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Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2023 **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.



AF	or the	e 2022 calendar year, or tax year beginning and a	ending	-	
B C a	heck if pplicabl	IOUNG MEN S CHRISIIAN ASSOCIATION		D Employer identifie	cation number
	Addre] Chang	S OF GREATER BOSTON, INC.			
	Name Chang	e Doing business as		04-21035	51
	Initial return		Room/suite	E Telephone number	r
	Final return	316 HUNTINGTON AVENUE		617-536-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	116,209,524.
	Amen	BOSION, MA 02113		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: DAVID SHAPIRO		for subordinates	
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
ΙT	ax-ex	empt status: 🚺 501(c)(3) 🛄 501(c) () (insert no.) 🛄 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	
KF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1851 N	State of legal domicile: MA
Pa	rt I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities:	YMCA C	OF GREATER B	OSTON IS
anc		DEDICATED TO IMPROVING THE HEALTH OF MINI			
Activities & Governance		Check this box if the organization discontinued its operations or dispos			
Š		Number of voting members of the governing body (Part VI, line 1a)			40
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b) $_{\rm .}$			38
ies		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			2778
tivit	6	Total number of volunteers (estimate if necessary)			1527
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year 39, 293, 101.	Current Year 47,927,309.
ne		Contributions and grants (Part VIII, line 1h)		32,019,245.	44,497,628.
Revenue		Program service revenue (Part VIII, line 2g)		1,428,447.	417,184.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16,560.	64,387.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		72,757,353.	92,906,508.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
			······	36,920,089.	46,914,212.
see	162	Professional fundraising fees (Part IX, column (Δ), line 11e)	·····	0.	0.
Expenses	h	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 2,256,24	46.		
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		40,521,999.	36,629,882.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		77,442,088.	83,544,094.
		Revenue less expenses. Subtract line 18 from line 12		-4,684,735.	9,362,414.
Ces			Be	ginning of Current Year	End of Year
lanc	20	Total assets (Part X, line 16)		64,153,956.	165,487,956.
d Ba		Total liabilities (Part X, line 26)		67,135,014.	62,599,241.
Net Assets (Fund Balance		Net assets or fund balances. Subtract line 21 from line 20		97,018,942.	102,888,715.
	rt II	Signature Block	I	- · ·	· · · ·

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.

Preparer Firm's name AAFCPAS, INC. Firm's ElN 04-2571780 Use Only Firm's address 50 WASHINGTON STREET WESTBOROUGH, MA 01581 Phone no.508-366-9100 May the IRS discuss this return with the preparer shown above? See instructions X Yes 232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2 SEE SCHEDULE O FOR ORGANIZATION MISSZION STATEMENT CONTINUATION Form 990 (2	Date				
	Type or print name and title				
Paid	JOYCE RIPIANZI, CPA	JOYCE RIPIANZI, CPA			
Preparer	-		Firm's EIN 04-2571780		
Arrow David David David David David David David Print/Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Date Check PTIN Paid JOYCE RIPIANZI, CPA JOYCE RIPIANZI, CPA DOYCE RIPIANZI, CPA Doyce RiPIANZI, CPA P0054858 Preparer Firm's name AAFCPAS, INC. Firm's EIN 04-2571780 Use Only Firm's address 50 WASHINGTON STREET Phone no.508-366-9100 May the IRS discuss this return with the preparer shown above? See instructions X Yes 232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (
Print/Type preparer's name Preparer's signature Date Check PTIN JOYCE RIPIANZI, CPA JOYCE RIPIANZI, CPA DOYCE RIPIANZI, CPA 06/30/23 # # P00548581 Preparer Firm's name AAFCPAS, INC. Firm's EIN 04-2571780 Use Only Firm's address 50 WASHINGTON STREET Phone no.508-366-9100 May the IRS discuss this return with the preparer shown above? See instructions X Yes I					
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes	No	
				0 (2022)	
S	EE SCHEDULE O FOR ORGANIZ	ATION MISS2180N STATEM	ENT CONTINUATION		
21000			AUDTARTIN 18808 100F	~ 1	

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Check if Schedule O contains a response or note to any line in this Part III Breftly describe the organization's mission: SEE SCHEDULE O Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 990-E27 If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(0)3 and 501(0)(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 accomplishments for each of its three largest program services, as measured by expenses. Section 501(0)3 and 501(0)(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. Code: (Boernes \$ 36,605,121. hotiding grants of \$) (Boernes \$ 29,108,97 YMCA OF GREATER BOSTON MEMBERS AND PROGRAM PARTICIPANTS BENEFIT FROM IDIVERSE ARRAY OF HEALTH AND WELLINESS PROGRAMS AND SERVICES WHICH ARE OFFERED AT 13 BRANCH LOCATIONS THROUGHOUT THE CITY OF BOSTON AND SURROUNDING SUBURBAN LOCATIONS. PROGRAMS – BOTH INDIVIDUAL OR GROUP, PERSONAL TRAINING, AQUATICS LEARN-TO-SWIM PROGRAMS, SPECIALTY HEALTH PROGRAMS, FAMILY GYM TIME, YOU'H SPORTS. SPORTS LEAGUES AND THE JRC (CONTINUED ON SCHEDULE O) D(Code:)(Exerces 25,868,429. Including grants of \$) (Revenues 15,131,03 THE YMCA OF GREATER BOSTON HAS A LONG AND A FAMILY CAMP IN NEW HAMPSHIRE. (CONTINUED ON SCHEDULE O) D(Code:)(Exerces 25,868,429. Including grants of \$) (Revenues 15,131,03 THE YMCA OF GREATER BOSTON HAS A LONG AND SUGCESSFUL HISTORY OF PROVIDING PRE-SCHOOL, AFTER-SCHOOL AND SUMMER DEVELOPMENT, EDUCATIONA RECREATIONAL AND WELLAREST FOR YOU'TH OF ALL AGES. IN OUR EAR EDUCATION PROGRAM, CHILDREN FROM ALL BACKGROUNDS ARE BROUGHT TOGETHER TO BE NURTURED, NOURISHED, LOVED AND CELEBRATED, DIVERST, WHILE BUILDING B		1 990 (2022) OF GREATER BOSTON, INC. 04-2103551 Protection of Program Service Accomplishments
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Part IV Checklist of Required Schedules

Form 990 (2022)

04-2103551	Page 3
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1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 8	x x x x x
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Schedule D, Part III	X
Schedule D, Part III 8	
	х
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9	x
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	
or in quasi endowments? If "Yes," complete Schedule D, Part V	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	
Part VI	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Х
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	Х
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	
Part X, line 16? If "Yes," complete Schedule D, Part IX	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a	
b Was the organization included in consolidated, independent audited financial statements for the tax year?	
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Х
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13	Х
14a Did the organization maintain an office, employees, or agents outside of the United States?	Х
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	
or more? If "Yes," complete Schedule F, Parts I and IV	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15	х
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16	Х
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17	Х
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	v
complete Schedule G, Part III	X X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes," to mplete Schedule H 20a	Δ
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21	v
232003 12-13-22 Form 990 (2	Х

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YOUNG MEN'S CHRISTIAN ASSOCIATION

04-	210355	51 Pag	e 4

Par	t IV Checklist of Required Schedules (continued)		F	
			Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		┦
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	4
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			-
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		-
- 1	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
0		21		-
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			1
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			-
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 07		-
0		38	x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	00		
	Check if Schedule O contains a response or note to any line in this Part V			_
		2	Yes	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 223	²		
		1		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		-11
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ļ
b		1c	X 990	

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Form	OF GREATER BOSTON, INC. 04-21035		P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2778			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	0.5		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	-		
5	amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D D	organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand 13c	•		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15		15		x
	excess parachute payment(s) during the year?	13		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	10		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	L	000	(0000)
232005	j 12-13-22	rurm	390	(2022)

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Form 990 (2022)

04-2103551 Page 6

Part VI	Governance, Manag	ement, and Disclosure. For	r each "Yes" resp	oonse to lines 2 through	7b below, and for a "N	lo" response
	to line 8a, 8b, or 10b below	, describe the circumstances, proc	esses, or change	es on Schedule O. See ir	nstructions.	

ect	tion A. Governing Body and Management						
						Yes	1
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		40			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			2.0			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		38			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh						
	officer, director, trustee, or key employee?				2		L
3	Did the organization delegate control over management duties customarily performed by or under the	ne direo	ct supervisior	ר			
	of officers, directors, trustees, or key employees to a management company or other person?				3		
	Did the organization make any significant changes to its governing documents since the prior Form				4		
	Did the organization become aware during the year of a significant diversion of the organization's as			r	5		
	Did the organization have members or stockholders?				6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?				7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						
	persons other than the governing body?				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:	ſ			
а	The governing body?				8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	Х	Ĺ
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						Γ
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)				_
				-		Yes	
0a	Did the organization have local chapters, branches, or affiliates?				10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the f	orm?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			[Γ
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")	/es," d	escribe				
	on Schedule O how this was done				12c	Х	
3	Did the organization have a written whistleblower policy?				13	Х	
	Did the organization have a written document retention and destruction policy?			r	14	Х	T
5	Did the process for determining compensation of the following persons include a review and approv						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	х	Γ
	Other officers or key employees of the organization				15b	Х	t
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						t
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a				
	taxable entity during the year?				16a		Г
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		-				
	exempt status with respect to such arrangements?				16b		Γ
ect	tion C. Disclosure						
	List the states with which a copy of this Form 990 is required to be filed MA , NH						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990)-T (section 5	01(c)(3)	only) avail	ał
	for public inspection. Indicate how you made these available. Check all that apply.			(0/(0)	y	,	~~
	X Own website X Another's website X Upon request Other (explain	n on Sc	hedule Ο)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c			olicy and	l finar	ncial	
	statements available to the public during the tax year.	Jimut	or interest pt	noy, and	a midi	icial	
	State the name, address, and telephone number of the person who possesses the organization's bo	noke ar	nd records				
n		uns di					
0	PAUL FALVEY CFO $- 617 - 927 - 8135$						
D	PAUL FALVEY, CFO - 617-927-8135 316 HUNTINGTON AVENUE, BOSTON, MA 02115						
	PAUL FALVEY, CFO - 617-927-8135 316 HUNTINGTON AVENUE, BOSTON, MA 02115				Form	990	()

YOUNG	MEN	S	CHRISTIAN	ASSOCIATIO	Ν

Form 990	(2022)	\mathbf{OF}	GREATER	BOSTON	, INC.		04-2
Part VII	Compensation	of (Officers, Dire	ectors, Tru	stees, Ke	y Employees, Highes	t Compensated
	Emplovees, an	d In	dependent C	contractors	5		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week	offi	cer an	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ę.			ated		organization	(W-2/1099-MISC/	from the
	related	istee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	Jal tru	onal		ploye	ee m		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMES O'S MORTON	40.00	=	=	ò	ž	Ξə	E.			
PRESIDENT & CEO (UNTIL 12/31/22)		x	-	x				485,915.	0.	25,499.
(2) PAUL FALVEY	40.00							-		
CFO				х				249,246.	Ο.	41,039.
(3) JARRETT C. ROYSTER	40.00									
COO (UNTIL 10/7/22)					Х			235,414.	0.	21,798.
(4) AMY G. TURNER	40.00									
CHIEF PROGRAM OFFICER					Х			202,727.	0.	36,825.
(5) WENDY E. ZINN	40.00									
CHIEF SOCIAL RESPONSIBILITY OFFICER					х			183,845.	0.	28,988.
(6) ROBIN M. GILBERT	40.00									
CHRO					Х			205,777.	0.	5,230.
(7) WILFORD TUNEY	40.00							168 008	0	
CHIEF DEV. OFFICER (UNTIL 9/16/22)	40.00				X			167,297.	0.	27,601.
(8) MARION KELLY	40.00					37		171 176	0	1 C 417
SVP -BRANCH OPERATIONS	40.00					X		171,176.	0.	16,417.
(9) HELIO ROSA	40.00					v		145 201	0	21 610
DIRECTOR OF FACILITIES & RE	10 00					X		145,201.	0.	21,619.
(10) PAUL J. SLOVIN	40.00					x		120 /10	0.	25 165
EXEC. DIR. OF SHARED SERVICES	40.00					^		138,418.	0.	25,165.
(11) DONNY BAUTZ	40.00					x		142,645.	0.	13,210.
SENIOR EXECUTIVE DIRECTOR	40.00					<u> </u>		142,045.	0.	13,210.
(12) IRENE COLLINS CHIEF COMMUNICATIONS OFFICER	40.00					x		131,941.	0.	12,464.
(13) DAVID SHAPIRO	40.00							191,941.	•	12,404.
PRESIDENT & CEO (AS OF 10/17/22)		x		x				69,974.	0.	2,769.
(14) EVELYN KAUPP	1.00							0575710		277030
CHAIR		x		x				0.	0.	0.
(15) ELIZABETH B. BURNETT	1.00							•••		
VICE CO-CHAIR		x		x				0.	0.	0.
(16) NANCY S. STUART	1.00									
VICE CO-CHAIR		x		x				0.	Ο.	0.
(17) NEIL HAYNES	1.00									
TREASURER		х		Х				0.	0.	0.
232007 12-13-22	-			-		-			-	Form 990 (2022)

232007 12-13-22

34

YOUNG MEN'S CHRISTIAN ASSOCIATION

Form 990 (2022) OF GREAT	ER BOSTO)N,	,]	ENC	2.				04-2103	<u>551</u>	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average	(do	not c	Pos heck	ition more) than	one	Reportable	Reportable	Es	timate	ed
	hours per	box,	unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount		of
	week (list any					1/	(00)	from	from related		other	
	hours for	irecto						the organization	organizations (W-2/1099-MISC/		pensa om th	
	related	e or d	tee			sated		(W-2/1099-MISC/	(W-2/1099-1013C/ 1099-NEC)		anizat	
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120)	•	d relat	
	below	Individual trustee or director	Institutional trustee	5	Key employee	est co oyee	er	,		orga	anizati	ons
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
(18) REZA AGHAMIRZADEH	1.00							_				_
BOARD MEMBER		Х						0.	0.			0.
(19) HOPE ALDRICH	1.00											
BOARD MEMBER		Х						0.	0.			0.
(20) RICHARD BAUMERT	1.00											
BOARD MEMBER		Х						0.	0.			0.
(21) CHARLES BROPHY	1.00								•			•
BOARD MEMBER	1 00	Х						0.	0.			0.
(22) DANIEL BROWNELL	1.00								0			•
BOARD MEMBER	1 00	X						0.	0.			0.
(23) CASEY CARLSON	1.00								0			•
BOARD MEMBER	1 0 0	Х						0.	0.			0.
(24) JEFFREY R CARPENTER	1.00	37						0	0			•
BOARD MEMBER	1 0 0	Х						0.	0.			0.
(25) STEPHEN CORMIER	1.00	77						ο.	0			0
BOARD MEMBER	1.00	Х	-					0.	0.			0.
(26) ARIELLE DAWKINS	1.00	х						ο.	0.			0.
BOARD MEMBER								2,529,576.	0.	27	8,6	
1b Subtotal								2,525,570	0.	27	0,0	0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								2,529,576.	0.	27	8,6	
2 Total number of individuals (including but n									-	27	0,0	44.
compensation from the organization		030	iiste	su ai	5000	5) 101	1010					38
compensation nom the organization											Yes	No
3 Did the organization list any former officer,	director. truste	ee. k	ev e	emp	love	e, or	hia	hest compensated emp	lovee on			
line 1a? If "Yes," complete Schedule J for s										3		Х
4 For any individual listed on line 1a, is the su										-		
and related organizations greater than \$15	-		-						J	4	Х	

 5
 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

 rendered to the organization? If "Yes," complete Schedule J for such person
 5

 Section B. Independent Contractors
 5

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)	(B)	(C)
Name and business address	Description of services	Compensation
ZOZIMUS, 100 NORTH WASHINGTON STREET,		
BOSTON, MA 02114	ADVERTISING SERVICES	658,059.
CROWN MECHANICAL		
P.O. BOX 31, GROVELAND, MA 01834	FACILITIES R&M	420,554.
MYSTIC PLACE LLC/WINN COMPANIES, 3610		
MYSTIC VALLEY PARKWAY, MEDFORD, MA 02155	RENTAL SPACE	307,315.
FRANKLIN 100 HOLDINGS LLC, TEN POST OFFICE		
SQUARE, 14TH FLOOR, BOSTON, MA 02109	RENTAL SPACE	307,159.
KPMG		
P.O. BOX 120511, DALLAS, TX 75312	AUDIT & TAX SERVICES	164,000.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization 8		
SEE PART VII, SECTION A CONTINUATION SH	IEETS	Form 990 (2022)
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	90 OF GREATER BOSTON, INC. $04-2103551$								3551	
Part VII Section A. Officers, Directors, Tru	istees, Key Ei	nplo	byee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	<u> </u>	-	(C				(D)	(E)	(F)
Name and title	Average			Pos	ition	I		Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any hours for	direct				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or (stee			nsate		(1033-10100)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	vidual	tution	er	Key employee	est co	ler			-
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) SUSAN FARINA	1.00									•
BOARD MEMBER	1 00	X						0.	0.	0.
(28) JOSPEH FERRA	1.00							0		0
BOARD MEMBER	1 00	X						0.	0.	0.
(29) MIKE GOONAN	1.00							0	0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(30) KEVIN HAYDEN	1.00								0	0
BOARD MEMBER (AS OF 1/22)	1 00	X						0.	0.	0.
(31) ANDRE JOHNSON	1.00							0.	0.	0
BOARD MEMBER (32) DAVID MARSHALL	1.00	X						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(33) BRENDA J. MCAULIFFE	1.00	<u>^</u>						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(34) GWENDOLYN MCCOY	1.00									0.
BOARD MEMBER	1.00	x						0.	0.	0.
(35) MATT MCPHERRON	1.00									
BOARD MEMBER		x						0.	0.	0.
(36) C. ANN MERRIFIELD	1.00									
BOARD MEMBER		x						0.	0.	0.
(37) TARA M. MURPHY	1.00									
BOARD MEMBER		х						0.	0.	0.
(38) JOEL P. MURRAY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(39) CHARLAYNE MURRELL- SMITH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(40) WILLIAM PARENT	1.00									
BOARD MEMBER	1 00	X						0.	0.	0.
(41) JOAN PARSONS	1.00	.,							0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(42) TREVOR SAMIOS	1.00	x						0.	0.	0
BOARD MEMBER (43) CATHERINE A. SAUNDERS	1.00	<u>^</u>						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(44) SHANIQUE L. SMITH	1.00	<u>^</u>						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(45) REBEKAH SPLAINE SALWASSER	1.00									
BOARD MEMBER		x						0.	0.	0.
(46) JEREMY P. SURATT	1.00	<u> </u>			-				<u>, , , , , , , , , , , , , , , , , </u>	
BOARD MEMBER		x						0.	0.	0.
							•			
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>			

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Form 990 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (F) (E) Reportable Name and title Position Reportable Estimated Average (check all that apply) compensation compensation amount of hours per from from related other week the organizations compensation Highest compensated employee (W-2/1099-MISC) (list any trustee or director organization from the (W-2/1099-MISC) hours for organization Institutional trustee related and related Key employee organizations organizations Individual 1 below Former Officer line) (47) DEBRA TAYLOR BLAIR 1.00 BOARD MEMBER Х 0. 0. 0. (48) ALAN TUCK 1.00 0. BOARD MEMBER Х 0. Ο. 1.00 (49) FRED WANG 0. BOARD MEMBER Х 0 0. 1.00 (50) KENNETH A. WILLIS BOARD MEMBER Х 0. 0. Ο. 1.00 (51) ADAM WINN 0. BOARD MEMBER (AS OF 8/22) 0 0. Х 1.00 (52) RACHAEL ROLLINS Х 0. BOARD MEMBER (UNTIL 1/22) 0. Ο. Total to Part VII, Section A, line 1c

232201

			2022) OF GREATER BO	STON, IN	C.		04-2103	551 Page 9
Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lir		(5)	(A)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1	а	Federated campaigns 1a	105,800.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b	·				
s, G			Fundraising events 1c	854,173.				
Gift lar			Related organizations 1d					
imi,		е	Government grants (contributions) 1e	35,345,181.				
er S		f	All other contributions, gifts, grants, and					
Dtho			similar amounts not included above 1f	11,622,155.				
ont nd (Noncash contributions included in lines 1a-1f	3,704,637.				
<u>a</u> C		h	Total. Add lines 1a-1f		47,927,309.			
•	•	_	PROGRAM FEES	Business Code 624100	23 513 752	23,513,752.		
vice	2	a h	AFFORDABLE HEALTH & WELLNESS PROG	624100	23,513,752. 18,382,363.	18,382,363.		
Ser nue		0	OTHER REVENUES	624100	2,601,513.	2,601,513.		
am		d			,	2,002,020		
Program Service Revenue		e						
Pr		f	All other program service revenue					
			Total. Add lines 2a-2f		44,497,628.			
	3		Investment income (including dividends, intere	est, and				
			other similar amounts)		635,408.			635,408.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	•			(ii) Personal				
	6		Gross rents 6a Less: rental expenses 6b					
			Less: rental expenses 6b Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 22,840,585.					
		b	Less: cost or other basis					
anı			and sales expenses 7b 23,058,809.					
evenue		С	Gain or (loss) 7c218 , 224 .					
			Net gain or (loss)		-218,224.			-218,224.
Other R	8	а	Gross income from fundraising events (not					
0			including \$ 854,173. of					
			contributions reported on line 1c). See	308,594.				
		h	Part IV, line 18 8a Less: direct expenses 8b	-				
					64,387.			64,387.
	9		Gross income from gaming activities. See		, ,			
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		с	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory	Business Code				
snc	11	~		Busiliess Code				
Juec	. 1	a b						
ella		c						
Miscellaneous Revenue			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		92,906,508.	44,497,628.	0.	481,571.
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11310630 715045 12258

38

04-2103551 Page 10

Part IX Statement of Functional Expenses

Form 990 (2022)

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor	-			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 000 500			F10 100
	trustees, and key employees	1,966,530.	873,671.	574,739.	518,120
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		24 280 621	0 1 1 1 0 1	4 4 5 0 4 4 0
7	Other salaries and wages	57,701,437.	34,379,631.	2,171,694.	1,150,112
8	Pension plan accruals and contributions (include	1 (1 0 0 0 0	1 510 315	01 001	
	section 401(k) and 403(b) employer contributions)	1,648,275.		81,231.	48,727
9	Other employee benefits	2,318,879.		209,930.	99,563
10	Payroll taxes	3,279,091.	2,981,452.	214,188.	83,451
11	Fees for services (nonemployees):				
а	Management				
b	Legal	197,892.	3,069.	194,823.	
С	Accounting	228,559.		228,559.	
d	Lobbying	105,470.		105,470.	
е	Professional fundraising services. See Part IV, line 17			100 000	
f	Investment management fees	122,630.		122,630.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	5,441.			5,441
12	Advertising and promotion	638,726.	413,053.		225,673
13	Office expenses	284,168.	217,540.	51,758.	14,870
14	Information technology	892,052.	843,254.	37,231.	11,567
15	Royalties				
16	Occupancy	13,231,780.	12,714,868.	471,477.	45,435
17	Travel	504,768.	499,308.	1,388.	4,072
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	339,957.	321,736.	9,880.	8,341
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,125,457.	3,978,931.	146,526.	
23	Insurance	552,257.	552,257.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	10 420 005	10 420 005		
а	PROGRAM FOOD AND PERSON	10,439,007.	10,439,007.		
b	PROGRAM EXPENSES	2,222,967.	2,222,967.		
С	EQUIPMENT EXPENDABLES L	2,120,407.	2,120,407.		
d	NATIONAL SUPPORT	517,561.		517,561.	
е	·	100,783.		59,909.	40,874
25	Total functional expenses. Add lines 1 through 24e	83,544,094.	76,088,854.	5,198,994.	2,256,246
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				F

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39 2022.04000 YOUNG MEN'S CHRISTIAN ASSOC 12258_1

Form **990** (2022)

Form 990 ((2022)
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YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON, INC.

Part X Balance Sheet

1 4		balance Sheet				
		Check if Schedule O contains a response or note to any line in the	his Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		14,495,354.	1	6,553,080
	2	Savings and temporary cash investments		81,801.	2	587,176
	3	Pledges and grants receivable, net		1,092,990.	3	868,651
	4	Accounts receivable, net		4,074,576.	4	5,929,824
	5	Loans and other receivables from any current or former officer, o				
		trustee, key employee, creator or founder, substantial contributo				
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as				
	_	under section 4958(f)(1)), and persons described in section 4958			6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other	010 600			
	.	basis. Complete Part VI of Schedule D10a207,Less: accumulated depreciation10b97,	752,839.	108,731,375.	40-	109,257,761
				35,041,074.	10c	35,772,102
	11	Investments - publicly traded securities		JJ,041,074.	11	55,172,102
	12	Investments - other securities. See Part IV, line 11			12	
	13 14	Investments - program-related. See Part IV, line 11			13 14	
	14	Intangible assets		636,786.	14	6,519,362
	16	Other assets. See Part IV, line 11		164,153,956.	16	165,487,956
	17	Accounts payable and accrued expenses		6,111,055.	17	6,553,773
	18	Grants payable		•,===,••••	18	
	19	Deferred revenue		1,890,363.	19	1,904,514
	20	Tax-exempt bond liabilities		41,794,224.	20	40,356,848
	21	Escrow or custodial account liability. Complete Part IV of Schedu		, - ,	21	
ŝ	22	Loans and other payables to any current or former officer, direct				
Liabilities		trustee, key employee, creator or founder, substantial contributo				
abil		controlled entity or family member of any of these persons			22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related				
		parties, and other liabilities not included on lines 17-24). Comple	te Part X			
		of Schedule D		17,339,372.	25	
	26	Total liabilities. Add lines 17 through 25		67,135,014.	26	62,599,241
S		Organizations that follow FASB ASC 958, check here				
ice:		and complete lines 27, 28, 32, and 33.				
alar	27	Net assets without donor restrictions		76,078,040.	27	83,802,176
ä	28	Net assets with donor restrictions		20,940,902.	28	19,086,539
ň		Organizations that do not follow FASB ASC 958, check here				
г		and complete lines 29 through 33.				
ets (29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund \hdots			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other for			31	
ž	32	Total net assets or fund balances		97,018,942.	32	102,888,715
	33	Total liabilities and net assets/fund balances		164,153,956.	33	165,487,956

Form **990** (2022)

232011 12-13-22

	YOUNG MEN'S CHRISTIAN ASSOCIATION					
	990 (2022) OF GREATER BOSTON, INC.	04	-210	3551	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
			~			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,90		
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,54		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,36		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		7,01		
5	Net unrealized gains (losses) on investments	5	_	4,54	5,2	75.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		1,05	<u>2,6</u>	34.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	10	2,88	<mark>8,</mark> 7	15.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		· · · · · · · · · · · · · · · · · · ·			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	θO.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	з,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	О.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			. 3b	Х	
				Form	990	(2022)
						. ,

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SCHEDULE A (Form 990)	OMB No. 1545-0047 2022 Open to Public						
Internal Revenue Service	<u> </u>	Form990 for instructio			formation.		Inspection
Name of the organization			CIATI	ON			identification number 4-2103551
Part I Reason f	OF GREATER BOS or Public Charity Status.		omolete th	nis nart) S	ee instruction		4-2103551
	private foundation because it is:	-				13.	
r	vention of churches, or association		•	,			
	ribed in section 170(b)(1)(A)(ii).				·/··/·		
	a cooperative hospital service org			(b)(1)(A)(i	ii).		
4 A medical res	earch organization operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and state							
	on operated for the benefit of a co	ollege or university owne	d or operat	ted by a g	overnmental ı	unit describ	ed in
	b)(1)(A)(iv). (Complete Part II.)				4.5		
	e, or local government or governr on that normally receives a substa					ho gonoral	public described in
5)(1)(A)(vi). (Complete Part II.)	antial part of its support	non a gov	erninenta		ne general	
	trust described in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
	I research organization described			ed in conju	inction with a	land-grant	college
or university o	r a non-land-grant college of agric	culture (see instructions)	. Enter the	name, city	y, and state o	f the colleg	e or
university:							
	on that normally receives (1) more						
	ed to its exempt functions, subje nrelated business taxable income						
	i09(a)(2). (Complete Part III.)		on busine	3363 acqu		gamzation	
	on organized and operated exclus	sively to test for public sa	afety. See s	section 50)9(a)(4).		
12 An organizatio	on organized and operated exclus	sively for the benefit of, t	o perform t	the functio	ons of, or to ca	arry out the	purposes of one or
more publicly	supported organizations describe	ed in section 509(a)(1) o	r section \$	509(a)(2).	See section &	5 09(a)(3). (heck the box on
	ugh 12d that describes the type of						
	pporting organization operated, s						
	ed organization(s) the power to re . You must complete Part IV, S e		a majority (of the dire	ctors or truste	es of the s	upporting
	upporting organization supervised		tion with it	s support	ed organizatio	on(s) by ha	vina
	anagement of the supporting org				-		-
	(s). You must complete Part IV,						
c 🗌 Type III fun	ctionally integrated. A supportin	g organization operated	in connec	tion with,	and functiona	lly integrate	ed with,
	d organization(s) (see instructions						
	-functionally integrated. A supp						
	unctionally integrated. The organi					d an attent	veness
	(see instructions). You must con box if the organization received a					II. Type III	
	integrated, or Type III non-function				, po , . , po	n, type n	
	for a stand of the standard terms						
	ng information about the support						
(i) Name of suppo organization	rted (ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)
		above (see instructions))	Yes	No			
Total							
	luction Act Notice, see the Inst	ructions for Form 990 c	or 990-EZ.	232021 12-	09-22	Sche	dule A (Form 990) 2022
		4	2				

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04-2103551 Page 2

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

fails to qualify under the tests listed below, please complete Part III.)

Schedule A (Form 990) 2022

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	33,683,369.	38,380,969.	45,921,008.	52,005,369.	48,235,903.	218,226,618.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	33,683,369.	38,380,969.	45,921,008.	52,005,369.	48,235,903.	218,226,618.		
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)						13,573,942.		
6	Public support. Subtract line 5 from line 4.						204,652,676.		
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	33,683,369.	38,380,969.	45,921,008.	52,005,369.	48,235,903.	218,226,618.		
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	317,886.	382,858.	404,065.	801,683.	635,408.	2,541,900.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on	339,602.	194,765.				534,367.		
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						221,302,885.		
12		etc. (see instructi	ons)			12 266	,037,397.		
13	First 5 years. If the Form 990 is for th			fourth, or fifth tax	year as a section 5	501(c)(3)			
	organization, check this box and stop	-			-				
Sec	ction C. Computation of Publ		rcentage						
14	Public support percentage for 2022 (line 6, column (f), c	livided by line 11, o	column (f))		14	92.48 %		
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	91.30 %		
	33 1/3% support test - 2022. If the o					nore, check this bo	ox and		
	stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support test - 2021. If the o								
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation					
17a	10% -facts-and-circumstances tes								
	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 te								
b	10% -facts-and-circumstances tes	-							
	more, and if the organization meets tl	-							
	organization meets the facts-and-circ								
18	Private foundation. If the organization								
	V			· · ·			(Farma 000) 0000		

Schedule A (Form 990) 2022

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OF GR	EATER	BOSTON	, ING	2.

Schedule A (Form 990) 2022

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

04-2103551 Page 3

(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities				1		
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part V())						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t		irst, second, third,	fourth, or fifth ta	x year as a section	501(c)(3) orga	inization,
check this box and stop here	-			-		
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2022	(line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 202	1 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 2	022 (line 10c, colur	mn (f), divided by li	ne 13, column (f))	17	%
18 Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the	e organization did r	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and	line 17 is not
more than 33 1/3%, check this box a	and stop here. The	organization quali	fies as a publicly	supported organiz	ation	
b 33 1/3% support tests - 2021. If the	e organization did r	not check a box on	line 14 or line 19	9a, and line 16 is m	ore than 33 1/	/3%, and
line 18 is not more than 33 1/3% , ch	eck this box and st	op here. The orga	nization qualifies	as a publicly supp	orted organiza	ation
20 Private foundation. If the organization	<u>on did not check a</u>	box on line 14, 19	a, or 19b, check	this box and see ir	structions	<u></u>
232023 12-09-22					Sched	dule A (Form 990) 2022
			44			

11310630 715045 12258

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2

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

YOUNG MEN'S CHRISTIAN ASSOCIATION

OF GREATER BOSTON, INC. Part IV Supporting Organizations (continued) No Yes 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above?/f "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations No Yes 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations

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

- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

Schedule A (Form 990) 2022

2a

2b

3a

3b

No Yes

46

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Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6 7 \perp Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

232026 12-09-22

YOUNG MEN'S CHRISTIAN ASSOCIATION

	dule A (Form 990) 2022 OF GREATER BO			0	4-2103551 Page 7
Par		(a)(3) Supporting Orga	anizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	· · · ·		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		<i>(</i>)	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

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				5 CHRIST BOSTON,	IAN ASSOCI	IATION	04-2103551 _{Pag}
Part VI	(Form 990) 2022 Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and (See instructions.)	rmation. Provi 1, 2, 3b, 3c, 4b, 4 , lines 2 and 3; Pa	de the e lc, 5a, 6 art IV, S	explanations re 5, 9a, 9b, 9c, 11 section E, lines	equired by Part II, lir 1a, 11b, and 11c; P 1c, 2a, 2b, 3a, and	art IV, Section B, lines 3b; Part V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	()						
						· · · · ·	
2028 12-09-2	2						Schedule A (Form 990) 2
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SCHEDULE C	Po	litical Campaign	and Lobbyir	ng Activities		OMB No. 1545-0047	
(Form 990)	For Org	anizations Exempt From Incom	e Tax I Inder section	501(c) and section 4	527	2022	
		if the organization is described					
Department of the Treasury Internal Revenue Service	•	to www.irs.gov/Form990 for in			0-LZ.	Open to Public Inspection	
If the organization ans	wered "Yes," or	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, li	ine 46 (Political Cam	paign Ac	ctivities), then	
	-	plete Parts I-A and B. Do not co	•				
.,.		01(c)(3)) organizations: Complete	Parts I-A and C below	v. Do not complete Pa	art I-B.		
 Section 527 organization 	-	•					
		Form 990, Part IV, line 4, or Fo					
		have filed Form 5768 (election ur					
		have NOT filed Form 5768 (election 5768)				-	
Tax) (See separate inst		1 Form 990, Part IV, line 5 (Prox	y Tax) (See Separate	instructions) or For	11 990-E	z, Part V, line 350 (Proxy	
		tions: Complete Part III.					
Name of organization	-	EN'S CHRISTIAN A	SSOCIATION		Employ	er identification number	
-		TER BOSTON, INC.				04-2103551	
Part I-A Comple	ete if the org	anization is exempt und	er section 501(c)	or is a section {	527 org	anization.	
		ation's direct and indirect politic			¢		
		ures					
3 Volunteer hours for	political campai	gn activities			····· <u> </u>		
Part I-B Comple	ete if the orc	anization is exempt und	er section 501(c)	(3).			
-	-	incurred by the organization und			\$		
		incurred by organization manage					
		n 4955 tax, did it file Form 4720					
4a Was a correction m	nade?					Yes No	
b If "Yes," describe ir	n Part IV.						
	-	anization is exempt und		-			
		d by the filing organization for see			\$		
	00	ization's funds contributed to otl	•				
					\$		
		. Add lines 1 and 2. Enter here a			<u>^</u>		
		1120-POL for this year?					
		tion listed, enter the amount paid					
		omptly and directly delivered to a					
		additional space is needed, prov			-		
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political	
				filing organizatio	on's c	ontributions received and	
				funds. If none, ent	:er -0	promptly and directly delivered to a separate	
						political organization.	
						If none, enter -0	
			_				
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form 9	990 or 990-EZ.		Sch	nedule C (Form 990) 2022	
LHA							

232041 11-08-22

	REATER	BOSTON, INC	ASSOCIATION	04-2	2103551 Page 2
section 501(h)).					
A Check if the filing organization be	ongs to an aff	iliated group (and list i	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share of ex	, 0	, ,			
B Check if the filing organization che	ecked box A a	nd "limited control" pro	ovisions apply.	() = ···	
Limits on L (The term "expenditures"	bbying Expe means amo)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence p	ublic opinion	(grassroots lobbying)			
b Total lobbying expenditures to influence a					
c Total lobbying expenditures (add lines 1a					
		-1			
e Total exempt purpose expenditures (add					
f Lobbying nontaxable amount. Enter the a If the amount on line 1e, column (a) or (b) is:		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000	-	00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,00		00 plus 5% of the exce			
Over \$17,000,000	\$1,000,				
<u> </u>					
g Grassroots nontaxable amount (enter 25%	of line 1f)	4			
h Subtract line 1g from line 1a. If zero or les	s, 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 e reporting section 4911 tax for this year?		· · · · · · · · · · · · · · · · · · ·	ation file Form 4720		Yes No
(Some organizations that mag	le a section 5	eraging Period Under 501(h) election do not ate instructions for li	have to complete all	of the five columns	below.
L	obbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	a) 2019	(b) 2020	(c) 2021	(d) 2022	(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))					L
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

232042 11-08-22

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			(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount	
	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:					
а	Volunteers?		X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? \dots		X			
	Media advertisements?		X			
	Mailings to members, legislators, or the public?		X X			
	Publications, or published or broadcast statements?		X			
	Grants to other organizations for lobbying purposes?	x	A	101	5,470.	
	Direct contact with legislators, their staffs, government officials, or a legislative body?		x	101	5,4/0•	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
	Other activities?			10	5,470.	
	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x	10.	5, 170 •	
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c))(5), or se	ction		
				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?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior yea	ar? 3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OF	R (b) Part	III-A, lin	e 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 politi expenses for which the section 527(f) tax was paid).	cal				
2			2a			
	Current year					
	Carryover from last year					
ູ້	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p					
	expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
	t IV Supplemental Information			1		
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	II-A, lines 1 a	and 2 (See		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.			·		
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:					
THE	E YMCA OF GREATER BOSTON IS A MEMBER OF THE ALLIANC	E OF 1	MASSAC	HUSET?	rs	
YMC	CAS, A PUBLIC POLICY AND ADVOCACY GROUP COMMITTED T	O WORI	KING W	ITH		
YMC	CAS AND OTHER CHILD CARE AND HUMAN SERVICE ORGANIZA	TIONS	IN TH	E		
	MONWEALTH, CONCERNED WITH THE WELL BEING OF CHILDR	EN ANI	D FAMI	LIES.		
THE	E YMCA OF GREATER BOSTON ENGAGES A STRATEGIC MANAGE	MENT 2				
23204	3 11-08-22		Schedu	le C (Form	990) 2022	

Schedule C	(Form QQA)	2022
Schedule O	1 01111 330	2022

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Part IV Supplemental Information (continued)

AFFAIRS CONSULTANT TO ASSIST THE ORGANIZATION IN NAVIGATING REGULATORY

AND FUNDING MATTERS PERTAINING TO YMCA SERVICES.

Schedule C (Form 990) 2022 232044 11-08-22 53

(Forn	HEDULE D n 990) ment of the Treasury	Complete if the orga Part IV, line 6, 7, 8, 9, 10	al Financial Statements nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.	OMB No. 1545-0047 2022 Open to Public		
	Revenue Service	Inspection				
Nam	e of the organization			Employer identification number		
		OF GREATER BOSTON,		04-2103551		
Par	-		d Funds or Other Similar Funds or A	Accounts.Complete if the		
	organizatior	n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	(b) Funds and other accounts		
1		nd of year				
2		f contributions to (during year)				
3	Aggregate value of	f grants from (during year)				
4	Aggregate value at	t end of year				
5	-		writing that the assets held in donor advised fu			
	are the organizatio	n's property, subject to the organization's	exclusive legal control?	Yes No		
6	•	C	dvisors in writing that grant funds can be used			
	for charitable purp	oses and not for the benefit of the donor o	or donor advisor, or for any other purpose confe			
	impermissible priva					
Par			ganization answered "Yes" on Form 990, Part I	/, line 7.		
1		ervation easements held by the organizati				
	Preservation	of land for public use (for example, recrea		orically important land area		
	Protection of	f natural habitat	Preservation of a cert	tified historic structure		
	Preservation	of open space				
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a c			
	day of the tax year			Held at the End of the Tax Year		
а	Total number of co	onservation easements		2a		
b	Total acreage restr	ricted by conservation easements		2b		
с	Number of conserv	vation easements on a certified historic str	ucture included in (a)	2c		
d	Number of conserv	vation easements included in (c) acquired	after July 25,2006, and not on a			
	historic structure li	sted in the National Register		2d		
3	Number of conserv	vation easements modified, transferred, re	leased, extinguished, or terminated by the orga	nization during the tax		
	year					
4	Number of states v	where property subject to conservation ea	sement is located			
5	Does the organizat	tion have a written policy regarding the per	riodic monitoring, inspection, handling of			
	violations, and enfo	orcement of the conservation easements i	t holds?	Yes 🛛 No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	tion easements during the year		
7	Amount of expense	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation e	asements during the year		
8	Does each conserv	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)	(4)(B)(ii)?		Yes 🛛 No		
9	In Part XIII, describ	be how the organization reports conservati	on easements in its revenue and expense state	ement and		
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements t	hat describes the		
	organization's acco	ounting for conservation easements.				
Par	t III Organiza	tions Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.		
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	alance sheet works		
	of art, historical tre	asures, or other similar assets held for put	olic exhibition, education, or research in furthera	ance of public		
	service, provide in	Part XIII the text of the footnote to its final	ncial statements that describes these items.			
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balan	ce sheet works of		
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in furtherand	ce of public service,		
	provide the following amounts relating to these items:					
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		\$		
2	.,		asures, or other similar assets for financial gain			
	-	ints required to be reported under FASB A	-			
а	-		- 	\$		
LHA	For Paperwork Re	eduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022		
	1 09-01-22			-		
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	YOUNG M	EN'S CHRIST	TIAN ASSO	CIATION	ſ					
Sche		TER BOSTON						10355		'age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures,	or Oth	er Simil	lar Ass	ets(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of t	he following th	at make :	significant	t use of i	ts		
	collection items (check all that apply):									
а	Public exhibition	d	Loan or e	xchange prog	ram					
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they furthe	r the organizat	tion's exe	empt purp	ose in Pa	art XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical ti	easures, or oth	ner simila	ir assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's	collection?			[Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organiza	tion answered	"Yes" or	n Form 99	0, Part IV	/, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribut	ions or other a	ssets not	t included	_			_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun	t	
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
	Did the organization include an amount on Fe					ility?	L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has be	en provided or	n Part XII	Ι				
Par	t V Endowment Funds. Complete in	f the organization and	swered "Yes" on	Form 990, Par	rt IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three	years bac	k (e) Four	years	back
1a	Beginning of year balance	30,371,255.	19,588,52	8. 17,35	57,532.	14,0	056,500). 15	,962	,058.
b	Contributions	339,233.	8,321,45	4. 3	38,949.	1,0	024,751	- •	4	,698.
	Net investment earnings, gains, and losses	-4,534,889.	3,178,97	7. 2,86	55,417.	2,9	932,263	531,268		,015.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	736,310.	605,75	3. 58	86,670.	5	573,643	3.	560	,656.
f	Administrative expenses	116,613.	111,95	1. 8	36,700.		82,339	9. 81,58		,585.
	End of year balance	25,322,676.	30,371,25	5. 19,58	8,528.	17,3	357,532	32. 14,056,50		,500.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, columi					I		
а	Board designated or quasi-endowment	42.5700	%	()/						
b	Permanent endowment 18.2900	%								
с	20 1400	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		ation that are hel	d and administ	ered for t	the				
	organization by:	J]	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations									X
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the			•••						<u> </u>
_	t VI Land, Buildings, and Equipm									
	Complete if the organization answered), Part IV, line 11a	a. See Form 99	0, Part X	, line 10.				
	Description of property	(a) Cost or ot		ost or other	1		ed	(d) Boo	k valu	ie.
		basis (investm	. ,	is (other)		preciation		(4) 200	(value	0
1a	Land		,	, ,		<u>.</u>				
	Buildings		180.9	16,636.	75.	178.6	86.1	05,73	7.9	50.
	Leasehold improvements			_ ,				,	. , 5	
			2.6 0	93,964.	2.2	574,1	53.	3,51	9.8	11.
	EquipmentOther			,	,	_ / _ / _		5,51	- / 5	
	Add lines 1a through 1e. (Column (d) must e		X column (R) lin	e 10c)	1		1	09,25	7.7	61.
TOLA		90an 0111 990, Fdil 1	л, союнні (в), Ші					le D (Forn		
							Schedu	רטר ש (רטרו	1 330	1 2022

YOUNG MEN'S CHRISTIAN ASSOCIATION

Schedule D (Form 990) 2022 OF GREATER	BOSTON, INC.	04-21035	51 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year ma	irket value
(1) Financial derivatives			
(2) Closely held equity interests			-
(3) Other			
(A)			
(B)			
(C)			-
(D)			
(E)			
(F)			-
(G)			-
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		11- 0 Faure 000 Dath V line 10	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year ma	irket value
(1)			
(2)			
(3)			
(4)	4		
(5)			
(6)			
(7)		, ·	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		ddil One Franz 200 Deck V line dF	
Complete if the organization answered "Yes"			
	Description	(b) BC	ook value
(1)			-
(2)			
(3)			
(4)			
(5)	_		
(6)			
(7)			
(8)	~		
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
1. (a) Description of liability		(b) BC	ook value
(1) Federal income taxes	MTON .		
(2) INTEREST RATE SWAP OBLIGA	TION		300,404
(3) HOUSING DEBT			399,332.
(4) LEASE LIABILITIES		6,0	84,370.
(5)			
(6)			
(7)			
(8)			
(9)			104 402
Total. (Column (b) must equal Form 990, Part X, col. (B) line			784,106.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements that reports	the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

232053 09-01-22

YOU	JNG	MEN '	S	CHRIST	IAN	ASSOCIATION
OF	GRI	TATER	? F	NOTON	TNO	

	dule D (Form 990) 2022 OF GREATER DOBTON, THE.			ZIUJJJI Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per R	eturi	า.
	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	89,535,444.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a	-4,545,275.		
b	Donated services and use of facilities 2b)		
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 20	1,296,841.		
е	Add lines 2a through 2d		2e	-3,248,434.
3	Subtract line 2e from line 1		3	92,783,878.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	122,630.		
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b		4c	122,630.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	92,906,508.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	83,665,671.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b	,		
С	Other losses 20			
d	Other (Describe in Part XIII.) 20	244,207.		
е	Add lines 2a through 2d		2e	244,207.
3	Subtract line 2e from line 1		3	83,421,464.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	122,630.		
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b		4c	122,630.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	83,544,094.
Pa	rt XIII Supplemental Information.			

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

PART V, LINE 4:

alula D (Cause 000) 0000

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.

THE ENDOWMENT INVESTMENT POLICY ALLOWS FOR ANNUAL SPEND OF 4% BASED ON THE

AVERAGE ENDOWMENT BALANCE FOR THE TRAILING 12 QUARTERS.

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

Schedule D (Form 990) 2022

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YOUNG MEN'S CHRISTIAN ASSOCIATION Schedule D (Form 990) 2022 OF GREATER BOSTON, INC. 04-2 Part XIII Supplemental Information (continued)	2103551 Page 5
GENERALLY EXEMPT FROM INCOME TAXES UNDER THE PROVISIONS OF IRC :	
501(A). THE ASSOCIATION BELIEVES IT HAS TAKEN NO SIGNIFICANT UNC	CERTAIN TAX
POSITIONS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
BENEFICIAL INTEREST IN TRUST	-224,339.
CHANGE IN FMV OF INTEREST RATE SWAPS	1,276,973.
FUNDRAISING EXPENSES	244,207.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,296,841.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	244,207.
	211,207.
PART V, LINE 2:	
YMCA OF GREATER BOSTON HAS ADOPTED FASB ASU 2016-14, PRESENTATIO	
FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES. AS A RESULT, TH	
31, 2022 AUDITED FINANCIAL STATEMENTS CLASSIFY NET ASSETS AS EI	THER NET
ASSETS WITHOUT DONOR RESTRICTIONS, OR NET ASSETS WITH DONOR REST	TRICTIONS.
FOR PURPOSES OF PART V, LINE 2, YMCA OF GREATER BOSTON HAS REPOR	RTED ITS
YEAR END ENDOWMENT BALANCE WITHOUT DONOR RESTRICTIONS AS QUASI-	ENDOWMENT
AND ITS YEAR END BALANCE WITH DONOR RESTRICTIONS AS PERMANENT EN	NDOWMENT
AND TERM RESTRICTED ENDOWMENT, RESPECTIVELY.	
Schec	dule D (Form 990) 2022

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on	or if the	2022				
	C	organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.						Open to Public
Department of the Treasury Internal Revenue Service	Got	o www.irs.gov/Form990 for instru				m.		Inspection
Name of the organization		EN'S CHRISTIAN ASS					Employer ide	entification number
	OF GREA	TER BOSTON, INC.					04-2103	3551
	complete this par	Complete if the organization answe t.	ered "\	′es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations dicitations on have a written o red in Form 990, P highest paid indiv	f ☐ Solicita g ☐ Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclu	non-g gover aising ding o	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Ye	
compensated at le	east \$5,000 by the	organization.						
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
					· · ·			
								+
Total								
		n is registered or licensed to solicit			s or has been notified	d it is	exempt from	registration
0								

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

Schedule G (Form 990) 2022

232081 10-27-22

-		lle G (Form 990) 2022 OF GREA	TER BOSTON,		04-	2103551 Page 2
Pa	irt	II Fundraising Events. Complete if th of fundraising event contributions and groups	-		· · · ·	
		or rundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	-
			YGB TOGETHER		()	(d) Total events
			WE MOVE	SPARK PARTY	11	(add col. (a) through col. (c))
Ð			(event type)	(event type)	(total number)	coi. (c _j)
Revenue	1	Gross receipts	201,023.	516,418.	445,326.	1,162,767.
	2	Less: Contributions	158,905.	506,842.	188,426.	854,173.
	3	Gross income (line 1 minus line 2)	42,118.	9,576.	256,900.	308,594.
	4	Cash prizes			6,770.	6,770.
	5	Noncash prizes				
Direct Expenses				25 252	16 040	
	6	Rent/facility costs	5,951.	35,250.	16,242.	57,443.
	7	Food and beverages	674.	58,829.	31,879.	91,382.
	8	Entertainment	825.	9,411.	1,550.	11,786.
	9	Other direct expenses	13,875.	18,524.	44,427.	76,826.
		Direct expense summary. Add lines 4 through				244,207.
Pa	11 rt	Net income summary. Subtract line 10 from li III Gaming. Complete if the organization a		000 Part IV line 10 or		64,387.
10		\$15,000 on Form 990-EZ, line 6a.	answered res off off	1990, 1 art IV, inte 19, 01	reported more than	
an			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				bingo/progressive bingo		
В	1	Gross revenue				
S	2	Cash prizes				
kpenses	3	Noncash prizes				
Direct E)	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes%	
	6	Volunteer labor	└── No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
23208	82 1	0-27-22			Sche	dule G (Form 990) 2022

	YOUNG MEN'S CHRISTIAN ASSOCIATION	0100551	
		2103551	T T
	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		
12	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	Yes	└── No
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	,,,
	Name		
	Address		
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 \$		
С	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		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	
	retain the state gaming license?	L Yes	└── No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III lines 9	9b 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	urt III, III 00 0,	00, 100,
			00010000
2320	⁸³ 10-27-22 Sche 61	dule G (Form	990) 2022

	YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON, INC.	04-2103551 Page 4
Schedule G (Form 990) Part IV Supplemental In	formation (continued)	04-2103331 Page
		Schedule G (Form 99
2084 04-01-22		
	62	

SCHEDULE J	CHEDULE J Compensation Information			OMB No. 1545-0047			
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2022				
	Compensated Employees		20		•		
Department of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic		
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction			
Name of the organizatio	YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer id			mber		
	OF GREATER BOSTON, INC.	04-2	10355	1			
Part I Question	s Regarding Compensation						
				Yes	No		
1a Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,					
Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
First-class or o	charter travel X Housing allowance or residence for perso	nal use					
Travel for com							
Tax indemnific	ation and gross-up payments III Health or social club dues or initiation fee	s					
Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b	Х			
2 Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		Х		
3 Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization?	s					
CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to					
establish compens	establish compensation of the CEO/Executive Director, but explain in Part III.						
Compensatior	n committee Written employment contract						
Independent of	compensation consultant III Compensation survey or study						
X Form 990 of o		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 re	lated organization:						
a Receive a severand	e payment or change-of-control payment?		4a		X		
b Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X		
c Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X		
If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5 For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
contingent on the r							
a The organization?			5a		X		
	ation?		5b		X		
	or 5b, describe in Part III.						
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
contingent on the r					37		
					X		
	ation?		6b		X		
	or 6b, describe in Part III.						
-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment						
	nes 5 and 6? If "Yes," describe in Part III		7	Х			
•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t						
	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
	id the organization also follow the rebuttable presumption procedure described in						
	ז 53.4958-6(c)?						
LHA For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ile J (Forr	n 990)) 2022		

232111 10-18-22

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON, INC.

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JAMES O'S MORTON	(i)	451,105.	0.	34,810.	25,196.	303.	511,414.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAUL FALVEY	(i)	249,246.	0.	0.	23,012.	18,027.	290,285.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JARRETT C. ROYSTER	(i)	231,529.	0.	3,885.	16,738.	5,060.	257,212.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AMY G. TURNER	(i)	197,323.	0.	5,404.	18,798.	18,027.	239,552.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WENDY E. ZINN	(i)	177,628.	0.	6,217.	16,978.	12,010.	212,833.	0.
CHIEF SOCIAL RESPONSIBILITY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROBIN M. GILBERT	(i)	201,707.	0.	4,070.	0.	5,230.	211,007.	0.
CHRO	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) WILFORD TUNEY	(i)	167,297.	0.	0.	13,734.	13,867.	194,898.	0.
CHIEF DEV. OFFICER (UNTIL 9/16/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARION KELLY	(i)	166,470.	0.	4,706.	15,222.	1,195.	187,593.	0.
SVP -BRANCH OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) HELIO ROSA	(i)	140,391.	0.	4,810.	3,607.	18,012.	166,820.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PAUL J. SLOVIN	(i)	138,418.	0.	0.	13,170.	11,995.	163,583.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DONNY BAUTZ	(i)	137,759.	0.	4,886.	285.	12,925.	155,855.	0.
SENIOR EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

04-2103551

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.

PART I, LINE 1A:

HOUSING ALLOWANCE

A HOUSING ALLOWANCE IS PROVIDED TO THE FORMER PRESIDENT/CEO AS PART OF HIS

COMPENSATION FOR THE YEAR. THE ALLOWANCE ENDED WITH HIS EMPLOYMENT ON

DECEMBER 31, 2022.

THE YMCA OF GREATER BOSTON PROVIDES MEMBERSHIPS TO ALL ELIGIBLE EMPLOYEES

EMPLOYMENT CONTRACT. THE ALLOWANCE AMOUNT IS INCLUDED IN TAXABLE

AT NO COST.

PART I, LINE 7:

BONUS AND INCENTIVE COMPENSATION PAYMENT ARE PAID AT THE RECOMMENDATION OF

THE ORGANIZATION'S CEO, SUBJECT TO THE REVIEW AND APPROVAL BY THE

COMPENSATION COMMITTEE TO THE GENERAL BOARD FOR APPROVAL.

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.

Part III Supplemental Information

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

SCHEDULE J, PART II, COLUMN (B) (I) AND (C):

IN JUNE 2022, THE BOARD APPROVED AN INCREASE IN THE RETIREMENT

CONTRIBUTION FOR THE PLAN SPONSORED Y RETIREMENT FROM 8% TO 10%. THE

INCREASED CONTRIBUTION WAS EFFECTIVE FOR THE PAYDATE JULY 22, 2022.

SCHEDULE J, PART II:

JAMES O'S. MORTON RETIRED EFFECTIVE DECEMBER 31, 2022. JARRETT C.

ROYSTER LEFT EMPLOYMENT OF THE ORGANIZATION ON OCTOBER 7, 2022 AND TODD

TUNEY LEFT EMPLOYMENT OF THE ORGANIZATION ON SEPTEMBER 16, 2022. DAVID

SHAPIRO JOINED THE ORGANIZATION AS ITS 14TH PRESIDENT AND CEO EFFECTIVE

OCTOBER 17, 2022. ROBIN GILBERT JOINED THE ORGANIZATION AS ITS CHIEF

HUMAN RESOURCES OFFICER ON FEBRUARY 14, 2022.

Schedule J (Form 990) 2022

ternal Revenue Service	Might of the organ Attach to Form 990	Supplemental Information on Tax-Exempt Bonds ete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ch to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.					0	20	1545-0047 22 Public tion			
lame of the organization YOUNG MEN'S OF GREATER			ION						loyerio 4 – 2 1			n numbe
Part I Bond Issues	DODION, IN								т <u>Д</u> .		<u>, , , , , , , , , , , , , , , , , , , </u>	
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	d (e) Issu	le price	(f) Descripti	on of purpose	(g) De	feased (h) On I	behalf	(i) Poole
										of iss	uer	financin
								Yes	No	Yes	No	Yes N
MASS DEVELOPMENT FINANCE						NEW CONS						
A AGENCY - SERIES 2004	04-3431814	57583F5X5	10/28/04	1 28,0		'98 & '0			Х		Х	X
MASS DEVELOPMENT FINANCE						NEW CONS	-	ND				
BAGENCY - SERIES 2007	04-3431814	57583RKV6	05/09/01	7 8,500	,000.	'04 BOND	S		X		Х	X
MASS DEVELOPMENT FINANCE												
cAGENCY - SERIES 2012	04-3431814	000000000000	04/02/12	2 10,8	300,000 .	NEW CONS	TRUCTIO	N	Х		Х	X
MASS DEVELOPMENT FINANCE												
DAGENCY - SERIES 2015	04-3431814	00000000000	04/29/15	5 10,0	2.000,000	NEW CONS	TRUCTIO	N	Х		Х	X
Part II Proceeds												
				N I I I I I I I I I I I I I I I I I I I		В	С				D	
1 Amount of bonds retired			9,61	7,845.	4,5	788,930.	29	5,000	•	1	,628	8,312
2 Amount of bonds legally defeased												
3 Total proceeds of issue				00,000.	8,5	500,000.	10,80	0,000	•	10	,00	0,000
4 Gross proceeds in reserve funds												
5 Capitalized interest from proceeds				95,244.								
7 Issuance costs from proceeds				23,658.	1	L64,750.	2	8,920	•		2	5,000
8 Credit enhancement from proceeds			13	34,515.		36,181.		-				-
9 Working capital expenditures from proceeds				-		-						
10 Capital expenditures from proceeds			26,44	16,583.	8,2	299,069.	10,77	1,080	•	9	,97	5,000
11 Other spent proceeds			,	-		-		-				-
12 Other unspent proceeds												
13 Year of substantial completion				2005		2009	2	015		2015		015
			Yes	No	Yes	No	Yes	No	- ·			No
14 Were the bonds issued as part of a refunding	issue of tax-exempt	bonds (or.										
if issued prior to 2018, a current refunding iss		()	x		x			х				х
Were the bonds issued as part of a refunding												
issued prior to 2018, an advance refunding is			x		x			х				х
					X	1	X			Х		
In Has the tinal allocation of proceeds been mad												
Has the final allocation of proceeds been madDoes the organization maintain adequate boo												

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

Schedule K (Form 990) 2022

Sch	edule K (Form 990) 2022 OF GREATER BOSTON, INC.	1101		04-	2103551				Page 2
Par	t III Private Business Use								
			Ą		В	(2	C)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X		X		Х		Х
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X		X		X		Х
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X		X		X		Х
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?								
c	Are there any research agreements that may result in private business use of								
	bond-financed property?		X		X		X		Х
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							
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		%		%		%		%
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		Х
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		x		x		x		Х
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or				1		1		
	disposed of		%		%		%		%
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations						, .		
-	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
•	nongualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	х		х		х		Х	
Par	t IV Arbitrage				1				
			A		в		c	C)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
•	Penalty in Lieu of Arbitrage Rebate?	100	X	100	X	100	X	100	X
2	If "No" to line 1, did the following apply?								
-	Rebate not due yet?		X		X		X		X
	Exception to rebate?		X		X		X		X
	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was		1				· · · · · · · · · · · · · · · · · · ·		
2	performed Is the bond issue a variable rate issue?		X		X		X	X	
3	וז נו וב געוו גאני א אלו אלא אלו אלא אלא אלא אלא אלא אלא א		44 I		47			23	

232122 10-28-22

Schedule K (Form 990) 2022

04-2103551

Schedule K (Form 990) 2022 OF GREATER BOSTON, INC.			04-2	2103551				Page 3
Part IV Arbitrage (continued)								
	ļ	4		В	()	C)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		X		Х	X	
b Name of provider							CITIZENS B	
c Term of hedge				_			15.0	0000000
d Was the hedge superintegrated?								Х
e Was the hedge terminated?								Х
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X		Х		Х
b Name of provider								
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		Х		Х
7 Has the organization established written procedures to monitor the								
requirements of section 148?		Х		X		Х		Х
Part V Procedures To Undertake Corrective Action							_	
	ŀ	4		B		2	C)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х		X		X		X	
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedul	e K. See inst	ructions.					
SCHEDULE K, LINE 3:								
ALL MANAGEMENT AND SERVICE CONTRACTS IN BOND-FIN			•					
UNDER A PRIVATE BUSINESS USE SAFE HARBOR OR EXCE				NTAL				
IN NATURE. THEREFORE, NO CONTRACTS RESULT IN PRI	VATE BU	JSINESS	S USE.					
SCHEDULE K, PART IV, LINE 2C:								
FOR ALL FOUR BOND ISSUES, THE REBATE COMPUTATION	WAS PI	ERFORME	ED IN					
APRIL, 2022.								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

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Department of the Treasury
Internal Revenue Service

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

Inspection Employer identification number

04 - 2103551

r

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION	
	OF GREATER BOSTON, INC.	
Part I Types of F	Property	_

i ui		Types of Troperty							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of determining noncash contribution amour			.s
1		orks of art		Items contributed		9			
2		storical treasures							
2		actional interests							
4		and publications							
5		g and household goods							
6		nd other vehicles							
7									
8		and planes	x	4	788 880	.FAIR MARKET	י זעא	TILE	
		tual property	X			.FAIR MARKET			
9		ies - Publicly traded		, , , , , , , , , , , , , , , , , , ,	00,302				
10		ies - Closely held stock							
11		ies - Partnership, LLC, or							
10	trust in								
12		ies - Miscellaneous							
13		ed conservation contribution -							
14		d conservation contribution - Other							
15		tate - Residential							
16		tate - Commercial							
17		tate - Other							
18		ibles							
19		iventory	X	1,508	2,699,900	.FAIR MARKET	' VA	LUE	
20		and medical supplies							
21		my							
22		cal artifacts							
23		fic specimens							
24		logical artifacts							
25	Other	(CAMPAIGN PROMOT)	X	181	72,600	.FAIR MARKET	' VA	LUE	
26	Other	(PROGRAM SUPPLIE)	X	13	60,755	.FAIR MARKET	' VA	LUE	
27	Other	(OTHER)	X	2	14,000	.FAIR MARKET	' VA	LUE	
28	Other								
29	Numbe	r of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions				
	for whic	ch the organization completed Form 82	83, Part V, I	Donee Acknowledg	ement 29				
							_	Yes	No
30a	During	the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 thro	ough 28, that it			
	must h	old for at least 3 years from the date of	the initial co	ontribution, and wh	ich isn't required to be use	ed for			
		purposes for the entire holding period					30a		Х
b		" describe the arrangement in Part II.							
31	Does th	ne organization have a gift acceptance	policy that r	equires the review	of any nonstandard contri	butions?	31		Х
32a	Does th	ne organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell nonca	sh			
	contrib	utions?					32a		X
									4

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

11310630 715045 12258

YOUNG MEN'S CHRISTIAN ASSOCIATION	04 0100551	
Schedule M (Form 990) 2022 OF GREATER BOSTON, INC. Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33.	04-2103551	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the organiz ination of both. Also con	ation nplete
SCHEDULE M, PART I, COLUMN (B):		
YMCA OF GREATER BOSTON IS REPORTING IN PART 1, COLUMN (B)	, THE NUMBER	
OF CONTRIBUTIONS RECEIVED.		
232142 09-09-22	Schedule M (Form	ו 990) 2022 ו
71 210630 715045 12258 2022 04000 YOUNG MEN'S CHRIST	AN ACCOC 100	EO 1

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

 Supplemental Information to Form 990 or 990-EZ

 Complete to provide information for responses to specific questions on

 Form 990 or 990-EZ or to provide any additional information.

 Attach to Form 990 or Form 990-EZ.

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

 YOUNG MEN'S CHRISTIAN ASSOCIATION



04-2103551

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

OF GREATER BOSTON, INC.

INDIVIDUALS AND FAMILIES IN OUR COMMUNITIES. WE PROVIDE WELCOMING,

BELONGING, AND OPPORTUNITY FOR ALL.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION 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 YOUTH, ADULTS, AND SENIORS FROM BOSTON AND SURROUNDING SUBURBAN COMMUNITIES WITHIN ITS SERVICE AREA TO BE HEALTHY, CONFIDENT, CONNECTED AND SECURE.

TODAY, THE YMCA OF GREATER BOSTON RANKS AS ONE OF THE LARGEST URBAN Y'S IN THE NATION, STAYING TRUE TO ITS ROOTS AS A VALUES-DRIVEN, VOLUNTEER-LED, HUMAN SERVICE ORGANIZATION STRENGTHENING CHILDREN, FAMILIES AND COMMUNITIES. THE Y'S STAFF, VOLUNTEERS, AND CONSTITUENTS REPRESENT THE BROAD SPECTRUM OF CITIZENS, BY ANY AND ALL MEASURES, WHO LIVE IN GREATER BOSTON. EVERYDAY, THE YMCA OF GREATER BOSTON WORKS SIDE-BY-SIDE WITH OUR NEIGHBOURS TO MAKE SURE THAT EVERYONE, REGARDLESS OF AGE, INCOME OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW AND THRIVE.

 IN
 2022, THE
 YMCA
 OF
 GREATER
 BOSTON
 WELCOMED
 DAVID
 SHAPIRO
 AS
 THE
 14TH

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22
 72

Schedule O (Form 990) 202		Page 2	
Name of the organizationYOUNG MEN'S CHRISTIAN ASSOCIATIONEmployer ideOF GREATER BOSTON, INC.04-21			
PRESIDENT AND	CEO OF THE YMCA OF GREATER BOSTON. DAVID JOI	INED THE YGB	
ON OCTOBER 17	, 2022.		

YOUTH DEVELOPMENT - WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. THROUGH OUR Y, YOUTH UNDER THE AGE OF 18 OF OUR COMMUNITIES 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 ONE OF THE STATE'S LARGEST SUMMER YOUTH EMPLOYMENT PROGRAM. IN 2022, YMCA OF GREATER BOSTON SERVED AND MADE AN IMPACT ON YOUTH OF OUR COMMUNITIES AS BELOW:

1. 6,730 YOUTH NURTURED THIS SUMMER AT DAY AND OVERNIGHT CAMPS AND OUR SUMMER LEARNING ACADEMIES

2. 3,500 CHILDREN SERVED IN BEFORE AND AFTER SCHOOL PROGRAMMING AND OUR EARLY EDUCATION CENTERS

3. 961 TEENS MENTORED, EMPLOYED, AND INSPIRED THROUGHOUT THE YEAR

4. IN PARTNERSHIP WITH BOSTON AFTERSCHOOL & BEYOND 1,600 AT-RISK YOUTH

GRADUATED FROM OUR SUMMER LEARNING ACADEMIES DURING THE SUMMER OF 2022.

HEALTHY LIVING - CHILDREN AND ADULTS OF OUR COMMUNITIES 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. HEALTH DISPARITIES

CONTINUE AS A MAJOR ISSUE, AS OUR COMMUNITY AND NATION CONTINUED TO 232212 10-28-22 Schedule O (Form 990) 2022 73 2022.04000 YOUNG MEN'S CHRISTIAN ASSOC 12258_1

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Schedule O (Form 990) 2022	Page 2
Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON, INC.	Employer identification number $04 - 2103551$
COME OUT OF THE PANDEMIC. WITH A FOCUS ON HELPING EVERYON	E CREATE
HEALTHY HABITS, THE Y CREATED NEW PRODUCTS, SERVICES AND	PARTNERSHIPS
TO PROMOTE HEALTH EQUITY FOR ALL. THE IMPACT OF OUR EFFOR	TS DURING
2022:	
1. 70,000 MEMBERS FOUND CONNECTION AND ACTIVITY TO LEAD H	EALTHY LIVES
2. \$4,000,000+ IN FINANCIAL ASSISTANCE PROVIDED FOR Y MEM	BERSHIP, ADULT
EDUCATION, YOUTH PROGRAMMING, AND MORE	
3. 1,000,000+ MINUTES OF MOVEMENT EXPERIENCED BY PARTICIP	ANTS DURING
OUR "TOGETHER WE MOVE" INITIATIVE. DURING TWO WEEKS IN OC	TOBER, OUR
"TOGETHER WE MOVE" INITIATIVE DEMONSTRATED HOW THE Y IS A	CHAMPION OF
COMMUNITY HEALTH. DURING THIS INITIATIVE WE MOTIVATED OUR	COMMUNITY TO
PARTICIPATE IN HEALTHY ACTIVITIES AND MAKE CONNECTIONS TO	OTHERS FOR
IMPROVED HEALTH AND WELLNESS, QUALITY OF LIFE AND A SENSE	OF BELONGING.
4. 20,000 LIFESAVING SWIM LESSONS TAUGHT TO CHILDREN AND	TEENS UNDER 18
5. 520 PARTICIPANTS SUPPORTED AND CONNECTED THROUGH DAILY	GROUP
EXERCISE CLASSES AND CHRONIC DISEASE PROGRAMS	

SOCIAL RESPONSIBILITY - TO BRING ABOUT MEANINGFUL CHANGE, INDIVIDUALS NEED ONGOING ENCOURAGEMENT AND TOOLS. THE YMCA IS PRESENT DAY-IN AND DAY-OUT TO PROVIDE THE RESOURCES ITS COMMUNITIES NEED TO ADDRESS THE MOST PRESSING SOCIAL ISSUES SUCH AS ADULT EDUCATION, WORKFORCE DEVELOPMENT AND HOUSING. ON ANY GIVEN NIGHT, 35 ADULTS AND CHILDREN ARE LIVING AT THE HUNTINGTON YMCA. 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 HOMELAND. THIS COMMITMENT TO ADULT EDUCATION CONTINUES TODAY AT THE INTERNATIONAL LEARNING CENTER (ILC) AND TRAINING, INC. WHERE ADULTS OF 232212 10-28-22 Schedule O (Form 990) 2022 74 11310630 715045 12258 2022.04000 YOUNG MEN'S CHRISTIAN ASSOC 12258_1

Schedule O (Form 990) 2022	Page 2
Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON, INC.	Employer identification number $04 - 2103551$
OUR COMMUNITIES EACH YEAR BRIDGE SKILLS GAPS AND START ON	а ратн
TOWARDS EMPLOYMENT AND SELF-SUFFICIENCY. IN 2022, YMCA OF	GREATER
BOSTON, ALONG WITH OUR PARTNERS	
1. 1.1 MILLION HEALTHY YEAR-ROUND SUMMER MEALS SERVED TO	CHILDREN AND
YOUTH UNDER 18 THROUGH OUR PARTNERSHIP WITH THE DEPARTMEN	T OF
ELEMENTARY AND SECONDARY EDUCATION (DESE)	
2. 213,000 GROCERY BAGS EQUATING TO 2,654,002 POUNDS OF F	OOD PACKED AT
OUR HUNGER PREVENTION DISTRIBUTION CENTER	
3. GRADUATED IN FALL 2022 OUR FIRST COHORT OF INDIVIDUALS	THAT ENROLLED
IN A DUAL LANGUAGE CULINARY ARTS PROGRAM RUN IN PARTNERSH	IP WITH NEW
ENGLAND CULINARY ARTS TRAINING (NECAT) AND OPERATING OUT	OF OUR EAST
BOSTON YMCA KITCHEN. LESSONS WERE TAUGHT IN BOTH ENGLISH	AND SPANISH,
REMOVING BARRIERS TO EMPLOYMENT SKILLS FOR A CAREER IN PR	OFESSIONAL
KITCHENS.	

THE YMCA OF GREATER BOSTON HAS BRANCHES LOCATED IN BOSTON'S FENWAY, DORCHESTER, 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 DAY CAMPING FACILITIES IN MASSACHUSETTS COMMUNITIES INCLUDING BOXFORD (OWNED) AND CANTON (IN PARTNERSHIP WITH DCR) AND A RESIDENT CAMP FACILITY IN TUFTONBORO, NEW HAMPSHIRE THAT OPERATES CAMP PROGRAMS FOR BOYS (NORTHWOODS), GIRLS (PLEASANT VALLEY) AND FAMILIES (SANDY ISLAND).

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

THE YOUTH CAMPS PROVIDES A UNIQUE OPPORTUNITY FOR CHILDREN AND TEENS TO
232212 10-28-22
75
11310630 715045 12258
2022.04000 YOUNG MEN'S CHRISTIAN ASSOC 12258_1

 Schedule O (Form 990) 2022
 Page 2

 Name of the organization
 YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON, INC.
 Employer identification number 04-2103551

 HAVE A BREAK FROM THEIR DAILY ROUTINE AND EXPERIENCE INDEPENDENCE IN A

 SAFE AND CONTROLLED ENVIRONMENT UNDER THE GUIDANCE OF COLLEGE-AGE

 MENTORS. THE CAMP EXPERIENCES PROVIDE AN OPPORTUNITY TO FORM NEW

 MEANINGFUL RELATIONSHIPS IN A SETTING THAT ENCOURAGES BELONGING WHILE

 TRYING NEW ACTIVITIES AND DEVELOPING IMPORTANT LIFE SKILLS THAT PROMOTE

 PHYSICAL ACTIVITY AND OVERALL WELL-BEING.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: FOR SCHOOL AGE BEFORE AND AFTERSCHOOL PROGRAMS IN LOCAL PUBLIC SCHOOLS AND AT COMMUNITY SITES, THE YMCA OF GREATER BOSTON IS THE LARGEST PROVIDER OF STATE LICENSED CHILDCARE IN MASSACHUSETTS. PROGRAMS ARE HELD DURING AFTERSCHOOL HOURS, SCHOOL VACATIONS, ON CERTAIN HOLIDAYS AND TEACHER PROFESSIONAL DEVELOPMENT DAYS. OUR STAFF LEAD ACTIVITIES THAT PROMOTE COOPERATION AND CHARACTER DEVELOPMENT. IN OUR SUMMER CAMP PROGRAMS, WE TAKE A WHOLE-CHILD APPROACH, AND ROUND OUT THEIR SUMMER EXPERIENCE WITH INVIGORATING SPORTS AND SWIMMING INSTRUCTION THAT PROMOTES PHYSICAL WELL-BEING, EXPLORATION OF THE COMMUNITY WHICH FOSTERS SOCIAL AND EMOTIONAL GROWTH, WHILE SEAMLESSLY WEAVING LITERACY, MATH, AND SCIENCE LESSONS INTO OUR CURRICULUM. KIDS CAN'T HELP BUT DEVELOP LIFE-LONG LOVE OF LEARNING AND FRIENDSHIP AT OUR CAMPS AND BENEFIT FROM REDUCED SUMMER LEARNING LOSS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
THE YMCA CONTINUED TO DELIVER GROCERIES AND PREPARED READY TO GO MEALS
TO CHILDREN, SENIORS AND FAMILIES IN 2022 AND OPERATED A FOOD PANTRY
WAREHOUSE IN EAST BOSTON THAT SUPPORTED BOTH YMCA LOCATIONS AND
COMMUNITY PARTNER LOCATIONS IN THE GREATER BOSTON AREA. A NEW
PARTNERSHIP WE ARE EXCITED ABOUT IS OUR ROLE IN THE BOSTON COMMUNITY
232212 10-28-22 Schedule O (Form 990) 2022 76

2022.04000 YOUNG MEN'S CHRISTIAN ASSOC 12258 1

11310630 715045 12258

Schedule O (Form 990) 2022	Page 2
Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number
OF GREATER BOSTON, INC.	04-2103551
HUB SCHOOLS. THE MODEL INTENTIONALLY LOOKS AT ITS ASSETS	AND
OPPORTUNITIES TO TAKE ACTION TO MAKE THEIR SCHOOL COMMUNI	TY THE BEST IT
CAN BE. FAMILIES AND THE COMMUNITY ARE EMPOWERED AND ENC	OURAGED TO BE
PARTNERS IN WHAT HAPPENS IN THE SCHOOL AND A YMCA COMMUNI	TY HUB SCHOOL
STAFF MEMBER IS ON SITE TO SUPPORT THE SCHOOL COMMUNITY.	

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

FORM 990 REVIEW PROCESS

THE YMCA OF GREATER BOSTON'S FINANCE, AUDIT AND RISK COMMITTEES, COMMITTEES OF THE GENERAL BOARD OF DIRECTORS, REVIEW A FINAL FORM OF THE FORM 990 PRIOR TO ACTUAL FILING. ONCE THE TAX RETURN IS FULLY ANALYZED AND PREPARED BY Y MANAGEMENT, A COPY IS DISTRIBUTED TO THE GENERAL BOARD, IN ADVANCE OF A SPECIFIC MEETING. TAX GROUP REPRESENTATIVES MEET WITH MANAGEMENT AND MEMBERS OF THE GENERAL BOARD IN ORDER TO ENSURE ALL PERSONS HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS AND DISCUSS THE CONTENT OF THE TAX RETURN, PRIOR TO IT BEING FILED WITH THE IRS.

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

CONFLICT OF INTEREST

EACH YEAR, A CONFLICT-OF-INTEREST POLICY DOCUMENT AND COVER LETTER IS MAILED FROM THE PRESIDENT'S OFFICE TO CONCERNED PERSONS INCLUDING ALL MEMBERS OF THE GENERAL BOARD OF DIRECTORS, 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 COMPLETE AND SIGN THE QUESTIONNAIRE, AND TO RETURN THE COMPLETED DOCUMENTS TO THE PRESIDENT'S OFFICE. THE YMCA OF GREATER BOSTON'S PRESIDENT, AND CHIEF FINANCIAL OFFICER REVIEW THE 222212 10-28-22 77

11310630 715045 12258

2022.04000 YOUNG MEN'S CHRISTIAN ASSOC 12258_1

Schedule O (Form 990) 2022	Page 2				
Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON, INC.	Employer identification number $04 - 2103551$				
CONTENTS/RESPONSES DETAILED ON THE QUESTIONNAIRES, FOR CO	MPLETENESS AS WELL				
AS TO IDENTIFY ANY MATERIAL (OR POTENTIAL) CONFLICTS THAT	MAY EXIST HAVE				
BEEN DOCUMENTED. THE YMCA OF GREATER BOSTON'S PRESIDENT S	UBSEQUENTLY				
REVIEWS IDENTIFIED CONFLICTS WITH THE CHAIR OF THE GENERA	L BOARD OF				
DIRECTOR. THE CONCERNED PERSON WITH WHOM A CONFLICTING IN	TEREST EXISTS WILL				
BE EXCLUDED FROM ANY DISCUSSION, APPROVAL OF TRANSACTIONS	, BIDS, ETC. WITH				
ANY AND ALL GENERAL BOARD COMMITTEE MEETINGS. EACH YEAR,	A				
CONFLICT-OF-INTEREST POLICY DOCUMENT AND COVER LETTER IS	MAILED FROM THE				
PRESIDENT'S OFFICE TO CONCERNED PERSONS INCLUDING ALL MEM	BERS OF THE				
GENERAL BOARD OF DIRECTORS, YMCA OF GREATER BOSTON SENIOR	STAFF MEMBERS,				
BRANCH EXECUTIVES, AND BRANCH AND BOARD CHAIRS (I.E. PERS	ONS COVERED UNDER				
THE POLICY). THE QUESTIONNAIRE PROVIDES A DESCRIPTION OF	A CONFLICT OF				
INTEREST AS WELL AS THE BUSINESS AFFILIATION OF THE CONCE	RNED PERSON. ALL				
MEMBERS ARE REQUIRED TO COMPLETE AND SIGN THE QUESTIONNAI	RE, AND TO RETURN				
THE COMPLETED DOCUMENTS TO THE PRESIDENT'S OFFICE. THE YM	CA OF GREATER				
BOSTON'S PRESIDENT, AND CHIEF FINANCIAL OFFICER REVIEW TH	E				
CONTENTS/RESPONSES DETAILED ON THE QUESTIONNAIRES, FOR CO	MPLETENESS AS WELL				
AS TO IDENTIFY ANY MATERIAL (OR POTENTIAL) CONFLICTS THAT MAY EXIST HAVE					
BEEN DOCUMENTED. THE YMCA OF GREATER BOSTON'S PRESIDENT S	UBSEQUENTLY				
REVIEWS IDENTIFIED CONFLICTS WITH THE CHAIR OF THE GENERA	L BOARD OF				
DIRECTOR. THE CONCERNED PERSON WITH WHOM A CONFLICTING IN	TEREST EXISTS WILL				
BE EXCLUDED FROM ANY DISCUSSION, APPROVAL OF TRANSACTIONS	, BIDS, ETC. WITH				
ANY AND ALL GENERAL BOARD COMMITTEE MEETINGS.					

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

COMPENSATION POLICIES

THE EXECUTIVE COMMITTEE OF THE GENERAL BOARD OF DIRECTORS, LED BY THE

CURRENT BOARD CHAIR, IS RESPONSIBLE FOR DUE DILIGENCE OF EXECUTIVE ANDSchedule O (Form 990) 20227811310630 715045 122582022.04000 YOUNG MEN'S CHRISTIAN ASSOC 12258_1

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION Employer identification number 04-2103551 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 SENIOR EXECUTIVES AND OTHER LOCAL AND REGIONAL NON-PROFITS; ASSURES THAT THE YMCA OF GREATER BOSTON IS PAYING BETWEEN THE PIFTIETH AND SEVENTY-FIFTH PERCENTILE OF PREVAILING MARKET RATES FOR SIMILAR POSITIONS; REVIEWS THE PERFORMANCE APPRAISAL OF THEY 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 FRESIDENT;	Schedule O (Form 990) 2022	Page 2
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	ANNUALLY. THE COMMITTEE ALSO ASSIGNS SPECIFIC ANALYTICAL	TASKS TO THE VP/HR
PRACTICES.	TO ENSURE THE ORGANIZATION IS KEEPING CURRENT ON ALL COMP	ENSATION
	PRACTICES.	

FORM 990, PART VI, SECTION C, LINE 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, 2022, FINANCIAL AUDIT, THE STATEMENT OF FINANCIAL ACTIVITIES, AND THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION).

232212 10-28-22

i laine ei gamzaten	MEN'S CHRISTIAN ASSOCIATION EATER BOSTON, INC.	Employer identification number 04-2103551
FORM 990, PART XI, I	LINE 9, CHANGES IN NET ASSETS:	
BENEFICIAL INTEREST	IN TRUST	-224,339.
CHANGE IN FMV OF IN	TEREST RATE SWAPS	1,276,973.
TOTAL TO FORM 990, I	PART XI, LINE 9	1,052,634.
FORM 990, PART XII,	LINE 2C:	
THE ORGANIZATION HAS	S A COMMITTEE THAT ASSUMES RESPON	ISIBILITY FOR
OVERSIGHT OF THE AUI	DIT AND SELECTION OF AN INDEPENDE	ENT ACCOUNTANT.
		*
232212 10-28-22	80	Schedule O (Form 990) 2022
10630 715045 12258	2022.04000 YOUNG MEN'S C	HRISTIAN ASSOC 122581

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.								5-0047 2 ublic ion
Name of the organiza		CHRISTIAN ASSOCIATIO	N			Emplo 04	yer identif -2103	ication n 551	umber
Part I Identifica	tion of Disregarded Entities. Compl	lete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
	(a) dress, and EIN (if applicable) f disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) Dr Total incor	(e) End-of-year			(f) controlling ntity	9
		-	\mathbf{O}						
	tion of Related Tax-Exempt Organi ons during the tax year.	zations. Complete if the organization a	answered "Yes" on Form 990	0, Part IV, line 34, b	ecause it had one	or more rela	ated tax-ex	empt	
	(a) me, address, and EIN i 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))	Direct co	f) ontrolling tity	conti	g) 512(b)(13) rolled tity? No
YMCA SHARED SERV 316 HUNTINGTON A BOSTON, MA 0211		PROMOTE SOCIAL WELFARE, YOUTH DEVELOPMENT, HEALTLY LIVING, SOCIAL RESPONSIBI	MASSACHUSETTS	501(C)(3)	LINE 12A, I	YMCA GREA BOSTON IN		x	
		-							
		-							

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

Schedule R (Form 990) 2022

Page 2

Schedule R (Form 990) 2022 OF G	REATER BOST	CON, I	NC.									04-2	2103	551	F	age 2
Part III Identification of Related Or organizations treated as a part	ganizations Taxable artnership during the t	as a Partn ax year.	ership. Complete	f the organi	zation answ	ered "Ye	es" on Forr	m 990, F	Part IV, line	34, b	ecaus	e it had one o	r more	relate	d	
(a)	(b)	(c)	(d)		(e)		(f)		(g)	(ł	ר)	(i)		(j)	()	()
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomi (related excluded f section	nant income , unrelated, rom tax under s 512-514)	Share inc	e of total come	end-	are of of-year sets	Dispropo allocat Yes		Code V-UE amount in b 20 of Sched K-1 (Form 10	ox ^m lule ^p	artner?	owne	ntage rship
	-															
	1															
	-															
	-															
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Part IV Identification of Related Or organizations treated as a co	ganizations Taxable	as a Corp ng the tax	oration or Trust. C year.	omplete if t	he organizat	tion answ	vered "Yes	s" on Fo	rm 990, Pa	art IV,	line 34	, because it h	nad one	e or m	ore rel	ated
(a)			(b)	(c)	(d)		(e)		(f)			(g)	1)		(i Sec 512(t contr) tion
Name, address, and E of related organizatio		Prim	ary activity	Legal domicile (state or foreign	Direct con entit		Type of (C corp, S	entity S corp,	Share o incor		6	Share of end-of-year	Perce owne	entage ership	512(t contr ent	o)(13) olled itv?
				country)			or tru	JST)				assets			Yes	-
											_					
					1		1		1				1		1	

Schedule R (Form 990) 2022 OF GREATER BOSTON, INC.

(3)

(4)

(5)

(6)

232163 09-14-22

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

Not	e: 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 transaction	s with one or more r	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/	-		1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		Х
с	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	j Lease of facilities, equipment, or other assets to related organization(s)						Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
- 1	Performance of services or membership or fundraising solicitations for related orga				11		Х
m	Performance of services or membership or fundraising solicitations by related orga				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n		Х
	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
	Reimbursement paid by related organization(s) for expenses				1q	Х	
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his 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 inv	volved		
(1)	MCA SHARED SERVICES, INC.	М	24,000.	FMV			
(2)							

Schedule R (Form 990) 2022 OF GREATER BOSTON, INC.

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.

(k)
centage
nership
centage nership

Schedule R (Form 990) 2022

YOUNG	MEN'S	CHRIST	IAN A	SSOCIATION
OF GR	EATER 1	BOSTON,	INC.	

chedule R (Form 990) 2022 OF GREATER BOSTON, INC.	04-2103551 _{Pa}
Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructions.	
	Cohodula D (Faure 000)
2165 09-14-22 85	Schedule R (Form 990)
	STIAN ASSOC 12258_

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

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-	гие а	Separate	application	TOF EACH	return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

File by the due date for the return struction. Number, street, and room or suite no. If a P.O. box, see instructions. 316 HUNTINGTON AVENUE City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02115 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 1041.A 00 Form 990-FF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (corporation) 07 PAUL FALVEY, CFO 12 PAUL FALVEY, CFO The books are in the care of b 316 HUNTINGTON AVENUE - BOSTON, MA 02115 12 Telephone No. b 617-927-8135 Fax No. b	ype or rint Name of exempt organization or other filer, see instructions. Tax YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON, INC. Tax					
City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02115 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 4720 (undividual) 05 Form 4720 (individual) 03 Form 4720 (other than individual) 05 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 07 12 PAUL FALVEY, CFO PAUL FALVEY, CFO Example 0.6 • The books are in the care of 316 HUNTINGTON AVENUE - BOSTON, MA 02115	room or suite no. If a P.O. box, see instructions.					
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Form 990-T (corporation) 07 PAUL FALVEY, CFO • The books are in the care of ▶ 316 HUNTINGTON AVENUE - BOSTON, MA 02115 Telephone No. ▶ 617-927-8135 • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If it is for part of the group, check this box ▶ • If it is for part of the group, check this box ▶ • I request an automatic 6-month extension of time until NOVEMBER 15, 2023 , to file the exempt organization return for	,			11		
 PAUL FALVEY, CFO 316 HUNTINGTON AVENUE - BOSTON, MA 02115 Telephone No. ► 617-927-8135 Fax No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box If it is for part of the group, check this box I request an automatic 6-month extension of time until 	,			12		
the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ► tax year beginning, and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason:Initial returnFinal return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less	PAUL FALVEY, CFO 316 HUNTINGTON AVENUE - BOSTON 27-8135 Fax No. ▶ ave an office or place of business in the United States, check the the organization's four digit Group Exemption Number (GE the group, check this box ▶ and attach a list with the name onth extension of time until NOVEMBER 15, 20 ove. The extension is for the organization's return for: 22 or , and ending	s box) If this is for es and TINs of all mem 23, to file the exer	for the whole group, changes the extension is for the extension is for the extension return t	or.		
any nonrefundable credits. See instructions. 3a \$	any nonrefundable credits. See instructions.					
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$			φ (0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.3c3c\$				0.		
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for paym instructions.	e an electronic funds withdrawal (direct debit) with this Form 88		and Form 8879-TE for p	ayment		

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