUSINESS OR AN ORGANIZATION THAT COMPETES WITH THE CORPORATION, OR 2) AN OFFICER OR DIRECTOR RECEIVES REMUNERATION, FOR PERFORMING SERVICES FOR THE CORPORATION, OR 2) AN OFFICER OR DIRECTOR RECEIVES REMUNERATION, OR 3) AN OFFICER OR DIRECTOR SER VES AS AN OFFICER OR DIRECTOR OR KEY EMPLOYEE OF AN ORGANIZATION THAT COMPETES WITH OR DOE 8 BUSINESS WITH THE CORPORATION ACOMPLICT ALSO EXISTS WHEN A SIMILAR CIRCUMSTANCE EXISTS WITH RESPECT TO A FAMILY MEMBER OF A DIRECTOR OR COMPLICT ALSO EXISTS WHEN A SIMILAR CIRCUMSTANCE EXISTS WITH TRESPECT TO A FAMILY MEMBER OF A DIRECTOR AND OFFICER SHALL COMPLETE A DISCLOSURE STA TEMENT REFLECTING HIS OR HER INTERESTS DIRECTORS SHALL ACT IN A MANNER INTENDED TO FURTHE R THE BEST INTERESTS OF THE CORPORATION AND OFFICER SHALL ACT IN A MANNER INTENDED TO FURTHE R THE BEST INTERESTS OF THE CORPORATION ON ANY ISSUE BECAUSE OF A PERSONAL SITUATION, EMPLOYMENT, CONFLICTING INTERESTS OF THE CORPORATION ON ANY ISSUE BECAUSE OF A PERSONAL SITUATION, EMPLOYMENT, CONFLICTING INTEREST, OR THE CORPORATION ON ANY ISSUE BECAUSE OF A PERSONAL SITUATION, EMPLOYMENT, CONFLICTING INTEREST AND FOR THE REAS ON, THE DIRECTOR SHALL RECUSE HIMSELF OR HERSELF FROM VOTING ON THE SUBJECT AND SHALL LEAV E THE ROOM WHILE THE MATTER IS DISCUSSED RECUSING HIMSELF OR HERSELF FROM VOTING ON THE SUBJECT AND SHALL LEAV E THE ROOM WHILE THE MATTER IS DISCUSSED RECUSING HIMSELF OR HERSELF FOR THE CORPORATION AND (III) AFTER EXERCISING DUE DILIGENCE, THE CORPORATIO

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 12C DIRECTOR A QUESTIONNAIRE BY WHICH THE DIRECTOR IS REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST ANY DIRECTOR WHO DOES NOT COMPLETE AND SUBMIT THE QUESTIONNAIRE WITHIN 30 DA YS SHALL BE GIVEN A SECOND NOTICE FAILURE OF THE DIRECTOR TO COMPLETE AND DELIVER THE QUE STIONNAIRE WITHIN 30 DAYS OF THE DATE OF THE SECOND NOTICE SHALL CONSTITUTE A RESIGNATION BY THE DIRECTOR UPON THE WRITTEN REQUEST OF THE RESIGNED DIRECTOR, THE BOARD OF DIRECTORS MAY ACT TO REINSTATE THE RESIGNED DIRECTOR

Return Explanation
Reference

FORM 990,	INDEPENDENT MARKET COMPETITIVE SURVEY AND ANALYSIS USING PUBLIC AND INDUSTRY SURVEY TOOLS
PART VI,	SALARY RECOMMENDATIONS ARE SENT TO THE EXECUTIVE COMMITTEE FOR APPROVAL
SECTION B,	
LINE 15	

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. AVAILABLE OPEN UPON REQUEST PART VI, SECTION C. LINE 19

Return Explanation
Reference

FORM 990, PART XI, LINE 9

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493312011168 OMB No 1545-0047

> Open to Public Inspection

Name of the organization GREATER PITTSBURGH CONVENTION & VISITORS BUREAU INC							'	loyer identi 729260	fication	n number		
Part I Identification of Disregarded Entities Complete	f the organi	ızatıon answer	ed "Yes	" on Form !	990, Part	IV, line 3		·				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year a	assets	(f) Direct cont entity		
Part II Identification of Related Tax-Exempt Organization		te if the organ	ızatıon	answered "	'Yes" on F	orm 990,	Part I\	/, line 34 be	ecause	ıt had one or m	nore	
related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization		(b) ry activity	Legal do or forei	(c) omicile (state gn country)	(d Exempt Co	de section	Public c (if section	(e) harity status on 501(c)(3))	Di	(f) rect controlling entity	Section (b) cont	g) on 512 (13) trolled tity?
(1) GREATER PITTSBURGH CONVENTION & VISITORS BUREAU EDUCATION FOUNDATION INC 120 5TH AVE STE 2800	TO EDUCATE T ABOUT THE HI AND LEISURE AMENITIES/AS	STORY, CULTURE		PA	501(C)(3)		509(A)(3	s) - TYPE I		R PITTSBURGH ITION & VISITORS INC	Yes	No No
PITTSBURGH, PA 15222 25-1361573												
For Paperwork Reduction Act Notice, see the Instructions for Form	000			t No 50135					C-1	edule R (Form 9) (OO) 31	

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

(a) Name, address, and I related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets	(H Disprop alloca	rtionate	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		General or managing partner?		General or managing partner?		(k) Percentage ownership
					514)			Yes	No	1	Yes	No					
Part IV Identification of Related Or because it had one or more rel						ation answ	ered "Yes	on Fo	orm 9	90, Part IV,	line	34					
	(b)		(c)		(d)	(e)	(f)		(a)	(1			(1)				

because it had one or more related									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(contribution)	ity?
(1)PITTSBURGH TRADE SHOWS INC 5TH AVENUE PLACE 120 5TH AVENUE SUI PITTSBURGH, PA 15222 25-1849467	EDUCATE PUBLIC ABOUT HISTORY, CULTURE & LEISURE AMENITIES/ASPECTS OF SW PA	PA	GREATER PGH VISITORS & CONVENTION BUREAU	С			100 000 %	Tes	No
	•	•	•	•	•	Sch	edule R (Form	990) 20	017

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.										
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No							
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No							
b Gift, grant, or capital contribution to related organization(s)	1b		No							
c Gift, grant, or capital contribution from related organization(s)	1c	Yes								
d Loans or loan guarantees to or for related organization(s)	1d		No							
e Loans or loan guarantees by related organization(s)	1e		No							
f Dividends from related organization(s)	1f		No							
g Sale of assets to related organization(s)	1 g		No							
h Purchase of assets from related organization(s)	1h		No							
i Exchange of assets with related organization(s)	1 i		No							
j Lease of facilities, equipment, or other assets to related organization(s)	1 <u>j</u>		No							
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No							
I Performance of services or membership or fundraising solicitations for related organization(s)	. 11		No							
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	1	No							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes								
o Sharing of paid employees with related organization(s)	10	Yes								
p Reimbursement paid to related organization(s) for expenses	1p		No							

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k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
О	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
		-	-	

1r No 1s No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of related organization (d) Method of determining amount involved (b) Transaction (c) Amount involved type (a-s)

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) (g) Share of total income assets		(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	g l	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017