

Form 990
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON INC
% PAUL FALVEY
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
316 HUNTINGTON AVENUE
City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02115

D Employer identification number
04-2103551

E Telephone number
(617) 536-7800

G Gross receipts \$ 84,517,923

F Name and address of principal officer
JAMES MORTON
316 HUNTINGTON AVENUE
BOSTON, MA 02115

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

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

J Website: WWW.YMCABOSTON.ORG

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1852

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
See Schedule O

Table with 2 columns: Description and Amount. Rows include: 2 Check this box if discontinued operations, 3 Number of voting members (25), 4 Number of independent voting members (25), 5 Total number of individuals employed (3,435), 6 Total number of volunteers (2,754), 7a Total unrelated business revenue (3,607,237), 7b Net unrelated business taxable income (353,548).

Table with 4 columns: Description, Prior Year, Current Year, and Net Assets or Fund Balances. Rows include: 8-12 Revenue (Total 77,569,860), 13-19 Expenses (Total 1,334,014), 20-22 Net Assets or Fund Balances (Total 60,649,341).

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: 2019-06-24
Type or print name and title: JAMES MORTON, PRESIDENT & CEO

Paid Preparer Use Only
Print/Type preparer's name:
Preparer's signature:
Date: 2019-05-02
Check if self-employed:
PTIN: P00651101
Firm's name: KPMG LLP
Firm's EIN:
Firm's address: 60 South Street, Boston, MA 02111
Phone no: (617) 988-1000

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

**Part III Statement of Program Service Accomplishments**

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

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

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

|           |                     |                         |                          |                          |
|-----------|---------------------|-------------------------|--------------------------|--------------------------|
| <b>4a</b> | (Code )             | (Expenses \$ 44,567,992 | including grants of \$ ) | (Revenue \$ 39,260,614 ) |
|           | See Additional Data |                         |                          |                          |

|           |                     |                         |                          |                          |
|-----------|---------------------|-------------------------|--------------------------|--------------------------|
| <b>4b</b> | (Code )             | (Expenses \$ 21,477,463 | including grants of \$ ) | (Revenue \$ 25,091,956 ) |
|           | See Additional Data |                         |                          |                          |

|           |                     |                        |                          |                         |
|-----------|---------------------|------------------------|--------------------------|-------------------------|
| <b>4c</b> | (Code )             | (Expenses \$ 2,743,324 | including grants of \$ ) | (Revenue \$ 2,577,833 ) |
|           | See Additional Data |                        |                          |                         |

|           |  |              |                          |               |
|-----------|--|--------------|--------------------------|---------------|
| <b>4d</b> | Other program services (Describe in Schedule O ) | (Expenses \$ | including grants of \$ ) | (Revenue \$ ) |
|-----------|--|--------------|--------------------------|---------------|

|           |   |            |  |  |
|-----------|---|------------|--|--|
| <b>4e</b> | <b>Total program service expenses ▶</b> | 68,788,779 |  |  |
|-----------|---|------------|--|--|

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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



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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (25); 1b Enter the number of voting members included in line 1a, above, who are independent (25); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b 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? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in 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? (No); 16b 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?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: MA, NH
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [X] Another's website, [X] Upon request, [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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: PAUL FALVEY 316 HUNTINGTON AVENUE BOSTON, MA 02115 (617) 927-8135







**Part VIII Statement of Revenue**

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

|   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|---|---|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . .   | <b>1a</b>            |  |   |  |
|   | <b>b</b> Membership dues . . .  | <b>1b</b>            |  |   |  |
|   | <b>c</b> Fundraising events . . .   | <b>1c</b>            | 1,395,262  |   |  |
|   | <b>d</b> Related organizations  | <b>1d</b>            |  |   |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>            |  |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>            | 5,126,941  |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a - 1f \$ _____                       |                      | 35,157   |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .   |                      | 6,522,203  |   |  |

| <b>Program Service Revenue</b>            |   |  | Business Code |            |            |           |
|---|---|--|---------------|------------|------------|-----------|
|   | <b>2a</b> PROGRAM FEES                          |  | 624100        | 29,833,571 | 26,226,334 | 3,607,237 |
|   | <b>b</b> AFFORDABLE HEALTH & WELLNESS PROGRAMS  |  | 624100        | 27,161,166 | 27,161,166 |           |
|   | <b>c</b> CONTRACT WITH FEDERAL & STATE GOV'N'TS |  | 624100        | 11,012,135 | 11,012,135 |           |
|   | <b>d</b> OTHER REVENUES                         |  | 624100        | 2,530,768  | 2,530,768  |           |
|   | <b>e</b> _____                                  |  |               |            |            |           |
|   | <b>f</b> All other program service revenue      |  |               |            |            |           |
| <b>g Total.</b> Add lines 2a-2f . . . . . |   |  | 70,537,640    |            |            |           |

|   |   |   |               |            |            |           |         |          |
|---|---|---|---------------|------------|------------|-----------|---------|----------|
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .   |   |               | 317,886    |            |           | 317,886 |          |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds   |   |               | 0          |            |           |         |          |
|   | <b>5</b> Royalties . . . . .  |   |               | 0          |            |           |         |          |
|   | <b>6a</b> Gross rents   | (i) Real  | (ii) Personal |            |            |           |         |          |
|   |   | <b>b</b> Less rental expenses                                   |               |            |            |           |         |          |
|   |   | <b>c</b> Rental income or (loss)                                |               | 0          | 0          |           |         |          |
|   |   | <b>d</b> Net rental income or (loss) . . . . .                  |               |            | 0          |           |         |          |
|   | <b>7a</b> Gross amount from sales of assets other than inventory  | (i) Securities  | (ii) Other    |            |            |           |         |          |
|   |   | <b>b</b> Less cost or other basis and sales expenses            |               | 6,878,636  |            |           |         |          |
|   |   | <b>c</b> Gain or (loss)   |               | 6,599,642  |            |           |         |          |
|   |   | <b>d</b> Net gain or (loss) . . . . .                           |               | 278,994    |            |           |         | 278,994  |
|   | <b>8a</b> Gross income from fundraising events (not including \$ 1,395,262 of contributions reported on line 1c) See Part IV, line 18 . . . . . | <b>a</b>  |               |            |            |           |         |          |
|   |   | <b>b</b> Less direct expenses . . . . .                         | <b>b</b>      |            | 207,590    |           |         |          |
|   |   | <b>c</b> Net income or (loss) from fundraising events . . . . . |               |            | -118,602   |           |         | -118,602 |
|   | <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .  | <b>a</b>  |               |            |            |           |         |          |
|   |   | <b>b</b> Less direct expenses . . . . .                         | <b>b</b>      |            | 53,968     |           |         |          |
|   |   | <b>c</b> Net income or (loss) from gaming activities . . . . .  |               |            | 22,229     |           |         | 31,739   |
|   | <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .  | <b>a</b>  |               |            |            |           |         |          |
| <b>b</b> Less cost of goods sold . . . . .                      |   | <b>b</b>  |               | 0          |            |           |         |          |
| <b>c</b> Net income or (loss) from sales of inventory . . . . . |   |   |               | 0          |            |           |         |          |
| Miscellaneous Revenue   |   | Business Code   |               |            |            |           |         |          |
| <b>11a</b>  |   |   |               |            |            |           |         |          |
| <b>b</b>  |   |   |               |            |            |           |         |          |
| <b>c</b>  |   |   |               |            |            |           |         |          |
| <b>d</b> All other revenue . . . . .                            |   |   |               |            |            |           |         |          |
| <b>e Total.</b> Add lines 11a-11d . . . . .                     |   |   |               | 0          |            |           |         |          |
| <b>12 Total revenue.</b> See Instructions . . . . .             |   |   |               | 77,569,860 | 66,930,403 | 3,607,237 | 510,017 |          |

**Part IX Statement of Functional Expenses**

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

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

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   |                       |                                 |  |                             |
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  | 0                     |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.   | 0                     |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.   | 0                     |                                 |  |                             |
| <b>4</b> Benefits paid to or for members.   | 0                     |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.  | 1,333,597             | 534,058                         | 421,935                                | 377,604                     |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).   | 0                     |                                 |  |                             |
| <b>7</b> Other salaries and wages.  | 35,458,212            | 33,656,004                      | 730,532                                | 1,071,676                   |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).   | 2,201,899             | 1,717,150                       | 451,313                                | 33,436                      |
| <b>9</b> Other employee benefits.   | 2,154,437             | 1,658,375                       | 444,968                                | 51,094                      |
| <b>10</b> Payroll taxes.  | 3,491,081             | 2,949,399                       | 469,090                                | 72,592                      |
| <b>11</b> Fees for services (non-employees)   |                       |                                 |  |                             |
| <b>a</b> Management.  | 0                     |                                 |  |                             |
| <b>b</b> Legal.   | 325,957               | 20,380                          | 305,577                                |                             |
| <b>c</b> Accounting.  | 200,833               |                                 | 200,833                                |                             |
| <b>d</b> Lobbying.  | 128,025               |                                 | 128,025                                |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.   | 0                     |                                 |  |                             |
| <b>f</b> Investment management fees.  | 81,585                |                                 | 81,585                                 |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).  | 1,909,807             | 1,601,218                       | 128,765                                | 179,824                     |
| <b>12</b> Advertising and promotion.  | 724,693               | 604,061                         | 60,508                                 | 60,124                      |
| <b>13</b> Office expenses.  | 309,566               | 231,826                         | 69,495                                 | 8,245                       |
| <b>14</b> Information technology.   | 794,473               | 653,807                         | 115,760                                | 24,906                      |
| <b>15</b> Royalties.  | 0                     |                                 |  |                             |
| <b>16</b> Occupancy.  | 13,396,611            | 13,273,103                      | 85,000                                 | 38,508                      |
| <b>17</b> Travel.   | 742,332               | 717,549                         | 24,783                                 |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.   | 0                     |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings.   | 690,171               | 622,796                         | 24,911                                 | 42,464                      |
| <b>20</b> Interest.   | 674,646               |                                 | 674,646                                |                             |
| <b>21</b> Payments to affiliates.   | 0                     |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization.  | 4,880,550             | 4,494,443                       | 386,107                                |                             |
| <b>23</b> Insurance.  | 612,591               | 559,372                         | 53,219                                 |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |                       |                                 |  |                             |
| <b>a</b> PROGRAM EXPENSES   | 2,080,339             | 2,080,339                       |  |                             |
| <b>b</b> EQUIP EXPNDBL LEASE/MAINT  | 1,903,561             | 1,809,557                       | 94,004                                 |                             |
| <b>c</b> PROG FOOD & PERSONNEL SUPP   | 1,605,342             | 1,605,342                       |  |                             |
| <b>d</b> NATIONAL SUPPORT   | 535,538               |                                 | 535,538                                |                             |
| <b>e</b> All other expenses   |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.   | 76,235,846            | 68,788,779                      | 5,486,594                              | 1,960,473                   |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |   | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|---|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 0                        | <b>1</b>    | 0                  |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 4,853,114                | <b>2</b>    | 7,148,231          |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   | 1,231,077                | <b>3</b>    | 971,219            |
|   | <b>4</b> Accounts receivable, net . . . . .   | 3,219,031                | <b>4</b>    | 3,066,149          |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   | 0                        | <b>5</b>    | 0                  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . | 0                        | <b>6</b>    | 0                  |
|   | <b>7</b> Notes and loans receivable, net . . . . .  | 13,900,071               | <b>7</b>    | 14,401,343         |
|   | <b>8</b> Inventories for sale or use . . . . .  | 0                        | <b>8</b>    | 0                  |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 0                        | <b>9</b>    | 0                  |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 154,564,500              |             |                    |
|   | <b>b</b> Less accumulated depreciation  | 74,842,084               |             |                    |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 15,105,232               | <b>11</b>   | 13,311,959         |
|   | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   | 0                        | <b>12</b>   | 0                  |
|   | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  | 0                        | <b>13</b>   | 0                  |
|   | <b>14</b> Intangible assets . . . . .   | 0                        | <b>14</b>   | 0                  |
|   | <b>15</b> Other assets See Part IV, line 11 . . . . .   | 410,741                  | <b>15</b>   | 476,863            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 121,247,629   | <b>16</b>                | 119,098,180 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 4,731,928                | <b>17</b>   | 4,360,965          |
|   | <b>18</b> Grants payable . . . . .  | 0                        | <b>18</b>   | 0                  |
|   | <b>19</b> Deferred revenue . . . . .  | 1,254,181                | <b>19</b>   | 946,288            |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   | 47,986,918               | <b>20</b>   | 46,787,439         |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .  | 0                        | <b>21</b>   | 0                  |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .   | 0                        | <b>22</b>   | 0                  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  | 0                        | <b>23</b>   | 0                  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  | 0                        | <b>24</b>   | 0                  |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D . . . . .  | 6,602,749                | <b>25</b>   | 6,354,147          |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 60,575,776               | <b>26</b>   | 58,448,839         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |             |                    |
|   | <b>27</b> Unrestricted net assets   | 47,182,372               | <b>27</b>   | 48,811,456         |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 8,415,059                | <b>28</b>   | 6,871,050          |
|   | <b>29</b> Permanently restricted net assets   | 5,074,422                | <b>29</b>   | 4,966,835          |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                          |             |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                          | <b>30</b>   |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                          | <b>31</b>   |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  |                          | <b>32</b>   |                    |
| <b>33</b> Total net assets or fund balances . . . . .                         | 60,671,853  | <b>33</b>                | 60,649,341  |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 121,247,629   | <b>34</b>                | 119,098,180 |                    |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 77,569,860 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 76,235,846 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 1,334,014  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 60,671,853 |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | -1,752,610 |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |            |
| <b>7</b>  | Investment expenses   | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 396,084    |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 60,649,341 |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> | Yes |    |
| <b>3b</b> | Yes |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2103551

**Name:** YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER  
BOSTON INC

Form 990 (2018)

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

EACH YEAR, MORE THAN 181,000 MEMBERS AND PROGRAM PARTICIPANTS BENEFIT FROM A DIVERSE ARRAY OF PROGRAMS AND SERVICES SUCH AS HEALTH AND WELLNESS PROGRAMS, INSTRUCTIONAL FITNESS PROGRAMS, AQUATICS LEARN-TO-SWIM PROGRAMS, ADULT EDUCATION, COLLEGE AND CAREER PROGRAMS FOR TEENS, YOUTH DEVELOPMENT PROGRAMS, PROGRAMS FOR YOUTH AT RISK, SERVICES FOR SENIORS, TRANSITIONAL HOUSING FOR HOMELESS FAMILIES, AFFORDABLE GUEST ROOMS FOR TRAVELERS, AND CRITICALLY IMPORTANT INCOME-BASED HOUSING FOR SINGLE ADULTS

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

THE YMCA OF GREATER BOSTON HAS A LONG AND SUCCESSFUL HISTORY OF PROVIDING AFTER-SCHOOL AND SUMMER DEVELOPMENT, EDUCATIONAL, RECREATIONAL AND SOCIAL ACTIVITIES FOR YOUTH OF ALL AGES OVER 3,600 CHILDREN ARE ENROLLED IN Y's PRE-SCHOOL AND EARLY EDUCATION AND AFTER SCHOOL PROGRAMS, AND 10,000 CHILDREN PARTICIPATE IN SUMMER DAY AND RESIDENT CAMP PROGRAMS THROUGH THE YMCA OF GREATER BOSTON'S YOUTH DEVELOPMENT INITIATIVE, THE YMCA WORKS WITH OVER 16,000 MIDDLE SCHOOL AGED AND TEENS EACH YEAR

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

THE YMCA OF GREATER BOSTON OFFERS AN ARRAY OF EDUCATION SERVICES TO LOW-INCOME INDIVIDUALS AND FAMILIES INCLUDING ADULT BASIC EDUCATION, COMPUTER LITERACY CLASSES, AND MORE THAN 500 PARTICIPANTS IN ENGLISH AS A SECOND LANGUAGE FOR RECENT IMMIGRANTS THE Y PROVIDES COMPREHENSIVE JOB SKILLS TRAINING AND HELPS WITH PLACEMENT IN PERMANENT EMPLOYMENT POSITIONS FOR AS MANY AS 130 INDIVIDUALS EACH YEAR

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

| (A)<br>Name and Title                                       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| WILLIAM M PARENT<br>.....<br>BOARD MEMBER - CHAIR           | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HOPE A ALDRICH<br>.....<br>BOARD MEMBER - VICE CHAIR        | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ELIZABETH B BURNETT<br>.....<br>BOARD MEMBER - VICE CHAIR   | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| EVELYN KAUPP<br>.....<br>BOARD MEMBER - VICE CHAIR          | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MATT MCPHERRON<br>.....<br>BOARD MEMBER - VICE CHAIR        | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| C ANN MERRIFIELD<br>.....<br>BOARD MEMBER - TREASURER       | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| WILLIAM I HYUETT<br>.....<br>BOARD MEMBER THRU 12/31/2018   | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JONATHAN SAVOY<br>.....<br>BOARD MEMBER                     | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| REZA AGHAMIRZADEH<br>.....<br>BOARD MEMBER AS OF 01/25/2018 | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| WILLIAM H ANDERSON<br>.....<br>BOARD MEMBER                 | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |



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

| (A)<br>Name and Title                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| DAN BROWNELL<br>.....<br>BOARD MEMBER                    | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DANIEL F CONLEY<br>.....<br>BOARD MEMBER THRU 12/13/2018 | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JEFF CONWAY<br>.....<br>BOARD MEMBER AS OF 09/27/2018    | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOSEPH FERRA<br>.....<br>BOARD MEMBER                    | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CHRISTOPHER D FINCKE<br>.....<br>BOARD MEMBER            | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BETTY FRANCISCO<br>.....<br>BOARD MEMBER                 | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAVID G FUBINI<br>.....<br>BOARD MEMBER THRU 03/22/2018  | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LINA GALLOTTO<br>.....<br>BOARD MEMBER THRU 11/17/2018   | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| NANCY D GLENNON<br>.....<br>BOARD MEMBER                 | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| NEIL HAYNES<br>.....<br>BOARD MEMBER AS OF 09/27/2018    | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                                       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| INGRID JACOBS<br>.....<br>BOARD MEMBER                      | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ANDRE JOHNSON<br>.....<br>BOARD MEMBER                      | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| TERESA K KOSTER<br>.....<br>BOARD MEMBER THRU 03/22/2018    | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAVID MARSHALL<br>.....<br>BOARD MEMBER                     | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| TARA MURPHY<br>.....<br>BOARD MEMBER                        | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CHARLAYNE MURRELL-SMITH<br>.....<br>BOARD MEMBER            | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JACK R O'CONNOR<br>.....<br>BOARD MEMBER THRU 03/22/2018    | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| REBEKAH SALWASSER<br>.....<br>BOARD MEMBER AS OF 09/27/2018 | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAN SHEEHAN<br>.....<br>BOARD MEMBER THRU 09/21/2018        | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SHANIQUE SMITH<br>.....<br>BOARD MEMBER AS OF 12/13/2018    | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| NANCY STUART<br>.....<br>BOARD MEMBER                      | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| FREDERICK A WANG<br>.....<br>BOARD MEMBER                  | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BRIAN H KAVOOGIAN<br>.....<br>BOARD MEMBER THRU 12/13/2018 | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| Kevin F Malone<br>.....<br>BOARD MEMBER THRU 02/2018       | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JAMES MORTON<br>.....<br>PRESIDENT & CEO                   | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 399,785   | 0  | 44,282  |
| ANN TIKKANEN<br>.....<br>EXECUTIVE VP & CFO THRU 09/18     | 40 0<br>.....<br>0 0   |   |                       | X       |              |                              |        | 190,548   | 0  | 31,410  |
| JARRETT ROYSTER<br>.....<br>Executive VP & COO             | 40 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 205,264   | 0  | 32,163  |
| MARK STRAUBEL<br>.....<br>Executive VP & COO               | 40 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 179,202   | 0  | 38,313  |
| AMY TURNER<br>.....<br>Executive VP & CCDO                 | 40 0<br>.....<br>0 0   |   |                       |         | X            |                              |        | 175,054   | 0  | 37,577  |
| JULIE LIMA<br>.....<br>EXECUTIVE VP OF DEVELOPMENT         | 40 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 173,154   | 0  | 11,112  |

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

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| MICHAEL FARRELL<br>.....<br>VP of Facility Management            | 40 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 145,458   | 0  | 15,225  |
| KEITH HENDRICKS<br>.....<br>VP OF ACTG AND FIN SYSTEMS           | 40 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 145,890   | 0  | 34,430  |
| WENDY ZINN<br>.....<br>VP OF ACDMIC ACHVMN & PRTNRSHP            | 40 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 138,756   | 0  | 27,960  |
| MARION KELLY<br>.....<br>Sr Branch Executive Director            | 40 0<br>.....<br>0 0   |   |                       |         |              | X                            |        | 139,602   | 0  | 18,947  |
| Elizabeth Toledo Cruz<br>.....<br>Executive VP & COO THRU 7/6/18 | 40 0<br>.....<br>0 0   |   |                       |         |              |                              | X      | 126,672   | 0  | 24,093  |

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

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON INC

**Employer identification number**

04-2103551

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

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

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

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014   | (b) 2015   | (c) 2016   | (d) 2017   | (e) 2018   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")  | 30,942,674 | 30,777,899 | 31,711,389 | 31,747,397 | 33,715,108 | 158,894,467 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |            |            |            |            |            | 0           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |            |            |            |            |            | 0           |
| <b>4 Total.</b> Add lines 1 through 3  | 30,942,674 | 30,777,899 | 31,711,389 | 31,747,397 | 33,715,108 | 158,894,467 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |            |            |            |            |            | 0           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |            |            |            |            |            | 158,894,467 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2014   | (b) 2015   | (c) 2016   | (d) 2017   | (e) 2018   | (f) Total   |
|---|------------|------------|------------|------------|------------|-------------|
| <b>7</b> Amounts from line 4  | 30,942,674 | 30,777,899 | 31,711,389 | 31,747,397 | 33,715,108 | 158,894,467 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 426,962    | 454,842    | 265,913    | 272,158    | 317,886    | 1,737,761   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             | 195,264    | 285,916    | 454,996    | 385,140    | 339,602    | 1,660,918   |
| <b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                |            |            |            |            |            | 0           |
| <b>11 Total support.</b> Add lines 7 through 10   |            |            |            |            |            | 162,293,146 |

**12** Gross receipts from related activities, etc (see instructions) **12** 187,656,356

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

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

|  |           |          |
|--|-----------|----------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> | 97.906 % |
| <b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14                        | <b>15</b> | 97.811 % |

**16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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<br>(or fiscal year beginning in) ► |  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b>   | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b>   | Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6</b>   | <b>Total.</b> Add lines 1 through 5  |          |          |          |          |          |           |
| <b>7a</b>  | Amounts included on lines 1, 2, and 3 received from disqualified persons   |          |          |          |          |          |           |
| <b>b</b>   | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b>   | Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8</b>   | <b>Public support.</b> (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ► |  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b>   | Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b>                                       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b>   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                        |          |          |          |          |          |           |
| <b>c</b>   | Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b>  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on    |          |          |          |          |          |           |
| <b>12</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                |          |          |          |          |          |           |
| <b>13</b>  | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

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

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

|           |  |           |  |
|-----------|--|-----------|--|
| <b>15</b> | Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> | Public support percentage from 2017 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

|           |  |           |  |
|-----------|--|-----------|--|
| <b>17</b> | Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> | Investment income percentage from <b>2017</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

**19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

|          |  |  |  |
|----------|--|--|--|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )  |  |  |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |  |  |
| <b>2</b> | Activities Test <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> | Parent of Supported Organizations <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |  |  |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |  |  |

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

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

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                                | Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                                | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                             |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                             |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)   | <b>1</b>       |                             |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)   |                |                             |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                             |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                             |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)   | <b>4</b>       |                             |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b>                                | Multiply line 5 by .035  | <b>6</b>       |                             |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                             |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b>       |                             |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                             |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b>       |                             |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                             |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                             |
| <b>7</b>                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |                |                             |

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

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity            |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions |                     |
| <b>9</b> Distributable amount for 2018 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2018</b> | <b>(iii)<br/>Distributable<br/>Amount for 2018</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2018   |                                     |   |  |
| <b>a</b> From 2013. . . . .  |                                     |   |  |
| <b>b</b> From 2014. . . . .  |                                     |   |  |
| <b>c</b> From 2015. . . . .  |                                     |   |  |
| <b>d</b> From 2016. . . . .  |                                     |   |  |
| <b>e</b> From 2017. . . . .  |                                     |   |  |
| <b>f</b> Total of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                     |   |  |
| <b>4</b> Distributions for 2018 from Section D, line 7 \$  |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c   |                                     |   |  |
| <b>8</b> Breakdown of line 7   |                                     |   |  |
| <b>a</b> Excess from 2014. . . . .   |                                     |   |  |
| <b>b</b> Excess from 2015. . . . .   |                                     |   |  |
| <b>c</b> Excess from 2016. . . . .   |                                     |   |  |
| <b>d</b> Excess from 2017. . . . .   |                                     |   |  |
| <b>e</b> Excess from 2018. . . . .   |                                     |   |  |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2103551

**Name:** YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER  
BOSTON INC

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**  
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C  
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B  
 ● Section 527 organizations Complete Part I-A only  
**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**  
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B  
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A  
**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**  
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

|   |  |
|---|--|
| Name of the organization<br>YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON INC | Employer identification number<br>04-2103551 |
|---|--|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| 1        |             |         |   |  |
| 2        |             |         |   |  |
| 3        |             |         |   |  |
| 4        |             |         |   |  |
| 5        |             |         |   |  |
| 6        |             |         |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

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

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

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

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

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

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

Yes  No

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

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

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

| Calendar year (or fiscal year beginning in)                      | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

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

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

|   | (a) |    | (b)     |
|---|-----|----|---------|
|   | Yes | No | Amount  |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |         |
| <b>a</b> Volunteers?  |     | No |         |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     | No |         |
| <b>c</b> Media advertisements?  |     | No |         |
| <b>d</b> Mailings to members, legislators, or the public?   |     | No |         |
| <b>e</b> Publications, or published or broadcast statements?  |     | No |         |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     | No |         |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  | Yes |    | 128,025 |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | No |         |
| <b>i</b> Other activities?  |     | No |         |
| <b>j</b> Total Add lines 1c through 1i  |     |    | 128,025 |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     | No |         |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |         |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |         |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |         |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? | <b>3</b> |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   | <b>2a</b> |  |
| <b>a</b> Current year   | <b>2b</b> |  |
| <b>b</b> Carryover from last year   | <b>2c</b> |  |
| <b>c</b> Total  | <b>3</b>  |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  |           |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

| Return Reference | Explanation  |
|------------------|--|
| PART II, LINE B  | THE YMCA OF GREATER BOSTON IS A MEMBER OF THE ALLIANCE OF MASSACHUSETTS YMCAS, A PUBLIC POLICY AND ADVOCACY GROUP COMMITTED TO WORKING WITH YMCAS AND OTHER CHILD CARE AND HUMAN SERVICE ORGANIZATIONS IN THE COMMONWEALTH, CONCERNED WITH THE WELL BEING OF CHILDREN AND FAMILIES THE YMCA OF GREATER BOSTON ENGAGES A STRATEGIC MANAGEMENT AND PUBLIC AFFAIRS CONSULTANT TO ASSIST THE ORGANIZATION IN NAVIGATING REGULATORY AND FUNDING MATTERS PERTAINING TO YMCA SERVICES |

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

**Supplemental Financial Statements**  
**▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**▶ Attach to Form 990.**  
**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON INC

**Employer identification number**  
04-2103551

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

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

|   | Held at the End of the Year |  |
|---|-----------------------------|--|
| <b>a</b> Total number of conservation easements   | <b>2a</b>                   |  |
| <b>b</b> Total acreage restricted by conservation easements   | <b>2b</b>                   |  |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a)   | <b>2c</b>                   |  |
| <b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | <b>2d</b>                   |  |

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

**(i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_



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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 15,962,058       | 14,292,947     | 14,002,792         | 15,348,499           | 15,422,153          |
| <b>b</b> Contributions . . . . .                                  | 4,698            | 11,140         | 14,197             | 19,085               | 20,520              |
| <b>c</b> Net investment earnings, gains, and losses               | -1,268,015       | 2,307,489      | 926,638            | -716,372             | 554,004             |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 560,656          | 570,780        | 576,224            | 556,212              | 544,312             |
| <b>f</b> Administrative expenses . . . . .                        | 81,585           | 78,738         | 74,456             | 92,208               | 103,866             |
| <b>g</b> End of year balance . . . . .                            | 14,056,500       | 15,962,058     | 14,292,947         | 14,002,792           | 15,348,499          |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 20 520 %
  - b** Permanent endowment ▶ 35 330 %
  - c** Temporarily restricted endowment ▶ 44 150 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 3,384,121                       |                              | 3,384,121      |
| <b>b</b> Buildings . . . . .   |                                      | 128,779,723                     | 55,445,034                   | 73,334,689     |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .   |                                      | 22,400,656                      | 19,397,050                   | 3,003,606      |
| <b>e</b> Other . . . . .   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ |                                      |                                 |                              | 79,722,416     |

**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<br>(including name of security)  | (b)<br>Book<br>value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------------|---|
| (1) Financial derivatives . . . . .                                      |                      |   |
| (2) Closely-held equity interests . . . . .                              |                      |   |
| (3) Other _____  |                      |   |
| (A)  |                      |   |
| (B)  |                      |   |
| (C)  |                      |   |
| (D)  |                      |   |
| (E)  |                      |   |
| (F)  |                      |   |
| (G)  |                      |   |
| (H)  |                      |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) |                      |   |

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

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

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   | 0              |
| INTEREST RATE SWAP OBLIGATION  | 1,842,084      |
| HOUSING DEBT   | 5,439,398      |
| BOND ISSUANCE COST   | -927,335       |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) | 6,354,147      |

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

|          |   |           |           |  |
|----------|---|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .  | <b>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .  | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1                                     |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .  | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b> |  |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . |           | <b>5</b>  |  |

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

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

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

**Part XIII Supplemental Information**

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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2103551

**Name:** YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER  
BOSTON INC

## Supplemental Information

| Return Reference | Explanation   |
|------------------|---|
| PART V, LINE 4   | INTENDED USE OF ENDOWMENT FUNDS THE ENDOWMENT FUNDS OF THE YMCA OF GREATER BOSTON HAVE BEEN SET ASIDE THROUGH THE INTENTIONS OF DONORS AND BOARD APPROPRIATION FOR GENERAL OR SPECIFIC PURPOSES |

## Supplemental Information

| Return Reference | Explanation   |
|------------------|---|
| PART X, LINE 2   | FIN 48 (ASC) FOOTNOTE THE ASSOCIATION IS A NONPROFIT ORGANIZATION DESCRIBED UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AND IS GENERALLY EXEMPT FROM INCOME TAXES UNDER THE PROVISIONS OF IRC SECTION 501(A) THE ASSOCIATION BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS |

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

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

Employer identification number

04-2103551

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

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

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

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

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

| Revenue         |   | (a) Event #1                      | (b) Event #2                           | (c) Other events            | (d)   |
|-----------------|---|-----------------------------------|--|-----------------------------|---|
|                 |   | <u>SPARK PARY</u><br>(event type) | <u>CHNTWN LGCY EVT</u><br>(event type) | <u>16</u><br>(total number) | Total events<br>(add col (a) through col (c)) |
| Revenue         | <b>1</b> Gross receipts . . . . .   | 702,816                           | 124,340                                | 775,696                     | 1,602,852                                     |
|                 | <b>2</b> Less Contributions . . . . .   | 681,516                           | 110,580                                | 603,166                     | 1,395,262                                     |
|                 | <b>3</b> Gross income (line 1 minus line 2) . . . . .                             | 21,300                            | 13,760                                 | 172,530                     | 207,590                                       |
| Direct Expenses | <b>4</b> Cash prizes . . . . .  |                                   |  |                             |   |
|                 | <b>5</b> Noncash prizes . . . . .   |                                   |  | 10,070                      | 10,070  |
|                 | <b>6</b> Rent/facility costs . . . . .  |                                   |  | 30,138                      | 30,138  |
|                 | <b>7</b> Food and beverages . . . . .   | 73,446                            | 16,589                                 | 93,546                      | 183,581                                       |
|                 | <b>8</b> Entertainment . . . . .  |                                   | 900                                    | 4,610                       | 5,510   |
|                 | <b>9</b> Other direct expenses . . . . .  | 50,420                            | 3,532                                  | 42,941                      | 96,893  |
|                 | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                                   |  |                             | 326,192                                       |
|                 | <b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                                   |  |                             | -118,602                                      |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue  |  | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming   | (d) Total gaming (add col (a) through col (c)) |
|--|--|---|---|--|--|
|  |  | <b>1</b> Gross revenue . . . . .                                    |   |  | 53,968   |
| Direct Expenses  | <b>2</b> Cash prizes . . . . .           |   |   |  |  |
|  | <b>3</b> Noncash prizes . . . . .        |   |   | 22,229   | 22,229   |
|  | <b>4</b> Rent/facility costs . . . . .   |   |   |  |  |
|  | <b>5</b> Other direct expenses . . . . . |   |   |  |  |
|  | <b>6</b> Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input checked="" type="checkbox"/> No |  |
| <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶        |  |   |   | 22,229   |  |
| <b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶ |  |   |   | 31,739   |  |

**9** Enter the state(s) in which the organization conducts gaming activities MA

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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



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

**13** Indicate the percentage of gaming activity conducted in

|          |                             |            |           |
|----------|-----------------------------|------------|-----------|
| <b>a</b> | The organization's facility | <b>13a</b> | 100 000 % |
| <b>b</b> | An outside facility         | <b>13b</b> | 0 %       |

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

Name ▶ Paul Falvey

Address ▶ 316 Huntington Ave  
Boston, MA 02115

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party
- Name ▶ \_\_\_\_\_
- Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ Julie Lima

Gaming manager compensation ▶ \$ 834

Description of services provided ▶ Organizing, record keeping & Managing the event

Director/officer       Employee       Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 31,739

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**Schedule J**  
(Form 990)

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

OMB No 1545-0047

# 2018

**Open to Public Inspection**

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

Employer identification number  
04-2103551

**Part I Questions Regarding Compensation**

|  |   | Yes   | No   |  |   |   |   |  |  |  |  |
|--|---|---|--|--|---|---|---|--|--|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                              | <input checked="" type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees              | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |  |
| <input type="checkbox"/> First-class or charter travel   | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |   |  |  |   |   |   |  |  |  |  |
| <input type="checkbox"/> Travel for companions   | <input type="checkbox"/> Payments for business use of personal residence            |   |  |  |   |   |   |  |  |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments   | <input type="checkbox"/> Health or social club dues or initiation fees              |   |  |  |   |   |   |  |  |  |  |
| <input type="checkbox"/> Discretionary spending account  | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |   |  |  |   |   |   |  |  |  |  |
| <p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>  | <b>1b</b>   | Yes   |  |  |   |   |   |  |  |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>   | <b>2</b>  |   | No   |  |   |   |   |  |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>   | <input checked="" type="checkbox"/> Compensation committee                          | <input type="checkbox"/> Written employment contract                                | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |  |
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |   |  |  |   |   |   |  |  |  |  |
| <input type="checkbox"/> Independent compensation consultant   | <input checked="" type="checkbox"/> Compensation survey or study                    |   |  |  |   |   |   |  |  |  |  |
| <input checked="" type="checkbox"/> Form 990 of other organizations  | <input checked="" type="checkbox"/> Approval by the board or compensation committee |   |  |  |   |   |   |  |  |  |  |
| <p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>   | <b>4a</b>   |   | No   |  |   |   |   |  |  |  |  |
| <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>  | <b>4b</b>   |   | No   |  |   |   |   |  |  |  |  |
| <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>  | <b>4c</b>   |   | No   |  |   |   |   |  |  |  |  |
| <p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>   |   |   |  |  |   |   |   |  |  |  |  |
| <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p>   | <b>5a</b>   | Yes   |  |  |   |   |   |  |  |  |  |
| <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>   | <b>5b</b>   |   | No   |  |   |   |   |  |  |  |  |
| <p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p>   | <b>6a</b>   |   | No   |  |   |   |   |  |  |  |  |
| <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>   | <b>6b</b>   |   | No   |  |   |   |   |  |  |  |  |
| <p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>   | <b>7</b>  | Yes   |  |  |   |   |   |  |  |  |  |
| <p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>   | <b>8</b>  |   | No   |  |   |   |   |  |  |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>   | <b>9</b>  |   |  |  |   |   |   |  |  |  |  |

**Part 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 are not 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 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 |  |                         |                                 |   |
| See Additional Data Table |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |
|                           |  |                                     |                                     |  |                         |                                 |   |

**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   |
|---------------------------------------|---|
| HOUSING ALLOWANCE                     | PART I, LINE 1 A HOUSING ALLOWANCE IS PROVIDED TO THE PRESIDENT/CEO AS PART OF HIS EMPLOYMENT CONTRACT. THE ALLOWANCE AMOUNT IS INCLUDED IN TAXABLE COMPENSATION FOR THE YEAR.  |
| PART I, LINE 5A                       | THE ORGANIZATION PROVIDES ADDITIONAL FINANCIAL REWARD TO THE CORPORATE EXECUTIVE TEAM AND THE BRANCH EXECUTIVES AND STAFF BASED ON MEETING OR EXCEEDING THE FOLLOWING PERFORMANCE MEASUREMENTS: -BUDGETED OPERATING REVENUE, -ANNUAL CAMPAIGN GOAL, -NET BOTTOM LINE BUDGET, AND/OR -MEMBERSHIP REVENUE TARGET. |
| PART I, LINE 7                        | BONUS AND INCENTIVE COMPENSATION PAYMENTS ARE PAID AT THE DISCRETION OF THE ORGANIZATION'S CEO, SUBJECT TO REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE.   |
| SCHEDULE J, PART II, COLUMN (B) (III) | OTHER REPORTABLE COMPENSATION INCLUDES TRANSPORTATION BENEFITS AND RELOCATION BENEFITS. SUCH AMOUNTS ARE INCLUDED IN TAXABLE COMPENSATION FOR THE YEAR.   |

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 04-2103551

**Name:** YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON INC

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A) Name and Title  |      | (B) Breakdown of W-2 and/or 1099-MISC 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 JAMES MORTON<br>PRESIDENT & CEO                             | (i)  | 394,975  | 0                                   | 4,810                               | 33,000   | 11,282                  | 444,067                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 1 ANN TIKKANEN<br>EXECUTIVE VP & CFO THRU<br>09/18            | (i)  | 187,128  | 0                                   | 3,420                               | 23,439   | 7,971                   | 221,958                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2 JARRETT ROYSTER<br>Executive VP & COO                       | (i)  | 200,454  | 0                                   | 4,810                               | 25,384   | 6,779                   | 237,427                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3 MARK STRAUBEL<br>Executive VP & COO                         | (i)  | 174,392  | 0                                   | 4,810                               | 22,855   | 15,458                  | 217,515                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 4 JULIE LIMA<br>EXECUTIVE VP OF<br>DEVELOPMENT                | (i)  | 168,344  | 0                                   | 4,810                               | 4,937  | 6,175                   | 184,266                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5 AMY TURNER<br>Executive VP & CCDO                           | (i)  | 170,244  | 0                                   | 4,810                               | 21,983   | 15,594                  | 212,631                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 6 MICHAEL FARRELL<br>VP of Facility Management                | (i)  | 140,648  | 0                                   | 4,810                               | 0  | 15,225                  | 160,683                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 7 KEITH HENDRICKS<br>VP OF ACTG AND FIN<br>SYSTEMS            | (i)  | 145,890  | 0                                   | 0                                   | 19,130   | 15,300                  | 180,320                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 8 WENDY ZINN<br>VP OF ACADMIC ACHVMN &<br>PRTNRSHP            | (i)  | 133,946  | 0                                   | 4,810                               | 17,423   | 10,537                  | 166,716                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 9 MARION KELLY<br>Sr Branch Executive<br>Director             | (i)  | 137,502  | 0                                   | 2,100                               | 16,823   | 2,124                   | 158,549                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 10 Elizabeth Toledo Cruz<br>Executive VP & COO THRU<br>7/6/18 | (i)  | 124,082  | 0                                   | 2,590                               | 15,746   | 8,347                   | 150,765                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |

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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

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

Employer identification number

04-2103551

**Part I Bond Issues**

|          | (a) Issuer name                          | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose      | (g) Deceased |    | (h) On behalf of issuer |    | (i) Pool financing |    |
|----------|--|----------------|-------------|-----------------|-----------------|---------------------------------|--------------|----|-------------------------|----|--------------------|----|
|          |  |                |             |                 |                 |                                 | Yes          | No | Yes                     | No | Yes                | No |
| <b>A</b> | MASSACHUSETTS DEVELOPMENT FINANCE AGENCY | 04-3431814     | 57583F5X5   | 10-28-2004      | 28,000,000      | NEW CONST /REFUND 98 & 01 BONDS |              | X  |                         | X  |                    | X  |
| <b>B</b> | MASSACHUSETTS DEVELOPMENT FINANCE AGENCY | 04-3431814     | 57583RKV6   | 05-09-2007      | 8,500,000       | NEW CONSTRUCTION/REFUND 04 BOND |              | X  |                         | X  |                    | X  |
| <b>C</b> | MASSACHUSETTS DEVELOPMENT FINANCE AGENCY | 04-3431814     |             | 04-02-2012      | 10,800,000      | NEW CONSTRUCTION                |              | X  |                         | X  |                    | X  |
| <b>D</b> | MASSACHUSETTS DEVELOPMENT FINANCE AGENCY | 04-3431814     |             | 04-29-2015      | 10,000,000      | NEW CONSTRUCTION                |              | X  |                         | X  |                    | X  |

**Part II Proceeds**

|           |  | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|-----------|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| <b>1</b>  | Amount of bonds retired . . . . .  | 8,184,977  |           | 1,470,000  |           | 175,000    |           | 682,584    |           |
| <b>2</b>  | Amount of bonds legally defeased . . . . .   | 0          |           | 0          |           | 0          |           | 0          |           |
| <b>3</b>  | Total proceeds of issue . . . . .  | 28,000,000 |           | 8,500,000  |           | 10,800,000 |           | 10,000,000 |           |
| <b>4</b>  | Gross proceeds in reserve funds . . . . .  | 0          |           | 0          |           | 0          |           | 0          |           |
| <b>5</b>  | Capitalized interest from proceeds . . . . .   | 795,244    |           | 0          |           | 0          |           | 0          |           |
| <b>6</b>  | Proceeds in refunding escrows . . . . .  | 0          |           | 0          |           | 0          |           | 0          |           |
| <b>7</b>  | Issuance costs from proceeds . . . . .   | 553,884    |           | 164,750    |           | 28,920     |           | 25,000     |           |
| <b>8</b>  | Credit enhancement from proceeds . . . . .   | 134,515    |           | 36,181     |           | 0          |           | 0          |           |
| <b>9</b>  | Working capital expenditures from proceeds . . . . .   | 0          |           | 0          |           | 0          |           | 0          |           |
| <b>10</b> | Capital expenditures from proceeds . . . . .   | 11,135,562 |           | 6,640,787  |           | 10,771,080 |           | 9,975,000  |           |
| <b>11</b> | Other spent proceeds . . . . .   | 0          |           | 0          |           | 0          |           | 0          |           |
| <b>12</b> | Other unspent proceeds . . . . .   | 15,380,795 |           | 1,658,282  |           | 0          |           | 0          |           |
| <b>13</b> | Year of substantial completion . . . . .   | 2005       |           | 2009       |           | 2015       |           |            |           |
|           |  | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>14</b> | Were the bonds issued as part of a current refunding issue? . . . . .  | X          |           | X          |           |            | X         |            | X         |
| <b>15</b> | Were the bonds issued as part of an advance refunding issue? . . . . .   | X          |           |            | X         |            | X         |            | X         |
| <b>16</b> | Has the final allocation of proceeds been made? . . . . .  | X          |           | X          |           | X          |           |            | X         |
| <b>17</b> | Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . . | X          |           | X          |           | X          |           | X          |           |

**Part III Private Business Use**

|          |  | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|----------|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|          |  | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>1</b> | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . . |            | X         |            | X         |            | X         |            | X         |
| <b>2</b> | Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .                        |            | X         |            | X         |            | X         |            | X         |

**Part III Private Business Use** (Continued)

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .  |     | X  |     | X  | X   |    | X   |    |
| <b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?   |     |    |     |    | X   |    | X   |    |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .   |     | X  |     | X  |     | X  |     | X  |
| <b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?   |     |    |     |    |     |    |     |    |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶  | 0 % |    | 0 % |    | 0 % |    | 0 % |    |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶ |     |    |     |    |     |    |     |    |
| <b>6</b> Total of lines 4 and 5 . . . . .   |     |    |     |    |     |    |     |    |
| <b>7</b> Does the bond issue meet the private security or payment test? . . . . .   |     | X  |     | X  |     | X  |     | X  |
| <b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .  |     | X  |     | X  |     | X  |     | X  |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .  |     |    |     |    |     |    |     |    |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .  |     | X  |     | X  |     | X  |     | X  |
| <b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .                             | X   |    | X   |    | X   |    | X   |    |

**Part IV Arbitrage**

|   | A             |    | B   |    | C                 |    | D   |    |
|---|---------------|----|-----|----|-------------------|----|-----|----|
|   | Yes           | No | Yes | No | Yes               | No | Yes | No |
| <b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . . |               | X  |     | X  |                   | X  |     | X  |
| <b>2</b> If "No" to line 1, did the following apply? . . . . .  |               |    |     |    |                   |    |     |    |
| <b>a</b> Rebate not due yet? . . . . .  |               | X  |     | X  |                   | X  |     | X  |
| <b>b</b> Exception to rebate? . . . . .   |               | X  |     | X  |                   | X  |     | X  |
| <b>c</b> No rebate due? . . . . .   | X             |    | X   |    | X                 |    | X   |    |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .                                 |               |    |     |    |                   |    |     |    |
| <b>3</b> Is the bond issue a variable rate issue? . . . . .   | X             |    | X   |    | X                 |    | X   |    |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?        | X             |    |     | X  | X                 |    |     | X  |
| <b>b</b> Name of provider . . . . .   | CITIZENS BANK |    | 0   |    | RBS CITIZENS BANK |    | 0   |    |
| <b>c</b> Term of hedge . . . . .  | 10 %          |    |     |    | 10 %              |    |     |    |
| <b>d</b> Was the hedge superintegrated? . . . . .   |               | X  |     |    |                   | X  |     |    |
| <b>e</b> Was the hedge terminated? . . . . .  |               | X  |     |    |                   | X  |     |    |

**Part IV Arbitrage** (Continued)

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?                                  |     | X  |     | X  |     | X  |     | X  |
| <b>b</b> Name of provider . . . . .  | 0   |    | 0   |    | 0   |    | 0   |    |
| <b>c</b> Term of GIC . . . . .   |     |    |     |    |     |    |     |    |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .     |     |    |     |    |     |    |     |    |
| <b>6</b> Were any gross proceeds invested beyond an available temporary period?                                    |     | X  |     | X  |     | X  |     | X  |
| <b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . . |     | X  |     | X  |     | X  |     | X  |

**Part V Procedures To Undertake Corrective Action**

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X   |    | X   |    | X   |    | X   |    |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference   | Explanation   |
|--------------------|---|
| SCHEDULE K, LINE 3 | FOR ALL FOUR BOND ISSUES, THE REBATE COMPUTATION WAS PERFORMED IN APRIL, 2018 |



# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-2103551

**Name:** YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER  
BOSTON INC

| Return Reference   | Explanation   |
|--------------------|---|
| SCHEDULE K, LINE 3 | FOR ALL FOUR BOND ISSUES, THE REBATE COMPUTATION WAS PERFORMED IN APRIL, 2018 |

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
04-2103551

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art . . . . .   |                            |   |  |   |
| 2 Art—Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art—Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                   |                            |   |  |   |
| 5 Clothing and household goods . . . . .                             |                            |   |  |   |
| 6 Cars and other vehicles . . . . .                                  |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                    |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                               | X                          | 5   | 35,157   | FMV   |
| 10 Securities—Closely held stock . . . . .                           |                            |   |  |   |
| 11 Securities—Partnership, LLC, or trust interests . . . . .         |                            |   |  |   |
| 12 Securities—Miscellaneous . . . . .                                |                            |   |  |   |
| 13 Qualified conservation contribution—Historic structures . . . . . |                            |   |  |   |
| 14 Qualified conservation contribution—Other . . . . .               |                            |   |  |   |
| 15 Real estate—Residential . . . . .                                 |                            |   |  |   |
| 16 Real estate—Commercial . . . . .                                  |                            |   |  |   |
| 17 Real estate—Other . . . . .                                       |                            |   |  |   |
| 18 Collectibles . . . . .  |                            |   |  |   |
| 19 Food inventory . . . . .  |                            |   |  |   |
| 20 Drugs and medical supplies . . . . .                              |                            |   |  |   |
| 21 Taxidermy . . . . .   |                            |   |  |   |
| 22 Historical artifacts . . . . .                                    |                            |   |  |   |
| 23 Scientific specimens . . . . .                                    |                            |   |  |   |
| 24 Archeological artifacts . . . . .                                 |                            |   |  |   |
| 25 Other ▶ ( _____ )   |                            |   |  |   |
| 26 Other ▶ ( _____ )   |                            |   |  |   |
| 27 Other ▶ ( _____ )   |                            |   |  |   |
| 28 Other ▶ ( _____ )   |                            |   |  |   |

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

|           |  |
|-----------|--|
| <b>29</b> |  |
|-----------|--|

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 three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

|            | Yes | No |
|------------|-----|----|
| <b>30a</b> |     | No |
| <b>31</b>  |     | No |
| <b>32a</b> |     | No |

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part II****Supplemental Information.**

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

Return Reference

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON INC

Employer identification number

04-2103551

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation   |
|------------------|---|
| PART I, LINE 1   | MISSION STATEMENT THE YMCA OF GREATER BOSTON IS DEDICATED TO IMPROVING THE HEALTH OF MIND, BODY AND SPIRIT OF INDIVIDUALS AND FAMILIES IN OUR COMMUNITIES THE Y WELCOMES MEN AND WOMEN, BOYS AND GIRLS OF ALL INCOMES, FAITHS, AND CULTURES |

## 990 Schedule O, Organizational Information

| Return Reference    | Explanation   |
|---------------------|---|
| PART III,<br>LINE 1 | <p>ORGANIZATION'S MISSION FOUNDED IN 1851 AS AMERICA'S FIRST Y, THE YMCA OF GREATER BOSTON STRENGTHENS THE GREATER BOSTON COMMUNITY THROUGH A FOCUS ON YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY AS ONE OF THE COMMUNITY'S LEADING NONPROFITS, WE ARE DEDICATED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN, IMPROVING OUR COMMUNITY'S HEALTH AND WELL-BEING AND PROVIDING OPPORTUNITIES TO GIVE BACK AND SUPPORT OUR NEIGHBORS EACH YEAR, THE YMCA ENABLES MORE THAN 150,000 YOUTH, ADULTS, AND SENIORS TO BE HEALTHY, CONFIDENT, CONNECTED AND SECURE TODAY, THE YMCA OF GREATER BOSTON RANKS AS ONE OF THE LARGEST URBAN Y'S IN THE NATION, STAYING TRUE TO ITS ROOTS AS A VALUES-DRIVEN, VOLUNTEER-LED, HUMAN SERVICE ORGANIZATION STRENGTHENING CHILDREN, FAMILIES AND COMMUNITIES THE Y'S STAFF, VOLUNTEERS, AND CONSTITUENTS REPRESENT THE BROAD SPECTRUM OF CITIZENS, BY ANY AND ALL MEASURES, WHO LIVE IN GREATER BOSTON EVERY DAY, THE YMCA OF GREATER BOSTON WORKS SIDE-BY-SIDE WITH OUR NEIGHBORS TO MAKE SURE THAT EVERYONE, REGARDLESS OF AGE, INCOME OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW AND THRIVE YOUTH DEVELOPMENT - WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE THROUGH OUR Y, MORE THAN 50,000 YOUTH UNDER THE AGE OF 18 ARE CULTIVATING THE VALUES, SKILLS AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH AND EDUCATIONAL ACHIEVEMENT THE Y IS THE LARGEST PROVIDER OF AFTER SCHOOL PROGRAMS AND EARLY EDUCATION IN MASSACHUSETTS, OFFERS THE STATE'S LARGEST SUMMER YOUTH EMPLOYMENT PROGRAM, AND PROVIDES MORE THAN 25,000 WEEKS OF CAMP EACH SUMMER HEALTHY LIVING - MORE THAN 100,000 CHILDREN AND ADULTS ARE RECEIVING GUIDANCE AND THE RESOURCES NEEDED TO ACHIEVE GREATER HEALTH AND WELL-BEING FOR THEIR SPIRIT, MIND AND BODY BY BEING A MEMBER OF OUR Y IN COMMUNITIES ACROSS GREATER BOSTON, THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING WITH A MISSION CENTERED ON BALANCE, THE Y BRINGS FAMILIES CLOSER TOGETHER, ENCOURAGES GOOD HEALTH AND FOSTERS CONNECTIONS THROUGH FITNESS, SPORTS, AND FUN SOCIAL RESPONSIBILITY - TO BRING ABOUT MEANINGFUL CHANGE, INDIVIDUALS NEED ONGOING ENCOURAGEMENT AND TOOLS WE'RE HERE DAY-IN AND DAY-OUT TO PROVIDE THE RESOURCES OUR COMMUNITIES NEED TO ADDRESS THE MOST PRESSING SOCIAL ISSUES SUCH AS ADULT EDUCATION, WORKFORCE DEVELOPMENT AND HOUSING ON ANY GIVEN NIGHT, 35 ADULTS AND CHILDREN ARE LIVING AT THE Y OUR FAMILIES IN TRANSITION PROGRAM NOT ONLY PROVIDES SHELTER, BUT ALSO ADDRESS THE UNDERLYING ISSUES THAT CAUSED FAMILIES TO BE HOMELESS SINCE 1896, THE YMCA OF GREATER BOSTON HAS PROVIDED ADULT EDUCATION TO NEWCOMERS HELPING THEM THRIVE IN THEIR NEW HOMETOWN THIS COMMITMENT TO ADULT EDUCATION CONTINUES TODAY AT THE INTERNATIONAL LEARNING CENTER (ILC) AND TRAINING, INC WHERE MORE THAN 800 ADULTS EACH YEAR BRIDGE SKILLS GAPS AND START ON A PATH TOWARDS EMPLOYMENT AND SELF-SUFFICIENCY THE YMCA OF GREATER BOSTON HAS BRANCHES LOCATED IN BOSTON'S FENWAY, DORCHESTER</p> |

**990 Schedule O, Supplemental Information**

| Return Reference    | Explanation  |
|---------------------|--|
| PART III,<br>LINE 1 | <p>R, ROXBURY, CHINATOWN, WEST ROXBURY, HYDE PARK, ALLSTON/BRIGHTON, EAST BOSTON AND CHARLESTOWN NEIGHBORHOODS, AS WELL AS IN THE OUTLYING COMMUNITIES OF NEEDHAM, WALTHAM, READING, AND WOBURN THE YMCA ALSO HAS CAMPING FACILITIES IN MASSACHUSETTS COMMUNITIES INCLUDING BOXFORD, CANTON, AND WESTWOOD, AND A RESIDENT CAMP FACILITY IN TUFTONBORO, NEW HAMPSHIRE DOLLARS RETURNED TO THE FINANCIAL ASSISTANCE/PROGRAM AREA COMMUNITY ----- DIRECT AID (FINANCIAL ASSISTANCE) TO INDIVIDUALS AND FAMILIES MEMBERSHIP FOR ALL (FOR LOW INCOME FAMILIES) 1,055,103 CHILDCARE DEVELOPMENT FOR ALL (DISCOUNTED FEES) 1,795,119 CAMP FOR ALL (DISCOUNTED FEES) 480,357 BREAKFAST/LUNCH/SNACK FOOD SUBSIDY PAID BY THE Y 37,763 INDIRECT AID BY PROGRAM AREA MEMBERSHIP - ROXBURY 975,994 MEMBERSHIP - HUNTINGTON AVENUE 50,729 MEMBERSHIP - DORCHESTER 755,674 MEMBERSHIP - CHARLESTOWN 418,121 MEMBERSHIP - WANG 551,976 MEMBERSHIP - MENINO (HYDE PARK) 390,905 MEMBERSHIP - EAST BOSTON 386,571 MEMBERSHIP - EDUCATION AND TRAINING 194,688 GET SUMMER FREE TEEN MEMBERSHIPS 414,568 UNITED WAY FUNDING FOR U W SPECIFIC IMPACT PROGRAM AREAS 115,000 FACILITIES (USE BY COMMUNITY GROUPS/NONPROFIT ORGS) VARIOUS CHURCH GROUPS, SCHOOLS, AND LOCAL CLUBS 39,000 FINANCIAL SUPPORT THROUGH THE YMCA OF THE USA'S INTERNATIONAL PROGRAM 25,000 MILITARY SUPPORT PROGRAMS AT CONSTITUTION INN 10,343 VARIOUS DONATIONS 7,800 ----- GRAND TOTAL USES OF FUNDS (WHAT THE Y GIVES BACK TO COMMUNITIES) 7,704,711 =====</p> |

**990 Schedule O, Supplemental Information**

| Return Reference                          | Explanation   |
|---|---|
| PART VI,<br>SECTION A,<br>QUESTION<br>11B | FORM 990 REVIEW PROCESS THE YMCA OF GREATER BOSTONS FINANCE, AUDIT AND RISK, AND EXECUTIVE COMMITTEES, COMMITTEES OF THE GENERAL BOARD OF DIRECTORS, REVIEW A FINAL FORM OF THE FORM 990 PRIOR TO ACTUAL FILING MEMBERS OF THE EXTERNAL AUDIT AND TAX FIRM (CURRENTLY KPMG LLP) INITIALLY DISCUSS, PREPARE AND REVIEW THE RETURN WITH Y MANAGEMENT ONCE THE TAX RETURN IS FULLY ANALYZED AND PREPARED BY Y MANAGEMENT, A PAPER COPY IS DISTRIBUTED TO THE AUDIT AND RISK COMMITTEE, IN ADVANCE OF A SPECIFIC MEETING SUBSEQUENTLY, KPMG'S TAX GROUP REPRESENTATIVES MEET WITH Y MANAGEMENT AND MEMBERS OF THE YS FINANCE, AUDIT AND RISK, AND EXECUTIVE COMMITTEES IN ORDER TO ENSURE ALL PERSONS HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS AND DISCUSS THE CONTENT OF THE TAX RETURN, PRIOR TO THE DEADLINE FINANCE AND AUDIT AND RISK COMMITTEES APPROVE THE CONTENTS OF THE TAX RETURN IN ADVANCE OF IT BEING FILED WITH THE IRS AFTER THE FINANCE AND AUDIT AND RISK COMMITTEES APPROVE FORM 990, THE RETURN IS PROVIDED TO ALL BOARD MEMBERS IN ADVANCE OF THE ASSOCIATION'S MARCH GENERAL BOARD MEETING AND THE RETURN IS FILED AFTER ALL BOARD MEMBERS HAVE HAD AN OPPORTUNITY TO REVIEW THE FILING |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                   | <b>Explanation</b>  |
|---|---|
| PART VI,<br>SECTION B,<br>QUESTION<br>12C | CONFLICT OF INTEREST EACH YEAR, A CONFLICT OF INTEREST POLICY DOCUMENT AND COVER LETTER (INCLUDING ALSO A FORM OF A QUESTIONNAIRE) IS MAILED FROM THE PRESIDENT'S OFFICE TO CONCERNED PERSONS INCLUDING ALL MEMBERS OF THE GENERAL BOARD OF DIRECTORS, BRANCH GENERAL BOARD REPRESENTATIVES, YMCA OF GREATER BOSTON SENIOR STAFF MEMBERS, BRANCH EXECUTIVES, AND BRANCH AND BOARD CHAIRS (I E PERSONS COVERED UNDER THE POLICY) THE QUESTIONNAIRE PROVIDES A DESCRIPTION OF A CONFLICT OF INTEREST AS WELL AS THE BUSINESS AFFILIATION OF THE CONCERNED PERSON ALL MEMBERS ARE REQUIRED TO READ, COMPLETE AND SIGN THE QUESTIONNAIRE, AND TO RETURN THE COMPLETED DOCUMENTS TO THE PRESIDENT'S OFFICE THE YMCA OF GREATER BOSTON'S PRESIDENT, AUDIT AND RISK COMMITTEE CHAIR, AND CHIEF FINANCIAL OFFICER REVIEW THE CONTENTS/RESPONSES DETAILED ON THE QUESTIONNAIRES, FOR COMPLETENESS AS WELL AS TO IDENTIFY ANY MATERIAL (OR POTENTIAL) CONFLICTS THAT MAY EXIST HAVE BEEN DOCUMENTED THE YMCA OF GREATER BOSTON'S PRESIDENT SUBSEQUENTLY WILL REVIEW IDENTIFIED CONFLICTS WITH THE CHAIR OF THE GENERAL BOARD OF DIRECTOR THE CONCERNED PERSON WITH WHOM A CONFLICTING INTEREST EXISTS WILL BE EXCLUDED FROM ANY DISCUSSION, APPROVAL OF TRANSACTIONS, BIDS, ETC WITH ANY AND ALL GENERAL BOARD COMMITTEE MEETINGS |



**990 Schedule O, Supplemental Information**

| Return Reference                          | Explanation   |
|---|---|
| PART VI,<br>SECTION B,<br>QUESTION<br>15B | <p>COMPENSATION POLICIES THE COMPENSATION COMMITTEE OF THE GENERAL BOARD OF DIRECTORS, LED BY THE CHAIR OF THE COMPENSATION COMMITTEE, INCLUDING ALSO THE CURRENT CHAIR, IS RESPONSIBLE FOR DUE DILIGENCE OF EXECUTIVE AND EMPLOYEE COMPENSATION TO ASSURE THAT THE YMCA OF GREATER BOSTON COMPLIES WITH IRS REQUIREMENTS FOR NON-PROFIT COMPENSATION THE COMMITTEE REVIEWS AND DISCUSSES COMPENSATION SURVEYS OF COMPARABLE SIZE YMCAS ACROSS THE COUNTRY RESEARCHED BY SULLIVAN, COTTER AND ASSOCIATES, A SURVEY OF REPRESENTATIVE BOSTON-AREA NON-PROFITS EXECUTIVES' COMPENSATION, AND A NATIONAL SURVEY OF ALL NON-PROFIT AND GENERAL INDUSTRY EXECUTIVES THE COMMITTEE THEN REVIEWS AND APPROVES THE ANNUAL MERIT SALARY PLAN (BASED ON ANNUAL REVIEWS) AND ANY CHANGES TO THE COMPENSATION RANGES, EXAMINES THE COMPENSATION OF THE Y'S 8 SENIOR EXECUTIVES AND COMPARES THEIR COMPENSATION TO THE SAME POSITIONS AT COMPARABLE YMCAS AND OTHER LOCAL AND REGIONAL NON-PROFITS, ASSURES THAT THE YMCA OF GREATER BOSTON IS PAYING BETWEEN THE FIFTIETH AND SEVENTY-FIFTH PERCENTILE OF PREVAILING MARKET RATES FOR SIMILAR POSITIONS, REVIEWS THE PERFORMANCE APPRAISAL OF THE Y PRESIDENT BY THE CHAIR OF THE GENERAL BOARD, DETERMINES THE COMPENSATION OF THE YMCA PRESIDENT, AND ENSURES THAT THERE ARE CLEAR PERFORMANCE MEASURES FOR ANNUAL EMPLOYEE INCENTIVE AWARDS THE COMMITTEE GENERALLY MEETS TWO TO FOUR TIMES ANNUALLY THE COMMITTEE ALSO ASSIGNS SPECIFIC ANALYTICAL TASKS TO THE VP/HR TO ENSURE THE ORGANIZATION IS KEEPING CURRENT ON ALL COMPENSATION PRACTICES</p> |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                  | <b>Explanation</b>  |
|--|---|
| PART VI,<br>SECTION C,<br>QUESTION<br>19 | DISCLOSURE OF DOCUMENTS ON THE ORGANIZATION'S WEBSITE (WWW YMCA BOSTON ORG) ANYONE IS ABLE TO DOWNLOAD A PDF FILE OF THE Y'S MOST CURRENT ANNUAL REPORT (THIS DOCUMENT INCLUDES THE FINANCIAL STATEMENTS OF THE DECEMBER 31, 2018 FINANCIAL AUDIT, THE STATEMENT OF FINANCIAL ACTIVITIES, AND THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION) THE CONFLICT OF INTEREST POLICY IS ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b> | <b>Explanation</b>   |
|-------------------------|--|
| PART XI,<br>LINE 9      | OTHER CHANGES IN NET ASSETS AMTS TRANSF TO YGBHRC \$(1,037,244) BENEFICIAL INTEREST IN TRUST (112,285)<br>CHANGE IN FMV OF INTEREST RATE SWAPS 374,308 PRIOR YEAR ADJUSTMENTS - YGBRC 1,171,305 ----- TOTAL<br>\$396,084 ----- |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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

**Employer identification number**

04-2103551

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| <b>(1)</b> YMCA OF GB HUNTINGTON AVE REALTY CORP<br>316 HUNTINGTON AVENUE<br><br>BOSTON, MA 02215<br>38-3854791 | LEASING                 | MA   | 501(C)(3)                  | 11B   | Y BOSTON                         | Yes  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
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|   |                         |  |                            |   |                                  |  |    |

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
|  |                            |   |  |  |                                 |  | Yes                                     | No |  | Yes                                       | No |                                |
|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |
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|  |                            |   |  |  |                                 |  |   |    |  |   |    |                                |

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |   |                                | Yes   | No |
| (1)CHARITABLE REMAINDER TRUST (5)                        | INVESTING               | MA  | Y BOSTON                            |  |                                 |   |                                | Yes   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
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**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               |     | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   |     | No |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   |     | No |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | Yes |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | No |
| <b>f</b> Dividends from related organization(s) . . . . .  |     |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | No |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |     | No |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  |     | No |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  |     | No |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  |     | No |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | Yes |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | 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)<br>Name of related organization         | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1)YMCA OF GB HUNTINGTON AVENUE REALTY CORP | D                             | 16,663,100             | NBV  |
| (2)YMCA OF GB HUNTINGTON AVENUE REALTY CORP | R                             | 1,037,244              | FMV  |
|   |                               |                        |  |
|   |                               |                        |  |
|   |                               |                        |  |
|   |                               |                        |  |

**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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
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|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

**Part VII**    **Supplemental Information**

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

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|                         |                    |