

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
2019
Open to Public Inspection

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

- 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
% ALEX BURNS VP OF FINANCE
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 \$ 89,126,014

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	3,566
6 Total number of volunteers (estimate if necessary)	6	2,750
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,567,659
b Net unrelated business taxable income from Form 990-T, line 39	7b	193,765

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,522,203	8,004,322
9 Program service revenue (Part VIII, line 2g)	70,537,640	74,127,573
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	596,880	514,498
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-86,863	-117,355
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	77,569,860	82,529,038

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	44,639,226	46,569,091
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,838,398		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	31,596,620	32,507,606
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	76,235,846	79,076,697
19 Revenue less expenses. Subtract line 18 from line 12	1,334,014	3,452,341

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	119,098,180	128,980,939
21 Total liabilities (Part X, line 26)	58,448,839	58,286,841
22 Net assets or fund balances. Subtract line 21 from line 20	60,649,341	70,694,098

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: 2020-07-09
Type or print name and title: JAMES O'S MORTON PRESIDENT & CEO

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-06-23 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

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.

4a (Code:) (Expenses \$ 46,663,864 including grants of \$) (Revenue \$ 45,510,028)
See Additional Data

4b (Code:) (Expenses \$ 22,627,751 including grants of \$) (Revenue \$ 25,972,955)
See Additional Data

4c (Code:) (Expenses \$ 2,792,228 including grants of \$) (Revenue \$ 2,644,590)
See Additional Data

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

4e Total program service expenses ▶ 72,083,843

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, 12, 14, and 20.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	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
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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

Table with 16 main rows (2a-16) and sub-rows (a, b, c, etc.). Columns include question text, numerical input fields (e.g., 2a, 7d, 10a, 11a, 13b, 13c), and Yes/No response columns.

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 5 main rows (1a-9) and 3 sub-columns (1a, 1b, and Yes/No). Row 1a: 20 members. Row 1b: 20 independent members. Rows 2-7a: No. Rows 7b-8b: Yes. Row 9: No.

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

Table with 16 rows (10a-16b) and 3 sub-columns (10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b) and 2 columns (Yes, No). Rows 10a-14, 15a, 15b, 16a: Yes. Row 16a: No.

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.
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: ALEX BURNS VP OF FINANCE 316 HUNTINGTON AVENUE BOSTON, MA 02115 (617) 927-8137

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

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

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

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

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

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

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

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

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

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

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	2,501,908	0	376,255

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **20**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SCOTT DIAMOND, DIAMOND HEAT 35 BELMONT STREET NORTH ANDOVER, MA 01845	FACILITIES R&M	550,607
WAYNE ROOFING SYSTEMS LLC, 65 E BELCHER ROAD FOXBOROUGH, MA 02035	FACILITIES R&M	452,521
Ronin Advertising Group LLC, PO Box 142155 CORAL GABLES, FL 331142155	ADVERTISING	266,250
Kronos SaaS Inc, PO Box 744724 ATLANTA, GA 303744724	HRIS AND PAYROLL	194,900
KPMG LLP, DEPT 0511 PO BOX 120511 DALLAS, TX 75312	AUDIT AND TAX	165,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **7**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	1,185,627		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,818,695		
	g Noncash contributions included in lines 1a - 1f: \$	1g	44,605		
	h Total. Add lines 1a-1f		8,004,322		

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a PROGRAM FEES		624100	30,376,647	26,808,988	3,567,659	
b AFFORDABLE HEALTH & WELLNESS PROGRAMS		624100	27,932,993	27,932,993		
c CONTRACT WITH FEDERAL & STATE GOV'N'TS		624100	12,938,464	12,938,464		
d OTHER REVENUES		624100	2,879,469	2,879,469		
e						
f All other program service revenue						
g Total. Add lines 2a-2f.			74,127,573			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		382,858			382,858	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c	0	0		
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	6,355,564			
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	6,223,924			
		c Gain or (loss)	7c	131,640			
	d Net gain or (loss)			131,640		131,640	
	8a Gross income from fundraising events (not including \$ 1,185,627 of contributions reported on line 1c). See Part IV, line 18	8a		244,197			
			8b	361,032			
		c Net income or (loss) from fundraising events			-116,835		-116,835
	9a Gross income from gaming activities. See Part IV, line 19	9a		11,500			
			9b	12,020			
		c Net income or (loss) from gaming activities			-520		-520
	10a Gross sales of inventory, less returns and allowances	10a		0			
10b			0				
c Net income or (loss) from sales of inventory				0			
11a Miscellaneous Revenue		Business Code					
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total revenue. See instructions			82,529,038	70,559,914	3,567,659	397,143	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,062,918	1,280,877	298,657	483,384
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	35,924,474	33,987,375	1,066,987	870,112
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,265,026	1,745,003	466,359	53,664
9 Other employee benefits	2,799,338	2,181,583	558,804	58,951
10 Payroll taxes	3,517,335	3,072,168	373,385	71,782
11 Fees for services (non-employees):				
a Management	0			
b Legal	217,403		217,403	
c Accounting	219,780		219,780	
d Lobbying	128,978		128,978	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	82,339		82,339	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,042,844	783,676	130,900	128,268
12 Advertising and promotion	677,365	601,645	46,294	29,426
13 Office expenses	433,868	287,238	105,180	41,450
14 Information technology	970,097	808,747	143,108	18,242
15 Royalties	0			
16 Occupancy	14,962,277	14,548,192	373,430	40,655
17 Travel	754,252	732,863	21,389	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	492,923	425,547	24,912	42,464
20 Interest	736,491	736,491		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	4,691,988	4,460,352	231,636	
23 Insurance	662,776	602,017	60,759	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	2,115,828	2,115,828		
b EQUIP EXPNDBL LEASE/MAINT	1,933,879	1,844,836	89,043	
c PROG FOOD & PERSONNEL SUPP	1,869,405	1,869,405		
d NATIONAL SUPPORT	515,113		515,113	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	79,076,697	72,083,843	5,154,456	1,838,398
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	7,148,231	2	9,693,597
	3 Pledges and grants receivable, net	971,219	3	1,028,339
	4 Accounts receivable, net	3,066,149	4	3,141,458
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	14,401,343	7	11,853,085
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 165,707,824		
	b Less: accumulated depreciation	10b 79,641,810	79,722,416	10c 86,066,014
	11 Investments—publicly traded securities	13,311,959	11	16,778,441
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	476,863	15	420,005
16 Total assets. Add lines 1 through 15 (must equal line 34)	119,098,180	16	128,980,939	
Liabilities	17 Accounts payable and accrued expenses	4,360,965	17	4,085,348
	18 Grants payable	0	18	0
	19 Deferred revenue	946,288	19	1,593,693
	20 Tax-exempt bond liabilities	46,787,439	20	45,433,674
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	6,354,147	25	7,174,126
	26 Total liabilities. Add lines 17 through 25	58,448,839	26	58,286,841
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	48,811,456	27	55,231,702
	28 Net assets with donor restrictions	11,837,885	28	15,462,396
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	60,649,341	32	70,694,098	
33 Total liabilities and net assets/fund balances	119,098,180	33	128,980,939	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	82,529,038
2	Total expenses (must equal Part IX, column (A), line 25)	2	79,076,697
3	Revenue less expenses. Subtract line 2 from line 1	3	3,452,341
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,649,341
5	Net unrealized gains (losses) on investments	5	2,294,445
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,297,971
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	70,694,098

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
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 04-2103551

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

Form 990 (2019)

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.

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.

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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES O'S MORTON PRESIDENT & CEO	40.0 0.0			X				415,609	0	46,212
KATHRYN J KURAS COO	40.0 0.0				X			234,616	0	35,115
JARRETT ROYSTER EVP-OP / COO (DIV I)	40.0 0.0				X			217,403	0	32,982
PAUL F FALVEY CFO	40.0 0.0				X			222,770	0	17,541
MARK STRAUBEL EVP-OP / COO (DIV II)	40.0 0.0				X			194,286	0	40,755
AMY TURNER EVP OF CHILD DEVELOPMENT/CCDO	40.0 0.0				X			191,734	0	40,434
STEPHEN BARRETT SVP-HR / CHRO	40.0 0.0				X			186,539	0	1,422
WENDY ZINN SVP PSHIP & SOC RESPONSIBILITY	40.0 0.0				X			155,118	0	30,382
MICHAEL FARRELL VP OF FACILITY MANAGEMENT	40.0 0.0					X		156,195	0	17,205
MARION KELLY SENIOR BRANCH EXECUTIVE DIR	40.0 0.0					X		144,185	0	19,463

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL J SLOVIN EX. DIR. OF SHARED SERVICES	40.0 0.0					X		131,197	0	31,476
DONALD BAUTZ SENIOR BRANCH EXECUTIVE DIR	40.0 0.0					X		127,553	0	31,310
IRENE E COLLINS VP OF MARKETING	40.0 0.0					X		124,703	0	31,958
REZA AGHAMIRZADEH BOARD MEMBER	1.0 0.0	X						0	0	0
WILLIAM H ANDERSON BOARD MEMBER THRU 3/21/19	1.0 0.0	X						0	0	0
DAN BROWNELL BOARD MEMBER	1.0 0.0	X						0	0	0
JEFF CARPENTER BOARD MEMBER AS OF 12/12/19	1.0 0.0	X						0	0	0
JEFF CONWAY BOARD MEMBER	1.0 0.0	X						0	0	0
JOSEPH FERRA BOARD MEMBER	1.0 0.0	X						0	0	0
CHRISTOPHER D FINCKE BOARD MEMBER THRU 3/21/19	1.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BETTY FRANCISCO BOARD MEMBER	1.0 0.0	X						0	0	0
NANCY D GLENNON BOARD MEMBER THRU 1/24/19	1.0 0.0	X						0	0	0
NEIL HAYNES BOARD MEMBER	1.0 0.0	X						0	0	0
INGRID JACOBS BOARD MEMBER THRU 6/19/19	1.0 0.0	X						0	0	0
ANDRE JOHNSON BOARD MEMBER	1.0 0.0	X						0	0	0
JENNIFER MARINO BOARD MEMBER AS OF 12/12/19	1.0 0.0	X						0	0	0
DAVID MARSHALL BOARD MEMBER	1.0 0.0	X						0	0	0
MATT MCPHERRON VICE CHAIR/BOARD MEMBER	1.0 0.0	X		X				0	0	0
CHARLAYNE MURRELL-SMIT BOARD MEMBER	1.0 0.0	X						0	0	0
JOAN S PARSONS BOARD MEMBER AS OF 9/23/19	1.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RACHAEL ROLLINS BOARD MEMBER AS OF 4/25/19	1.0 0.0	X						0	0	0
REBEKAH SALWASSER BOARD MEMBER	1.0 0.0	X						0	0	0
JONATHAN SAVOY BOARD MEMBER	1.0 0.0	X						0	0	0
SHANIQUE SMITH BOARD MEMBER	1.0 0.0	X						0	0	0
NANCY STUART BOARD MEMBER	1.0 0.0	X						0	0	0
ALAN TUCK BOARD MEMBER AS OF 12/12/19	1.0 0.0	X						0	0	0
FREDERICK A WANG BOARD MEMBER	1.0 0.0	X						0	0	0
WILLIAM M PARENT BOARD CHAIR	1.0 0.0			X				0	0	0
HOPE A ALDRICH BOARD VICE CHAIR	1.0 0.0			X				0	0	0
ELIZABETH B BURNETT BOARD VICE CHAIR	1.0 0.0			X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TARA MURPHY BOARD VICE CHAIR AS OF 3/21/19	1.0 0.0			X				0	0	0
EVELYN KAUPP VICE CHAIR/TREASURER	1.0 0.0			X				0	0	0
C ANN MERRIFIELD TREASURER THRU 3/21/19	1.0 0.0			X				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	30,777,899	31,711,389	31,747,397	33,683,369	38,380,969	166,301,023
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 Total. Add lines 1 through 3	30,777,899	31,711,389	31,747,397	33,683,369	38,380,969	166,301,023
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0
6 Public support. Subtract line 5 from line 4.						166,301,023

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	30,777,899	31,711,389	31,747,397	33,683,369	38,380,969	166,301,023
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	454,842	265,913	272,158	317,886	382,858	1,693,657
9 Net income from unrelated business activities, whether or not the business is regularly carried on	285,916	454,996	385,140	339,602	194,765	1,660,419
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0
11 Total support. Add lines 7 through 10						169,655,099
12 Gross receipts from related activities, etc. (see instructions)					12	197,141,204

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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	98.023 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	97.906 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
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? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	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
1	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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's 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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	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>	Yes	No
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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	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	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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 for instructions and the latest information.

OMB No. 1545-0047

2019
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 YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON INC	Employer identification number 04-2103551
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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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
1 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:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		128,978
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			128,978
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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."

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

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

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes questions about donor notification.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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
1a Beginning of year balance	14,056,500	15,962,058	14,292,947	14,002,792	15,348,499
b Contributions	1,024,751	4,698	11,140	14,197	19,085
c Net investment earnings, gains, and losses	2,932,263	-1,268,015	2,307,489	926,638	-716,372
d Grants or scholarships					
e Other expenditures for facilities and programs	573,643	560,656	570,780	576,224	556,212
f Administrative expenses	82,339	81,585	78,738	74,456	92,208
g End of year balance	17,357,532	14,056,500	15,962,058	14,292,947	14,002,792

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 18.810 %
 - b** Permanent endowment ▶ 29.470 %
 - c** Temporarily restricted endowment ▶ 51.720 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,384,121		3,384,121
b Buildings		135,142,762	59,581,951	75,560,811
c Leasehold improvements				
d Equipment		27,180,941	20,059,859	7,121,082
e Other			0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				86,066,014

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
Total. (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
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	7,174,126

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.

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

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

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

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

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 2	YMCA OF GREATER BOSTON HAS ADOPTED FASB ASU 2016-14, PRESENTATION OF THE FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES. AS A RESULT, THE DECEMBER 31, 2019 AUDITED FINANCIAL STATEMENTS CLASSIFY NET ASSETS AS EITHER NET ASSETS WITHOUT DONOR RESTRICTIONS, OR NET ASSETS WITH DONOR RESTRICTIONS. FOR PURPOSES OF PART V, LINE 2, YMCA OF GREATER BOSTON HAS REPORTED ITS YEAR END ENDOWMENT BALANCE WITHOUT DONOR RESTRICTIONS AS QUASI-ENDOWMENT AND ITS YEAR END BALANCE WITH DONOR RESTRICTIONS AS PERMANENT ENDOWMENT AND TEMPORARILY RESTRICTED ENDOWMENT, RESPECTIVELY. 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)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2019

**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 for instructions and the latest information.

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 10 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			
AMY KIMBALL EVENTS	DREAM HAPPY PARTY		No			
Total						

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) Total events
	SPARK PARTY (event type)	CHARLES RIVER (event type)	13 (total number)	(add col. (a) through col. (c))
1 Gross receipts	523,432	159,159	747,233	1,429,824
2 Less: Contributions	458,682	129,159	597,786	1,185,627
3 Gross income (line 1 minus line 2)	64,750	30,000	149,447	244,197
4 Cash prizes				
5 Noncash prizes			4,219	4,219
6 Rent/facility costs		1,698	97,163	98,861
7 Food and beverages	84,076	13,093	48,608	145,777
8 Entertainment	3,100	1,750	3,435	8,285
9 Other direct expenses	43,322	24,807	35,761	103,890
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				361,032
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-116,835

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))
	1 Gross revenue			
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶

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 ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

2019

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
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Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 O'S MORTON PRESIDENT & CEO	(i)	377,799	0	37,810	33,600	12,612	461,821	0
	(ii)	0	0	0	0	0	0	0
1 KATHRYN J KURAS COO	(i)	234,616	0	0	28,154	6,961	269,731	0
	(ii)	0	0	0	0	0	0	0
2 JARRETT ROYSTER EVP-OP / COO (DIV I)	(i)	212,593	0	4,810	26,088	6,894	250,385	0
	(ii)	0	0	0	0	0	0	0
3 PAUL F FALVEY CFO	(i)	222,770	0	0	0	17,541	240,311	0
	(ii)	0	0	0	0	0	0	0
4 MARK STRAUBEL EVP-OP / COO (DIV II)	(i)	189,476	0	4,810	23,314	17,441	235,041	0
	(ii)	0	0	0	0	0	0	0
5 AMY TURNER EVP OF CHILD DEVELOPMENT/CCDO	(i)	186,924	0	4,810	23,008	17,426	232,168	0
	(ii)	0	0	0	0	0	0	0
6 STEPHEN BARRETT SVP-HR / CHRO	(i)	186,539	0	0	0	1,422	187,961	0
	(ii)	0	0	0	0	0	0	0
7 WENDY ZINN SVP PSHIP & SOC RESPONSIBILITY	(i)	150,308	0	4,810	18,614	11,768	185,500	0
	(ii)	0	0	0	0	0	0	0
8 MICHAEL FARRELL VP OF FACILITY MANAGEMENT	(i)	151,385	0	4,810	0	17,205	173,400	0
	(ii)	0	0	0	0	0	0	0
9 MARION KELLY SENIOR BRANCH EXECUTIVE DIR	(i)	144,023	0	162	17,302	2,161	163,648	0
	(ii)	0	0	0	0	0	0	0
10 PAUL J SLOVIN EX. DIR. OF SHARED SERVICES	(i)	131,197	0	0	16,379	15,097	162,673	0
	(ii)	0	0	0	0	0	0	0
11 DONALD BAUTZ SENIOR BRANCH EXECUTIVE DIR	(i)	127,553	0	0	15,306	16,004	158,863	0
	(ii)	0	0	0	0	0	0	0
12 IRENE E COLLINS VP OF MARKETING	(i)	124,703	0	0	14,964	16,994	156,661	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

▶ 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 for instructions and the latest information.

OMB No. 1545-0047

2019

**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 Bond Issues

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

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	8,188,436		2,573,818		205,000		899,072	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	28,000,000		8,500,000		10,800,000		10,000,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	795,244		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	623,658		164,750		28,920		25,000	
8	Credit enhancement from proceeds	134,515		36,181		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	26,446,583		8,299,069		10,771,080		9,975,000	
11	Other spent proceeds	0		0		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2005		2009		2015		2015	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X			X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	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
2	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
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X	X		X	
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	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d 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?								
4 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 %	
5 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 ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a 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 If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c 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
9 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
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X	X			X
b Name of provider	CITIZENS BANK		0		RBS CITIZENS BANK		0	
c Term of hedge	10 %				10 %			
d Was the hedge superintegrated?		X				X		
e Was the hedge terminated?		X				X		

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 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	ALL MANAGEMENT AND SERVICE CONTRACTS IN BOND-FINANCED SPACE QUALIFY UNDER A PRIVATE BUSINESS USE SAFE HARBOR OR EXCEPTION OR ARE INCIDENTAL IN NATURE. THEREFORE, NO CONTRACTS RESULT IN PRIVATE BUSINESS USE. SCHEDULE K, PART IV, LINE 2C FOR ALL FOUR BOND ISSUES, THE REBATE COMPUTATION WAS PERFORMED IN APRIL, 2019.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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

Open to Public 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) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	6	44,605	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 **29**

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

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

Return Reference	Explanation
SCHEDULE M, LINE 1, COLUMN (B)	YMCA OF GREATER BOSTON IS REPORTING IN PART 1, COLUMN (B), THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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 for the latest information.

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, 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 YOUTH ORGANIZATIONS 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, WORK FORCE 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, DORCH</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 1	<p>ESTER, 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: -----</p> <p>EARLY EDUCATION & AFTER SCHOOL PROGRAMS: CHILDCARE DEVELOPMENT FOR ALL (DISCOUNTED FEES) 1,985,884 SLOT AND VOUCHER PUBLISHED RATE DIFFERENTIAL 1,343,469 BREAKFAST/LUNCH/SNACK FOOD SUBSIDY PAID BY THE Y 102,013 HEALTHY LIVING & MEMBERSHIP: MEMBERSHIP RATE DIFFERENTIAL 4,209,674 MEMBERSHIP FOR ALL (FOR LOW INCOME FAMILIES) 1,028,829 COMMUNITY DISCOUNTS 912,182 VARIOUS CHURCH GROUPS, SCHOOLS, AND LOCAL CLUBS 39,000 PROGRAM FOR ALL 36,830 THROUGH THE YMCA OF THE USA'S INTERNATIONAL PROGRAM 25,000 MILITARY SUPPORT PROGRAMS AT CONSTITUTION INN 9,308 VARIOUS DONATIONS 2,500 SUMMER LEARNING & CAMP: CAMP FOR ALL (DISCOUNTED FEES) 492,977 TEEN PROGRAMS: GET SUMMER FREE TEEN MEMBERSHIPS 509,310 FOR UNITED WAY SPECIFIC IMPACT PROGRAM AREAS 115,000 WORKFORCE DEVELOPMENT: MEMBERSHIP - EDUCATION AND TRAINING 197,970 ----- GRAND TOTAL USES OF FUNDS (WHAT THE Y GIVES BACK TO COMMUNITIES) 11,009,946 =====</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, QUESTION 11B	FORM 990 REVIEW PROCESS THE YMCA OF GREATER BOSTON'S 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 Y'S 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

Return Reference	Explanation
PART VI, SECTION B, QUESTION 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, SECTION B, QUESTION 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

Return Reference	Explanation
PART VI, SECTION C, QUESTION 19	DISCLOSURE OF DOCUMENTS ON THE ORGANIZATION'S WEBSITE (WWW.YMCABOSTON.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, 2019 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

Return Reference	Explanation
PART XI, LINE 9	OTHER CHANGES IN NET ASSETS AMOUNTS TRANSFERRED TO YGBHRC \$(881,657) BENEFICIAL INTEREST IN TRUST 123,320 CHANGE IN FMV OF INTEREST RATE SWAPS (406,079) GAIN ON FORGIVENESS OF DEBT 5,462,387 ----- TOTAL \$4,297,971 -----

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

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

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

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)CHARITABLE REMAINDER TRUST (5)	INVESTING	MA	Y BOSTON					Yes	

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s 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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) 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	881,657	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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation