) NOVEMBEF		
Return of	Organiza	tion Exem	pt 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Form **990**

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

A For the 2023 calendar year, or tax year beginning and ending									
Вс	heck if		D Employer identification number						
a	pplicab	YOUNG MEN'S CHRISTIAN ASSOCIATION							
	Addre	P OF GREATER BOSTON, INC.							
	Name Chang	Doing business as IMCA OF GREATER BOSTON		04-2103551					
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Final return	J 316 HUNTINGTON AVENUE		617-536-					
	termii ated	¹⁻ City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 114,624,997.						
	Amen	BOSION, MA 02115	H(a) Is this a group return						
	Applie diam	F Name and address of principal officer: DAVID SHAFIKO	for subordinates	? Yes X No					
	pendi	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No					
<u>I</u> T	ax-ex	empt status: 🗴 501(c)(3) 🔄 501(c) () (insert no.) 🗌 4947(a)(1) c	If "No," attach a	list. See instructions					
	Vebsi			H(c) Group exemption	n number				
<u>K</u> F	orm o	f organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 1851 N	State of legal domicile: MA				
Pa	art I	Summary							
•	1	Briefly describe the organization's mission or most significant activities: DEDIC							
uce D		HEALTH OF MIND, BODY, AND SPIRIT OF INDIV	IDUALS	S AND FAMILI	ES.				
Governance	2	Check this box if the organization discontinued its operations or dispos	than 25% of its net ass						
ove	3				39				
5	4	Number of independent voting members of the governing body (Part VI, line 1b)			38				
es 5	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			3341				
viti	6	Total number of volunteers (estimate if necessary)			2560				
Activities &	7a	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			0.				
				Prior Year	Current Year				
e	8	Contributions and grants (Part VIII, line 1h)		47,927,309.	42,277,599.				
enu	9	Program service revenue (Part VIII, line 2g)		44,497,628.	52,618,459.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		417,184.	801,654.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		64,387.	-29,054.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		92,906,508.	95,668,658.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		46,914,212.	53,815,687.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ďx	b	Total fundraising expenses (Part IX, column (D), line 25) 2,133,39	94.	26 600 000					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		36,629,882.	38,475,014.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		83,544,094.	92,290,701.				
	19	Revenue less expenses. Subtract line 18 from line 12		9,362,414.	3,377,957.				
s or nces				ginning of Current Year	End of Year				
Assets Balanc		Total assets (Part X, line 16)	1	65,487,956.	170,031,979.				
t As	21	Total liabilities (Part X, line 26)		62,599,241.	60,418,087.				
E ^R	22	Net assets or fund balances. Subtract line 21 from line 20	1	02,888,715.	109,613,892.				
Pa	art II	Signature Block							

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

Sign	Signature of officer			Date						
Here	DAVID SHAPIRO, CEO									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	JOYCE RIPIANZI, CPA	JOYCE RIPIANZI,	CPA 07/08	/24 self-employed P00548581						
Preparer	Firm's name AAFCPAS, INC.			Firm's EIN 04-2571780						
Use Only	Firm's address 50 WASHINGTON STR	EET								
	WESTBOROUGH, MA 0		Phone no. 508 - 366 - 9100							
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No						
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

	1990 (2023) OF GREATER BOSTON, INC. 04-2103551 Page 2 rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$42,339,079. including grants of \$) (Revenue \$35,635,653.
	HEALTHY LIVING - YMCA OF GREATER BOSTON MEMBERS AND PROGRAM
	PARTICIPANTS BENEFIT FROM A DIVERSE ARRAY OF HEALTH AND WELLNESS
	PROGRAMS AND SERVICES WHICH ARE OFFERED AT 13 BRANCH LOCATIONS
	THROUGHOUT THE CITY OF BOSTON AND SURROUNDING SUBURBAN LOCATIONS.
	PROGRAM OFFERINGS INCLUDE FITNESS CENTERS, INSTRUCTIONAL FITNESS
	PROGRAMS, PERSONAL TRAINING, AQUATICS LEARN-TO-SWIM PROGRAMS, SPECIALTY
	HEALTH PROGRAMS, FAMILY GYM TIME, YOUTH SPORTS, SPORTS LEAGUES AND THE
	JR CELTICS ACADEMY LEAGUE.
	(CONTINUED ON SCHEDULE O)
4b	(Code:) (Expenses \$30,745,136. including grants of \$) (Revenue \$16,475,031.
	CHILDHOOD DEVELOPMENT - THE YMCA OF GREATER BOSTON HAS A LONG AND
	SUCCESSFUL HISTORY OF PROVIDING PRE-SCHOOL, AFTER-SCHOOL AND SUMMER
	DEVELOPMENT, EDUCATIONAL, RECREATIONAL AND SOCIAL ACTIVITIES FOR YOUTH
	OF ALL AGES. IN OUR EARLY EDUCATION PROGRAM, CHILDREN FROM ALL
	BACKGROUNDS ARE BROUGHT TOGETHER TO BE NURTURED, NOURISHED, LOVED AND
	CELEBRATED. DIVERSITY WHERE STRENGTH AND CREATIVITY AND CRITICAL
	THINKING FLOURISH. A HOLISTIC, PLAY-BASED CURRICULUM ALLOWS OUR
	TEACHERS TO FOLLOW EACH CHILD'S INTEREST, WHILE BUILDING ESSENTIAL
	SKILLS, STRENGTH AND RESILIENCE. IN ADDITION, WE OPERATE TWO YOUTH
	OVERNIGHT CAMPS AND A FAMILY CAMP IN NEW HAMPSHIRE.
	OVERNIGHT CAMPS AND A FAMILY CAMP IN NEW HAMPSHIRE.
	OVERNIGHT CAMPS AND A FAMILY CAMP IN NEW HAMPSHIRE.
4c	(CONTINUED ON SCHEDULE O)
4c	(CONTINUED ON SCHEDULE O) (Code:) (Expenses \$11,415,359. including grants of \$) (Revenue \$) (Revenue \$)
4c	(CONTINUED ON SCHEDULE O) (Code:) (Expenses \$1, 415, 359. including grants of \$) (Revenue \$
4c	(CONTINUED ON SCHEDULE O) (Code:)(Expenses \$11,415,359. including grants of \$) (Revenue \$
4c	(CONTINUED ON SCHEDULE O) (Code:)(Expenses \$11,415,359. including grants of \$) (Revenue \$
4c	(CONTINUED ON SCHEDULE O) (Code:)(Expenses \$1,415,359. including grants of \$) (Revenue \$507,775. SOCIAL RESPONSIBILITY - THE YMCA SUPPORTS LOW-INCOME FAMILIES WITH EDUCATIONAL SERVICES, JOB SKILLS TRAINING, AND A FAMILIES IN TRANSITION PROGRAM TO ADDRESS HOMELESSNESS. THE YMCA OF GREATER BOSTON OFFERS AN ARRAY OF EDUCATION SERVICES TO LOW-INCOME INDIVIDUALS AND FAMILIES
4c	(CONTINUED ON SCHEDULE O) (Code:)(Expenses \$1,415,359. including grants of \$) (Revenue \$507,775. SOCIAL RESPONSIBILITY - THE YMCA SUPPORTS LOW-INCOME FAMILIES WITH EDUCATIONAL SERVICES, JOB SKILLS TRAINING, AND A FAMILIES IN TRANSITION PROGRAM TO ADDRESS HOMELESSNESS. THE YMCA OF GREATER BOSTON OFFERS AN ARRAY OF EDUCATION SERVICES TO LOW-INCOME INDIVIDUALS AND FAMILIES INCLUDING ADULT BASIC EDUCATION, COMPUTER LITERACY SERVICES, AND
4c	(CONTINUED ON SCHEDULE O) (Code:)(Expenses \$1,415,359. including grants of \$) (Revenue \$507,775. SOCIAL RESPONSIBILITY - THE YMCA SUPPORTS LOW-INCOME FAMILIES WITH EDUCATIONAL SERVICES, JOB SKILLS TRAINING, AND A FAMILIES IN TRANSITION PROGRAM TO ADDRESS HOMELESSNESS. THE YMCA OF GREATER BOSTON OFFERS AN ARRAY OF EDUCATION SERVICES TO LOW-INCOME INDIVIDUALS AND FAMILIES INCLUDING ADULT BASIC EDUCATION, COMPUTER LITERACY SERVICES, AND ENGLISH AS A SECOND LANGUAGE FOR RECENT IMMIGRANTS. THE Y PROVIDES
4c	(CONTINUED ON SCHEDULE O) (Code:)(Expenses \$11,415,359. including grants of \$) (Revenue \$) (Revenu
4c	(CONTINUED ON SCHEDULE O) (Code:)(Expenses \$1,415,359. including grants of \$) (Revenue \$507,775. SOCIAL RESPONSIBILITY - THE YMCA SUPPORTS LOW-INCOME FAMILIES WITH EDUCATIONAL SERVICES, JOB SKILLS TRAINING, AND A FAMILIES IN TRANSITION PROGRAM TO ADDRESS HOMELESSNESS. THE YMCA OF GREATER BOSTON OFFERS AN ARRAY OF EDUCATION SERVICES TO LOW-INCOME INDIVIDUALS AND FAMILIES INCLUDING ADULT BASIC EDUCATION, COMPUTER LITERACY SERVICES, AND ENGLISH AS A SECOND LANGUAGE FOR RECENT IMMIGRANTS. THE Y PROVIDES COMPREHENSIVE JOB SKILLS TRAINING AND HELPS WITH PLACEMENT IN PERMANENT EMPLOYMENT POSITIONS. IN 2023, WE CONTINUED TO DELIVER GROCERIES AND
4c	(CONTINUED ON SCHEDULE O) (Code:)(Expenses \$1,415,359. including grants of \$) (Revenue \$507,775. SOCIAL RESPONSIBILITY - THE YMCA SUPPORTS LOW-INCOME FAMILIES WITH EDUCATIONAL SERVICES, JOB SKILLS TRAINING, AND A FAMILIES IN TRANSITION PROGRAM TO ADDRESS HOMELESSNESS. THE YMCA OF GREATER BOSTON OFFERS AN ARRAY OF EDUCATION SERVICES TO LOW-INCOME INDIVIDUALS AND FAMILIES INCLUDING ADULT BASIC EDUCATION, COMPUTER LITERACY SERVICES, AND ENGLISH AS A SECOND LANGUAGE FOR RECENT IMMIGRANTS. THE Y PROVIDES COMPREHENSIVE JOB SKILLS TRAINING AND HELPS WITH PLACEMENT IN PERMANENT EMPLOYMENT POSITIONS. IN 2023, WE CONTINUED TO DELIVER GROCERIES AND MEALS AND OPERATED A FOOD DISTRIBUTION WAREHOUSE TO SUPPORT THE
4c	(CONTINUED ON SCHEDULE O) (Code:)(Expenses \$1,415,359. including grants of \$) (Revenue \$507,775. SOCIAL RESPONSIBILITY - THE YMCA SUPPORTS LOW-INCOME FAMILIES WITH EDUCATIONAL SERVICES, JOB SKILLS TRAINING, AND A FAMILIES IN TRANSITION PROGRAM TO ADDRESS HOMELESSNESS. THE YMCA OF GREATER BOSTON OFFERS AN ARRAY OF EDUCATION SERVICES TO LOW-INCOME INDIVIDUALS AND FAMILIES INCLUDING ADULT BASIC EDUCATION, COMPUTER LITERACY SERVICES, AND ENGLISH AS A SECOND LANGUAGE FOR RECENT IMMIGRANTS. THE Y PROVIDES COMPREHENSIVE JOB SKILLS TRAINING AND HELPS WITH PLACEMENT IN PERMANENT EMPLOYMENT POSITIONS. IN 2023, WE CONTINUED TO DELIVER GROCERIES AND
4c	(CONTINUED ON SCHEDULE O) (Code:)(Expenses \$11,415,359. including grants of \$) (Revenue \$507,775. SOCIAL RESPONSIBILITY - THE YMCA SUPPORTS LOW-INCOME FAMILIES WITH EDUCATIONAL SERVICES, JOB SKILLS TRAINING, AND A FAMILIES IN TRANSITION PROGRAM TO ADDRESS HOMELESSNESS. THE YMCA OF GREATER BOSTON OFFERS AN ARRAY OF EDUCATION SERVICES TO LOW-INCOME INDIVIDUALS AND FAMILIES INCLUDING ADULT BASIC EDUCATION, COMPUTER LITERACY SERVICES, AND ENGLISH AS A SECOND LANGUAGE FOR RECENT IMMIGRANTS. THE Y PROVIDES COMPREHENSIVE JOB SKILLS TRAINING AND HELPS WITH PLACEMENT IN PERMANENT EMPLOYMENT POSITIONS. IN 2023, WE CONTINUED TO DELIVER GROCERIES AND MEALS AND OPERATED A FOOD DISTRIBUTION WAREHOUSE TO SUPPORT THE COMMUNITY.
	(CONTINUED ON SCHEDULE O) (Code:)(Expenses \$1,415,359. including grants of \$) (Revenue \$507,775. SOCIAL RESPONSIBILITY - THE YMCA SUPPORTS LOW-INCOME FAMILIES WITH EDUCATIONAL SERVICES, JOB SKILLS TRAINING, AND A FAMILIES IN TRANSITION PROGRAM TO ADDRESS HOMELESSNESS. THE YMCA OF GREATER BOSTON OFFERS AN ARRAY OF EDUCATION SERVICES TO LOW-INCOME INDIVIDUALS AND FAMILIES INCLUDING ADULT BASIC EDUCATION, COMPUTER LITERACY SERVICES, AND ENGLISH AS A SECOND LANGUAGE FOR RECENT IMMIGRANTS. THE Y PROVIDES COMPREHENSIVE JOB SKILLS TRAINING AND HELPS WITH PLACEMENT IN PERMANENT EMPLOYMENT POSITIONS. IN 2023, WE CONTINUED TO DELIVER GROCERIES AND MEALS AND OPERATED A FOOD DISTRIBUTION WAREHOUSE TO SUPPORT THE COMMUNITY. (CONTINUED ON SCHEDULE O)
	(CONTINUED ON SCHEDULE O) (Code:)(Expenses \$ 11,415,359. including grants of \$) (Revenue \$ 507,775. SOCIAL RESPONSIBILITY - THE YMCA SUPPORTS LOW-INCOME FAMILIES WITH EDUCATIONAL SERVICES, JOB SKILLS TRAINING, AND A FAMILIES IN TRANSITION PROGRAM TO ADDRESS HOMELESSNESS. THE YMCA OF GREATER BOSTON OFFERS AN ARRAY OF EDUCATION SERVICES TO LOW-INCOME INDIVIDUALS AND FAMILIES INCLUDING ADULT BASIC EDUCATION, COMPUTER LITERACY SERVICES, AND ENGLISH AS A SECOND LANGUAGE FOR RECENT IMMIGRANTS. THE Y PROVIDES COMPREHENSIVE JOB SKILLS TRAINING AND HELPS WITH PLACEMENT IN PERMANENT EMPLOYMENT POSITIONS. IN 2023, WE CONTINUED TO DELIVER GROCERIES AND MEALS AND OPERATED A FOOD DISTRIBUTION WAREHOUSE TO SUPPORT THE COMMUNITY. (CONTINUED ON SCHEDULE O) Other program services (Describe on Schedule O.)
	(CONTINUED ON SCHEDULE O) (Code:)(Expenses \$11,415,359. including grants of \$) (Revenue \$507,775. SOCIAL RESPONSIBILITY - THE YMCA SUPPORTS LOW-INCOME FAMILIES WITH EDUCATIONAL SERVICES, JOB SKILLS TRAINING, AND A FAMILIES IN TRANSITION PROGRAM TO ADDRESS HOMELESSNESS. THE YMCA OF GREATER BOSTON OFFERS AN ARRAY OF EDUCATION SERVICES TO LOW-INCOME INDIVIDUALS AND FAMILIES INCLUDING ADULT BASIC EDUCATION, COMPUTER LITERACY SERVICES, AND ENGLISH AS A SECOND LANGUAGE FOR RECENT IMMIGRANTS. THE Y PROVIDES COMPREHENSIVE JOB SKILLS TRAINING AND HELPS WITH PLACEMENT IN PERMANENT EMPLOYMENT POSITIONS. IN 2023, WE CONTINUED TO DELIVER GROCERIES AND MEALS AND OPERATED A FOOD DISTRIBUTION WAREHOUSE TO SUPPORT THE COMMUNITY. (CONTINUED ON SCHEDULE O) Other program services (Describe on Schedule 0.) (Expenses \$) (Revenue \$)
4d	(CONTINUED ON SCHEDULE O) (Code:)(Expenses \$1,415,359. including grants of \$) (Revenue \$507,775. SOCIAL RESPONSIBILITY - THE YMCA SUPPORTS LOW-INCOME FAMILIES WITH EDUCATIONAL SERVICES, JOB SKILLS TRAINING, AND A FAMILIES IN TRANSITION PROGRAM TO ADDRESS HOMELESSNESS. THE YMCA OF GREATER BOSTON OFFERS AN ARRAY OF EDUCATION SERVICES TO LOW-INCOME INDIVIDUALS AND FAMILIES INCLUDING ADULT BASIC EDUCATION, COMPUTER LITERACY SERVICES, AND ENGLISH AS A SECOND LANGUAGE FOR RECENT IMMIGRANTS. THE Y PROVIDES COMPREHENSIVE JOB SKILLS TRAINING AND HELPS WITH PLACEMENT IN PERMANENT EMPLOYMENT POSITIONS. IN 2023, WE CONTINUED TO DELIVER GROCERIES AND MEALS AND OPERATED A FOOD DISTRIBUTION WAREHOUSE TO SUPPORT THE COMMUNITY. (CONTINUED ON SCHEDULE O) Other program services (Describe on Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses
4d 4e	(CONTINUED ON SCHEDULE O) (Code:)(Expenses \$11,415,359. including grants of \$) (Revenue \$507,775. SOCIAL RESPONSIBILITY - THE YMCA SUPPORTS LOW-INCOME FAMILIES WITH EDUCATIONAL SERVICES, JOB SKILLS TRAINING, AND A FAMILIES IN TRANSITION PROGRAM TO ADDRESS HOMELESSNESS. THE YMCA OF GREATER BOSTON OFFERS AN ARRAY OF EDUCATION SERVICES TO LOW-INCOME INDIVIDUALS AND FAMILIES INCLUDING ADULT BASIC EDUCATION, COMPUTER LITERACY SERVICES, AND ENGLISH AS A SECOND LANGUAGE FOR RECENT IMMIGRANTS. THE Y PROVIDES COMPREHENSIVE JOB SKILLS TRAINING AND HELPS WITH PLACEMENT IN PERMANENT EMPLOYMENT POSITIONS. IN 2023, WE CONTINUED TO DELIVER GROCERIES AND MEALS AND OPERATED A FOOD DISTRIBUTION WAREHOUSE TO SUPPORT THE COMMUNITY. (CONTINUED ON SCHEDULE O) Other program services (Describe on Schedule 0.) (Expenses \$) (Revenue \$)

OF GREATER BOSTON, INC.

04-2103551 Pag

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		Ţ,	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		x	
L.	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		х
с	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	45		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		- 23
	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			
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
332003	12-21-23	Form	990	(2023)

332003 12-21-23

Form 990 (2023)

Part IV Checklist of Required Schedules

14360708 715045 12258

⁴

OF GREATER BOSTON, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
20	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		- 23
28				
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 290			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0]		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming]		
-	(gambling) winnings to prize winners?	1c	Х	
332004	4 12-21-23			(2023)
_,,,	5			, . /

14360708 715045 12258

Form 990 (2023)

2023.04000 YOUNG MEN'S CHRISTIAN ASS 12258__1

Form	990 (2023) OF GREATER BOSTON, INC. 04-	21035	51	Р	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	3341								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	L	2b	Х						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	L	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	L	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	L	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?	L	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	·····	5b		X					
	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 soli	cit								
	any contributions that were not tax deductible as charitable contributions?	······ _	6a		<u> </u>					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	L	6b							
7	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	<u>X</u>	<u> </u>					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	······ _	7b	Х	<u> </u>					
С	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 year7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X					
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 require	ed? 📙	7g		┝──					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10	98-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		<u> </u>					
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	····· ⊢	9a		<u> </u>					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	ŀ	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	40.		<u> </u>					
а	Is the organization licensed to issue qualified health plans in more than one state?	Ľ	13a		<u> </u>					
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
	Enter the amount of reserves on hand				x					
		·····	14a							
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	H	14b		├──					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		40		v					
	excess parachute payment(s) during the year?	······ -	15		X					
40	If "Yes," see the instructions and file Form 4720, Schedule N.		40		v					
16	-	······ -	16		X					
<i>.</i>	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		4-							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.	[E.	000	(0000)					
332005	i 12-21-23		⊦orm	ລລ ∩	(2023)					

332005 12-21-23

14360708 715045 12258

6 2023.04000 YOUNG MEN'S CHRISTIAN ASS 12258_1

OF GREATER BOSTON, INC.

Par	t VI				for a	"No" r	espon	se
		to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See II	nstructions.				37
Soot	tion	Check if Schedule O contains a response or note to any line in this Part VI A. Governing Body and Management						X
Sec		A. Governing body and Management					¥.	
1	Fotor	the number of unting members of the governing body of the and of the toy year	4.	I	39		Yes	No
Та		the number of voting members of the governing body at the end of the tax year	<u>1a</u>					
		e are material differences in voting rights among members of the governing body, or if the governing						
h	-	delegated broad authority to an executive committee or similar committee, explain on Schedule 0. the number of voting members included on line 1a, above, who are independent	16		38			
ь 2		ny officer, director, trustee, or key employee have a family relationship or a business relationship	1b	l othor				
2						2		x
3		r, director, trustee, or key employee? he organization delegate control over management duties customarily performed by or under the				2		- 23
5						3		x
4		he organization make any significant changes to its governing documents since the prior Form 99				4		x
5		he organization become aware during the year of a significant diversion of the organization's asse				5		x
6		he organization have members or stockholders?				6		x
		he organization have members, stockholders, or other persons who had the power to elect or ap				-		
		members of the governing body?				7a		x
b	Are a	ny governance decisions of the organization reserved to (or subject to approval by) members, sto						
		ons other than the governing body?				7b		x
8	Did th	e organization contemporaneously document the meetings held or written actions undertaken during the year						
а		joverning body?	-	-		8a	Х	
b		committee with authority to act on behalf of the governing body?				8b	Х	
9	Is the	ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed a	t the				
	orgar	nization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sect	tion l	B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)				
					,		Yes	No
10a	Did th	he organization have local chapters, branches, or affiliates?				10a	Х	
b	lf "Ye	es," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,				
		pranches to ensure their operations are consistent with the organization's exempt purposes?				10b	X	
		he organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form	?	11a	Х	
b		ribe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a		he organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
		officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С		he organization regularly and consistently monitor and enforce compliance with the policy? If "Y	, -				37	
		chedule O how this was done				12c	X	
	Did th	he organization have a written whistleblower policy?				13	X X	
14		he organization have a written document retention and destruction policy?				14	A	
15		he process for determining compensation of the following persons include a review and approval	by ind	lependent				
_	•	ons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45 -	v	
		organization's CEO, Executive Director, or top management official				15a 15b	X X	
b		r officers or key employees of the organization				150	22	
162		he organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	ith a				
100		the entitle shorten the events of				16a		x
h		se," did the organization follow a written policy or procedure requiring the organization to evaluate				154		
~		nt venture arrangements under applicable federal tax law, and take steps to safeguard the organi						
		pt status with respect to such arrangements?				16b		
Sect		C. Disclosure						
		he states with which a copy of this Form 990 is required to be filed $_$ MA , NH						
		on 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, an	d 990	-T (section 501(c)(3)s	only)	availal	ble
		ublic inspection. Indicate how you made these available. Check all that apply.				• ·		
		Own website X Another's website X Upon request Other (explain	on Sc	hedule O)				
19	Desc	ribe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	, and	financ	cial	
		ments available to the public during the tax year.						
20		the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records				
		JL FALVEY, CFO - 617-927-8135						
	316	5 HUNTINGTON AVENUE, BOSTON, MA 02115						
332006	12-21-					Form	990	(2023)
		7						

Form 990 (2023)

2023.04000 YOUNG MEN'S CHRISTIAN ASS 12258_1

04-2103551 Page 6

YOU	JNG	MEN'	S	CHRIST	FIAN	ASSOC	CIATION
OF	GRE	EATER	B	OSTON	. INC		

Form 990 (2023)	\mathbf{OF}	GREATER	BOSTON,	INC.			04	-
Part VII	Compensatior	۱ of C	Officers, Dire	ctors, Trust	ees, Key	Employees,	Highest	Compensate	90
	- Employoos or	nd In	donondont (ontractore					

Employees, and Independent Contractors

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and title Average hours per biller Character hours per biller Descharacter hours per bi	(A)	(B)				C)			(D)	(E)	(F)
hours per week (ist any hours for inelated organizations below line) box, unservanis tools an inform the organizations inform pelated organizations inform the organizations (W.2/1009-NISC) compensation the organizations (W.2/1009-NISC) compensation the organizations (W.2/1009-NISC) amount of other organizations inform the organizations (1) DAVID SHAFIRO 40.00 x x 4000,103. 0. 19,846. (2) PAUL FAVEY 40.00 x x 266,049. 0. 49,239. (3) ROBIN M. OILBERT 40.00 x 208,743. 0. 41,906. (4) ANY G. TURNER 40.00 x 201,874. 0. 35,376. (5) WENDY E. ZINM 40.00 x 201,874. 0. 23,710. (7) JAMES OF SARDY 40.00 x 181,021. 0. 18,570. (6) MARION RELLY 40.00 x 163,048. 0. 18,570. (7) JAMES OF SARDY 40.00 x 163,048. 0. 18,501. (10) PAUL J. SLOVIN 40.00 x 163,048. 0. 18,501. (11) TRENE ROR OF SARTIONS	Name and title	Average	(do	Position				one	Reportable	Reportable	Estimated
Week (ist ary burs for granizations below line) Week (ist ary burs for granizations below line) Itom (w2/1099-MISC/ 109-MISC/ 100-MISC/ 109-MISC/ 100-		hours per	box	, unle	ss per	rson i	s both	n an	compensation		
(1) DAVID SHAFTRO 40.00 x x 400,103. 0. 19,846. C10 PRESIDENT & CEO x x 266,049. 0. 49,239. C10 ROEIN M. GILBERT 40.00 x 249,145. 0. 8,361. CHO x 249,145. 0. 8,361. 0. 41,906. CHO x 208,743. 0. 41,906. 0. 23,710. CHIEF SOCIAL RESPONSIBILITY OFFICER x 200,540. 0. 23,710. C1) MARION KELLY 40.00 x 200,540. 0. 23,710. C7) JAMES O'S MORTON x 200,540. 0. 18,570. C9V = BERACH OPERATIONS x 163,048. 0. 18,501. C10 RAU J. J. SLOVIN 40.00 x 163,048. 0. 18,501. C11 FREBE COLINS 40.00 x 142,164. 0. 29,568. C111 DORAD SRVICES x 14						reciu	i/irus	lee)			
(1) DAVID SHAFTRO 40.00 x x 400,103. 0. 19,846. C10 PRESIDENT & CEO x x 266,049. 0. 49,239. C10 ROEIN M. GILBERT 40.00 x 249,145. 0. 8,361. CHO x 249,145. 0. 8,361. 0. 41,906. CHO x 208,743. 0. 41,906. 0. 23,710. CHIEF SOCIAL RESPONSIBILITY OFFICER x 200,540. 0. 23,710. C1) MARION KELLY 40.00 x 200,540. 0. 23,710. C7) JAMES O'S MORTON x 200,540. 0. 18,570. C9V = BERACH OPERATIONS x 163,048. 0. 18,501. C10 RAU J. J. SLOVIN 40.00 x 163,048. 0. 18,501. C11 FREBE COLINS 40.00 x 142,164. 0. 29,568. C111 DORAD SRVICES x 14			irecto							J.	
(1) DAVID SHAFTRO 40.00 x x 400,103. 0. 19,846. C10 PRESIDENT & CEO x x 266,049. 0. 49,239. C10 ROEIN M. GILBERT 40.00 x 249,145. 0. 8,361. CHO x 249,145. 0. 8,361. 0. 41,906. CHO x 208,743. 0. 41,906. 0. 23,710. CHIEF SOCIAL RESPONSIBILITY OFFICER x 200,540. 0. 23,710. C1) MARION KELLY 40.00 x 200,540. 0. 23,710. C7) JAMES O'S MORTON x 200,540. 0. 18,570. C9V = BERACH OPERATIONS x 163,048. 0. 18,501. C10 RAU J. J. SLOVIN 40.00 x 163,048. 0. 18,501. C11 FREBE COLINS 40.00 x 142,164. 0. 29,568. C111 DORAD SRVICES x 14			e or d	tee			sated		, , , , , , , , , , , , , , , , , , ,	•	
(1) DAVID SHAFTRO 40.00 x x 400,103. 0. 19,846. C10 PRESIDENT & CEO x x 266,049. 0. 49,239. C10 ROEIN M. GILBERT 40.00 x 249,145. 0. 8,361. CHO x 249,145. 0. 8,361. 0. 41,906. CHO x 208,743. 0. 41,906. 0. 23,710. CHIEF SOCIAL RESPONSIBILITY OFFICER x 200,540. 0. 23,710. C1) MARION KELLY 40.00 x 200,540. 0. 23,710. C7) JAMES O'S MORTON x 200,540. 0. 18,570. C9V = BERACH OPERATIONS x 163,048. 0. 18,501. C10 RAU J. J. SLOVIN 40.00 x 163,048. 0. 18,501. C11 FREBE COLINS 40.00 x 142,164. 0. 29,568. C111 DORAD SRVICES x 14			ruste	al trus		yee	mpen			1000 NEO	, and a second s
(1) DAVID SHAFTRO 40.00 x x 400,103. 0. 19,846. C10 PRESIDENT & CEO x x 266,049. 0. 49,239. C10 ROEIN M. GILBERT 40.00 x 249,145. 0. 8,361. CHO x 249,145. 0. 8,361. 0. 41,906. CHO x 208,743. 0. 41,906. 0. 23,710. CHIEF SOCIAL RESPONSIBILITY OFFICER x 200,540. 0. 23,710. C1) MARION KELLY 40.00 x 200,540. 0. 23,710. C7) JAMES O'S MORTON x 200,540. 0. 18,570. C9V = BERACH OPERATIONS x 163,048. 0. 18,501. C10 RAU J. J. SLOVIN 40.00 x 163,048. 0. 18,501. C11 FREBE COLINS 40.00 x 142,164. 0. 29,568. C111 DORAD SRVICES x 14		l °	dual t	ution	-	mplo	est co oyee	er	,		
(1) DAVID SHAFTRO 40.00 X X 400,103. 0. 19,846. (2) PAUL FALVEY 40.00 X 266,049. 0. 49,239. (3) ROBIN M. GILBERT 40.00 X 249,145. 0. 8,361. (4) ANY G. TURKER 40.00 X 208,743. 0. 41,906. (5) WENDY E. ZINN 40.00 X 201,874. 0. 35,376. (6) MARION KELLY 40.00 X 200,540. 0. 23,710. (7) JAMES O'S MORTON 40.00 X 181,021. 0. 18,570. (8) HELIO ROSA 40.00 X 157,191. 0. 36,525. (9) LAUREN MACENZIE REYES 40.00 X 157,191. 0. 36,525. (9) LAUREN MACENZIE REYES 40.00 X 163,048. 0. 18,501. (10) FAUL J. SLOVIN 40.00 X 142,164. 0. 29,568. (11) IENE COLLINS 40.00 X 134,748. 0. 33,006. (12) DONALD BAUTZ 40.00 X 146,624. 0. 0.		line)	Indivi	Instit	Office	Key e	Highe	Form			0
(2) PAUL FALVEY 40.00 x 266,049. 0. 49,239. (3) ROSENTARY 40.00 x 249,145. 0. 8,361. (4) AMY G. TURNER 40.00 x 249,145. 0. 8,361. (4) AMY G. TURNER 40.00 x 201,874. 0. 41,906. (5) WENDY E. ZINN 40.00 x 201,874. 0. 35,376. (6) MARION RELLY 40.00 x 200,540. 0. 23,710. (7) JAMES O'S MORTON 40.00 x 181,021. 0. 18,570. (8) HELO ROSA 40.00 x 157,191. 0. 36,525. (9) LAUREN MACKENZIE REVES 40.00 x 163,048. 0. 18,501. (10) PAUL J. SLOVIN 40.00 x 142,164. 0. 29,568. (11) IRENE COLLINS 40.00 x 134,748. 0. 33,006. (12) DONALD BAUTZ 40.00 x 146,624. 0. 15,812. (13) EVELYN KAUPP 1.00 x 0. 0. 0. (13) EVELY	(1) DAVID SHAPIRO	40.00									
CFO & SECRETARY X 266,049. 0. 49,239. (3) ROBIN M. GILBERT 40.00 X 249,145. 0. 8,361. (HRO X 208,743. 0. 41,906. (5) (6) MAY G. TURNER 40.00 X 208,743. 0. 41,906. (5) WENDY E. ZINN 40.00 X 201,874. 0. 35,376. (6) MARION KELLY 40.00 X 200,540. 0. 23,710. (7) JAME o'S MORON 40.00 X 181,021. 0. 18,570. (8) HELIO FOSA 40.00 X 157,191. 0. 36,525. (9) LAREN MACKENER FREES 40.00 X 163,048. 0. 18,501. (10) FAUL J. SLOVIN 40.00 X 142,164. 0. 29,568. (11) IRENE COLLINS 40.00 X 146,624. 0. 15,812. (11) IRENE COLLINS 40.00 X 0. 0. <td< td=""><td>PRESIDENT & CEO</td><td></td><td>Х</td><td>-</td><td>Х</td><td></td><td></td><td></td><td>400,103.</td><td>0.</td><td>19,846.</td></td<>	PRESIDENT & CEO		Х	-	Х				400,103.	0.	19,846.
(3) ROBIN M. GILBERT 40.00 X 249,145. 0. 8,361. (4) AW G. TURNER 40.00 X 208,743. 0. 41,906. (5) WENDY E. ZINN 40.00 X 201,874. 0. 35,376. (6) MATION KELLY 40.00 X 201,874. 0. 35,376. (7) JAMES O'S MORTON 40.00 X 200,540. 0. 23,710. (7) JAMES O'S MORTON 40.00 X 181,021. 0. 18,570. (8) HELIO ROSA 40.00 X 157,191. 0. 36,525. (9) LARREN MACKENZIE REVES 40.00 X 163,048. 0. 18,501. (10) PAUL J. SLOVIN 40.00 X 142,164. 0. 29,568. (11) TREN COLLINES 40.00 X 144,748. 0. 33,006. (12) DONALD BAUT2 40.00 X 0. 0. 0. 0. (13) EVELYN KAUPP 1.00 X X 0. 0. 0. 0. (14) ELIZABETH B. BURNETT 1.00 X X 0. <	(2) PAUL FALVEY	40.00									
CHRO X 249,145. 0. 8,361. (4) AMY G. TURNER 40.00 X 208,743. 0. 41,906. (5) WENDY E. ZINN 40.00 X 201,874. 0. 35,376. (6) MARION KELLY 40.00 X 201,874. 0. 23,710. (7) JAMES O'S MORTON 40.00 X 200,540. 0. 23,710. (7) JAMES O'S MORTON 40.00 X 181,021. 0. 18,570. (8) HELIO ROSA 40.00 X 163,048. 0. 18,570. (9) LAUREN MACKENZLE REYES 40.00 X 163,048. 0. 18,501. (10) FADL J. SLOVIN 40.00 X 163,048. 0. 18,501. (11) FURE COLINS 40.00 X 163,048. 0. 18,501. (11) FURE COLINS 40.00 X 163,048. 0. 18,501. (11) FURE COLINS 40.00 X 142,164. 0. 29,568. (11) IRINE COLINS 40.00	CFO & SECRETARY				Х				266,049.	0.	49,239.
(4) AMY G. TURNER 40.00 X 208,743. 0. 41,906. (5) WENDY E. ZINN 40.00 X 201,874. 0. 35,376. (6) MARION KELLY 40.00 X 200,540. 0. 23,710. (7) JAMES O'S MORTON 40.00 X 200,540. 0. 23,710. (7) JAMES O'S MORTON 40.00 X 181,021. 0. 18,570. (8) HELIO ROSA 40.00 X 157,191. 0. 36,525. (9) LAUREN MACKENZIE REYES 40.00 X 163,048. 0. 18,501. (10) PAUL J. SLOVIN 40.00 X 163,048. 0. 18,501. (11) IRENE COLLINS 40.00 X 142,164. 0. 29,568. (11) IRENE COLLINS 40.00 X 146,624. 0. 15,812. (13) EVELYN KAUPP 1.00 X X 0. 0. 0. (14) ELIZABETH B. BURNETT 1.00 X X 0. 0. 0. 0. (15) NANCY S. STUART 1.00 X X 0.	(3) ROBIN M. GILBERT	40.00									
CHIEF PROGRAM OFFICER X 208,743. 0. 41,906. (5) WENDY E. ZINN 40.00 X 201,874. 0. 35,376. (6) MAIN KELLY 40.00 X 200,540. 0. 23,710. (7) JAMES O'S MORTON 40.00 X 200,540. 0. 23,710. (7) JAMES O'S MORTON 40.00 X 181,021. 0. 18,570. (8) HELIO ROSA 40.00 X 157,191. 0. 36,525. (9) LAUREN MACKENZIE REVES 40.00 X 163,048. 0. 18,501. (10) FAUL J. SLOVIN 40.00 X 163,048. 0. 29,568. (11) IRENE COLLINS 40.00 X 134,748. 0. 33,006. (12) DONALD BAUTZ 40.00 X 146,624. 0. 15,812. (13) EVELYN KAUPP 1.00 X 0. 0. 0. (14) ELIZABETH B. BURNETT 1.00 X X	CHRO					X			249,145.	0.	8,361.
(5) WENDY E. ZINN 40.00 X 201,874. 0. 35,376. (6) MARION KELLY 40.00 X 200,540. 0. 23,710. (7) JAMES O'S MORTON 40.00 X 200,540. 0. 23,710. (7) JAMES O'S MORTON 40.00 X 181,021. 0. 18,570. (8) HELIO ROSA 40.00 X 157,191. 0. 36,525. (9) LAUREN MACKENZIE REYES 40.00 X 163,048. 0. 18,501. (10) PROTOR OFFICER X 163,048. 0. 18,501. 10. 29,568. (11) IRENE COLLINS 40.00 X 134,748. 0. 33,006. (12) DAURE BAUTZ 40.00 X 146,624. 0. 15,812. (13) DENCTOR CHAIR X 0. 0. 0. 0. (14) ELZABETH B. BURNETT 1.00 X X 0. 0. 0. (13) EVELYN KAUPP 1.00 X X 0.	(4) AMY G. TURNER	40.00						Ť			
CHIEF SOCIAL RESPONSIBILITY OFFICER X 201,874. 0. 35,376. (6) MARION KELLY 40.00 X 200,540. 0. 23,710. (7) JAMES O'S MORTON 40.00 X 200,540. 0. 23,710. (7) JAMES O'S MORTON 40.00 X 181,021. 0. 18,570. (8) HELIO ROSA 40.00 X 157,191. 0. 36,525. (9) LAUREN MACKENZIE REYES 40.00 X 163,048. 0. 18,501. (10) PAU J. SLOVIN 40.00 X 142,164. 0. 29,568. (11) IRENE COLLINS 40.00 X 134,748. 0. 33,006. (12) DONLOL BAUTZ 40.00 X 146,624. 0. 15,812. (13) EVELYN KAUPP 1.00 X X 0. 0. 0. (14) LEIZABETH B. BURNETT 1.00 X X 0. 0. 0. (14) ELIZABETH B., BURNETT 1.00 X X 0. 0. 0.	CHIEF PROGRAM OFFICER					Х			208,743.	0.	41,906.
(6) MARION KELLY 40.00 X 200,540. 0.23,710. (7) JAMES O'S MORTON 40.00 X 200,540. 0.23,710. (7) JAMES O'S MORTON 40.00 X 181,021. 0.18,570. (8) HELO ROSA 40.00 X 181,021. 0.36,525. (9) LAUREN MACKENZLE REVES 40.00 X 163,048. 0.18,501. (10) PAUL J. SLOVIN 40.00 X 163,048. 0.29,568. (11) IRENE COLLINS 40.00 X 134,748. 0.33,006. (12) DONALD BAUTZ 40.00 X 146,624. 0.15,812. (13) EVELYN KAUPP 1.00 X X 0.0. 0. (14) ELIZABETH B. BURNETT 1.00 X X 0.0. 0. VICE CO-CHAIR X X 0. 0.0. 0. (15) NANCY S. STURT 1.00 X X 0. 0. 0. 0. VICE CO-CHAIR X X 0. 0. 0. 0. 0. 0. 0. 0. (16) NELL HAYDES 1.00 <t< td=""><td>(5) WENDY E. ZINN</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(5) WENDY E. ZINN	40.00									
SVP - BRANCH OPERATIONS X 200,540. 0. 23,710. (7) JAMES O'S MORTON 40.00 X 181,021. 0. 18,570. (8) HELIO ROSA 40.00 X 181,021. 0. 18,570. (9) LAUREN MACKENZIE REYES 40.00 X 163,048. 0. 18,501. (10) PAUL J. SLOVIN 40.00 X 163,048. 0. 18,501. (11) IRENE COLLINS 40.00 X 142,164. 0. 29,568. (11) IRENE COLLINS 40.00 X 134,748. 0. 33,006. (12) DONALD BAUTZ 40.00 X 146,624. 0. 15,812. (13) EVELYN KAUPP 1.00 X 146,624. 0. 0. (14) ELIZABETH B. BURNETT 1.00 X X 0. 0. 0. (15) NANCY S. STUART 1.00 X X 0. 0. 0. (16) NELL HAYNES 1.00 X X 0. 0. 0. <t< td=""><td>CHIEF SOCIAL RESPONSIBILITY OFFICER</td><td></td><td></td><td></td><td></td><td>Х</td><td></td><td></td><td>201,874.</td><td>0.</td><td>35,376.</td></t<>	CHIEF SOCIAL RESPONSIBILITY OFFICER					Х			201,874.	0.	35,376.
(7) JAMES O'S MORTON 40.00 X 181,021. 0. 18,570. (8) HELIO ROSA 40.00 X 157,191. 0. 36,525. (9) LAUREN MACKENZIE REYES 40.00 X 157,191. 0. 36,525. (10) FAUL J. SLOVIN 40.00 X 163,048. 0. 18,501. (10) FAUL J. SLOVIN 40.00 X 163,048. 0. 29,568. (11) IRENE COLLINS 40.00 X 134,748. 0. 33,006. (12) DONALD BAUTZ 40.00 X 146,624. 0. 15,812. SENIOR EXECUTIVE DIRECTOR X X 0. 0. 0. (13) EVELYN KAUPP 1.00 X X 0. 0. 0. (14) ELIZABETH B. BURNETT 1.00 X X 0. 0. 0. 0. VICE CO-CHAIR X X 0. 0. 0. 0. 0. 0. 0. (16) NELL HAYNES 1.00 X X 0. 0. 0. 0. 0. 0. 0. 0.	(6) MARION KELLY	40.00									
FORMER PRESIDENT & CEO (UNTIL 12/22) X 181,021. 0. 18,570. (8) HELIO ROSA 40.00 X 157,191. 0. 36,525. (9) LAUREN MACKENZIE REVES 40.00 X 157,191. 0. 36,525. (10) PAUL J. SLOVIN 40.00 X 163,048. 0. 18,501. (11) IRENE COLLINS 40.00 X 142,164. 0. 29,568. (11) IRENE COLLINS 40.00 X 134,748. 0. 33,006. (12) DONALD BAUTZ 40.00 X 146,624. 0. 15,812. (13) EVELYN KAUPP 1.00 X X 0. 0. 0. VICE CO-CHAIR X X 0. 0. 0. 0. 0. VICE CO-CHAIR X X 0. 0. 0. 0. 0. 0. 0. VICE CO-CHAIR X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	SVP -BRANCH OPERATIONS						X		200,540.	0.	23,710.
(8) HELIO ROSA 40.00 X 157,191. 0. 36,525. (9) LAUREN MACKENZIE REYES 40.00 X 163,048. 0. 18,501. (10) PAUL J. SLOVIN 40.00 X 163,048. 0. 18,501. (10) PAUL J. SLOVIN 40.00 X 142,164. 0. 29,568. (11) IRENE COLLINS 40.00 X 134,748. 0. 33,006. (12) DONALD BAUTZ 40.00 X 146,624. 0. 15,812. (13) EVELYN KAUPP 1.00 X X 0. 0. 0. VICE CO-CHAIR X X 0. 0. 0. 0. 0. VICE CO-CHAIR 1.00 X X 0. 0. 0. 0. (16) NEIL HAYNES 1.00 X X 0. 0. 0. 0. (17) REZA AGHAMIRZADEH 1.00 X X 0. 0. 0. 0. (17) REZA AGHAMIRZADEH 1.00 X X 0. 0. 0. 0.	(7) JAMES O'S MORTON	40.00									
DIRECTOR OF FACILITIES & RE X 157,191. 0. 36,525. (9) LAUREN MACKENZIE REYES 40.00 X 163,048. 0. 18,501. (10) PAUL J. SLOVIN 40.00 X 163,048. 0. 18,501. (11) PAUL J. SLOVIN 40.00 X 142,164. 0. 29,568. (11) IRENE COLLINS 40.00 X 134,748. 0. 33,006. CHIEF COMMUNICATIONS OFFICER X 146,624. 0. 15,812. (12) DONALD BAUTZ 40.00 X 146,624. 0. 15,812. (13) EVELYN KAUPP 1.00 X X 0. 0. 0. CHAIR X X 0. 0. 0. 0. 0. (14) ELIZABETH B. BURNETT 1.00 X X 0. 0. 0. 0. VICE CO-CHAIR X X 0. 0. 0. 0. 0. (16) NEIL HAYNES 1.00 X X 0. 0.	FORMER PRESIDENT & CEO (UNTIL 12/22)							Х	181,021.	0.	18,570.
(9) LAUREN MACKENZIE REYES 40.00 X 163,048. 0. 18,501. (10) PAUL J. SLOVIN 40.00 X 142,164. 0. 29,568. (11) IRENE COLLINS 40.00 X 134,748. 0. 33,006. (12) DONALD BAUTZ 40.00 X 146,624. 0. 15,812. (13) EXECUTIVE DIRECTOR X X 146,624. 0. 0. 0. SENIOR EXECUTIVE DIRECTOR X X 0. 0. 0. 0. 0. (14) ELIZABETH B. BURNETT 1.00 X X 0. <t< td=""><td>(8) HELIO ROSA</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(8) HELIO ROSA	40.00									
CHIEF OPERATIONS OFFICER X 163,048. 0. 18,501. (10) PAUL J. SLOVIN 40.00 X 142,164. 0. 29,568. (11) IRENE COLLINS 40.00 X 134,748. 0. 33,006. (12) DONALD BAUTZ 40.00 X 146,624. 0. 15,812. (13) EVELYN KAUPP 1.00 X X 0. 0. 0. (14) ELIZABETH B. BURNETT 1.00 X X 0. 0. 0. VICE CO-CHAIR X X 0. 0. 0. 0. 0. (15) NANCY S. STUART 1.00 X X 0. 0. 0. 0. (16) NEIL HAYNES 1.00 X X 0. 0. 0. 0. (17) REZA AGHAMIRZADEH 1.00 X X 0. 0. 0. 0. BOARD MEMBER X X 0. 0. 0. 0. 0. 0.	DIRECTOR OF FACILITIES & RE						X		157,191.	0.	36,525.
(10) PAUL J. SLOVIN 40.00 X 142,164. 0.29,568. (11) IRENE COLLINS 40.00 X 134,748. 0.33,006. (12) DONALD BAUTZ 40.00 X 134,748. 0.33,006. (12) DONALD BAUTZ 40.00 X 146,624. 0.15,812. (13) EVELVN KAUPP 1.00 X 146,624. 0.15,812. (14) ELIZABETH B. BURNETT 1.00 X X 0.0. 0. VICE CO-CHAIR X X 0.0. 0.0. 0. (16) NEIL HAYNES 1.00 X X 0.0. 0. TREASURER X X 0.0. 0. 0. BOARD MEMBER X X 0.0. 0. 0.	(9) LAUREN MACKENZIE REYES	40.00									
EXEC. DIR. OF SHARED SERVICES X 142,164. 0. 29,568. (11) IRENE COLLINS 40.00 X 134,748. 0. 33,006. (12) DONALD BAUTZ 40.00 X 134,748. 0. 33,006. (12) DONALD BAUTZ 40.00 X 146,624. 0. 15,812. (13) EVELYN KAUPP 1.00 X X 0. 0. 0. (14) ELIZABETH B. BURNETT 1.00 X X 0. 0. 0. VICE CO-CHAIR X X 0. 0. 0. 0. 0. (15) NANCY S. STUART 1.00 X X 0. 0. 0. 0. (16) NEIL HAYNES 1.00 X X 0. 0. 0. 0. (17) REZA AGHAMIRZADEH 1.00 X X 0. 0. 0. 0. BOARD MEMBER X X 0. 0. 0. 0. 0. 0.						Х			163,048.	0.	18,501.
(11) IRENE COLLINS 40.00 X 134,748. 0. 33,006. (12) DONALD BAUTZ 40.00 X 134,748. 0. 33,006. (12) DONALD BAUTZ 40.00 X 146,624. 0. 15,812. (13) EVELYN KAUPP 1.00 X X 0. 0. 0. (14) ELIZABETH B. BURNETT 1.00 X X 0. 0. 0. VICE CO-CHAIR X X 0. 0. 0. 0. 0. VICE CO-CHAIR X X 0. 0. 0. 0. 0. 0. VICE CO-CHAIR X X 0. 0. 0. 0. 0. 0. 0. (16) NEIL HAYNES 1.00 X X 0. 0. 0. 0. 0. 0. (17) REZA AGHAMIRZADEH 1.00 X 0.<	(10) PAUL J. SLOVIN	40.00									
CHIEF COMMUNICATIONS OFFICER X 134,748. 0. 33,006. (12) DONALD BAUTZ 40.00 X 134,748. 0. 33,006. SENIOR EXECUTIVE DIRECTOR 40.00 X 146,624. 0. 15,812. (13) EVELYN KAUPP 1.00 X X 0. 0. 0. CHAIR X X 0. 0. 0. 0. (14) ELIZABETH B. BURNETT 1.00 X X 0. 0. 0. VICE CO-CHAIR X X 0. 0. 0. 0. 0. VICE CO-CHAIR X X X 0. 0. 0. 0. VICE CO-CHAIR X X X 0. 0. 0. 0. (16) NEIL HAYNES 1.00 X X 0. 0. 0. 0. TREASURER X X 0. 0. 0. 0. 0. BOARD MEMBER X X 0. 0. 0. 0. 0.							X		142,164.	0.	29,568.
(12) DONALD BAUTZ 40.00 X 146,624. 0. 15,812. (13) EVELYN KAUPP 1.00 X X 0. 0. 0. (13) EVELYN KAUPP 1.00 X X 0. 0. 0. (14) ELIZABETH B. BURNETT 1.00 X X 0. 0. 0. VICE CO-CHAIR X X 0. 0. 0. 0. (15) NANCY S. STUART 1.00 X X 0. 0. 0. VICE CO-CHAIR 1.00 X X 0. 0. 0. 0. (16) NEIL HAYNES 1.00 X X 0. 0. 0. 0. TREASURER X X 0. 0. 0. 0. 0. 0. BOARD MEMBER X X 0. 0. 0. 0. 0. 0.		40.00									
SENIOR EXECUTIVE DIRECTOR X X 146,624. 0. 15,812. (13) EVELYN KAUPP 1.00 X X 0. 0. 0. CHAIR X X X 0. 0. 0. 0. (14) ELIZABETH B. BURNETT 1.00 X X 0. 0. 0. VICE CO-CHAIR X X 0. 0. 0. 0. (15) NANCY S. STUART 1.00 X X 0. 0. 0. VICE CO-CHAIR 1.00 X X 0. 0. 0. 0. (16) NEIL HAYNES 1.00 X X 0. 0. 0. 0. (17) REZA AGHAMIRZADEH 1.00 X X 0. 0. 0. 0. BOARD MEMBER X X 0. 0. 0. 0. 0. 0.							X		134,748.	0.	33,006.
(13) EVELYN KAUPP 1.00 X X 0. 0. 0. CHAIR X X X 0. 0. 0. 0. (14) ELIZABETH B. BURNETT 1.00 X X 0. 0. 0. VICE CO-CHAIR X X X 0. 0. 0. (15) NANCY S. STUART 1.00 X X 0. 0. 0. VICE CO-CHAIR X X 0. 0. 0. 0. (16) NEIL HAYNES 1.00 X X 0. 0. 0. TREASURER X X 0. 0. 0. 0. (17) REZA AGHAMIRZADEH 1.00 X 0. 0. 0. 0. BOARD MEMBER X X 0. 0. 0. 0. 0.		40.00									
CHAIR X X X X 0. 0. 0. (14) ELIZABETH B. BURNETT 1.00 X X 0. 0. 0. VICE CO-CHAIR X X X 0. 0. 0. (15) NANCY S. STUART 1.00 X X 0. 0. 0. VICE CO-CHAIR X X X 0. 0. 0. (16) NEIL HAYNES 1.00 X X 0. 0. 0. TREASURER X X 0. 0. 0. 0. (17) REZA AGHAMIRZADEH 1.00 X 0. 0. 0. 0. BOARD MEMBER X X 0. 0. 0. 0. 0.							X		146,624.	0.	15,812.
(14) ELIZABETH B. BURNETT1.00XX0.0.0.VICE CO-CHAIRXXX0.0.0.(15) NANCY S. STUART1.00XX0.0.0.VICE CO-CHAIRXXX0.0.0.VICE CO-CHAIRXXX0.0.0.(16) NEIL HAYNES1.00XX0.0.0.TREASURERXX0.0.0.0.(17) REZA AGHAMIRZADEH1.00X0.0.0.BOARD MEMBERXX0.0.0.0.		1.00									-
VICE CO-CHAIRXXX0.0.0.(15) NANCY S. STUART1.00XX0.0.0.VICE CO-CHAIRXX0.0.0.0.(16) NEIL HAYNES1.00XX0.0.0.TREASURERXX0.0.0.0.(17) REZA AGHAMIRZADEH1.00XX0.0.0.BOARD MEMBERXX0.0.0.0.			Х		Х				0.	0.	0.
(15) NANCY S. STUART1.00XX0.0.0.VICE CO-CHAIRXXX0.0.0.0.(16) NEIL HAYNES1.00XX0.0.0.0.TREASURERXXX0.0.0.0.(17) REZA AGHAMIRZADEH1.00X0.0.0.0.BOARD MEMBERXX0.0.0.0.		1.00									-
VICE CO-CHAIR X X X 0. 0. 0. (16) NEIL HAYNES 1.00 X X 0. 0. 0. TREASURER X X 0. 0. 0. 0. (17) REZA AGHAMIRZADEH 1.00 X V 0. 0. 0. BOARD MEMBER X V 0. 0. 0. 0.			Х		X				0.	0.	0.
(16) NEIL HAYNES1.00XX0.0.0.TREASURERXXX0.0.0.0.(17) REZA AGHAMIRZADEH1.00X0.0.0.0.BOARD MEMBERXX0.0.0.0.	(15) NANCY S. STUART	1.00									-
TREASURERXX0.0.0.(17) REZA AGHAMIRZADEH1.000.0.0.0.BOARD MEMBERX0.0.0.0.			Х		X				0.	0.	0.
(17) REZA AGHAMIRZADEH1.00X0.0.0.BOARD MEMBERX0.0.0.0.		1.00									-
BOARD MEMBER X 0. 0. 0.			Х		X				0.	0.	0.
		1.00									<u> </u>
	BOARD MEMBER		Х						0.	0.	

332007 12-21-23

Form 990 (2023)

04-2103551 Page 8

Form 990 (2023) OF GREATE									04-2103	551 Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do				ו than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	erson i	is botł	n an	compensation	compensation	amount of
	week		cer an	id a d	directo	or/trus	tee)	from	from related	other
	(list any	director						the	organizations	compensation
	hours for	or dir	e			ited		organization	(W-2/1099-MISC/	from the
	related	stee (ruste			Densa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	al tru	onal t		loyee	com l		1099-NEC)		and related
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(10)	,	lnc	Ins	9#	Key	eng	Ē			
(18) CALEB ALDRICH BOARD MEMBER	1.00	x						0.	0.	0.
(19) HOPE ALDRICH	1.00	Δ			-	-		0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(20) PHIL BARR	1.00	Δ				-		0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(21) RICHARD BAUMERT	1.00	Δ				\vdash	-	0.	0.	.
BOARD MEMBER	1.00	х						0.	0.	0.
(22) CHARLES BROPHY	1.00								0.	
BOARD MEMBER	1.00	х						0.	0.	0.
(23) DANIEL BROWNELL	1.00					\vdash				<u>```</u>
BOARD MEMBER		х						0.	0.	0.
(24) CASEY CARLSON	1.00									
BOARD MEMBER		х						0.	0.	0.
(25) JEFFREY R CARPENTER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(26) STEPHEN CORMIER	1.00									
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal								2,451,250.	0.	330,420.
c Total from continuation sheets to Part VI	, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								2,451,250.	0.	330,420.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable	
compensation from the organization										46
										Yes No
3 Did the organization list any former officer,	director, truste	ee, k	key e	emp	loye	e, or	hig	phest compensated empl	oyee on	
line 1a? If "Yes," complete Schedule J for su	ich individual									3 X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	ation	and	oth	her compensation from t	ne organization	
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes." com	-				-			-		5 X
Section B. Independent Contractors				,						· · ·
1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	acto	rs tl	hat received more than \$	100,000 of compensation	ation from
the organization. Report compensation for t	he calendar ye	ear e	endin	ng w	/ith c	or wi	thir	n the organization's tax y	ear.	
(A)								(B)		(C)
Name and business								Description of s	ervices	Compensation
ZOZIMUS, 100 NORTH WASHIN	GTON ST	RE	\mathbf{ET}	,						
BOSTON, MA 02114								ADVERTISING	SERVICES	537,000.
MYSTIC PLACE LLC/WINN COM										
MYSTIC VALLEY PARKWAY, ME								RENTAL SPACE		324,964.
FRANKLIN 100 HOLDINGS LLC				OF	FΙ	CE				
SQUARE, 14TH FLOOR, BOSTO	<u>N, MA O</u>	21	09					RENTAL SPACE		317,310.
CROWN MECHANICAL										
P.O. BOX 31, GROVELAND, M	A 01834							FACILITIES R	δ.Μ.	233,781.
KPMG		~								
P.O. BOX 120511, DALLAS,								AUDIT & TAX		199,500.
2 Total number of independent contractors (ir	-	ot lin	nitec	d to			ted	l above) who received mo	ore than	
\$100,000 of compensation from the organiz	ation				12	6				

SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2023) 332008 12-21-23

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

Form 990OF_GREATE							-		04-210	3551		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(D)	(E)	(F)									
Name and title	Average			Posi	tion			Reportable	Reportable	Estimated		
	hours	(cl	heck	all t	hat	app	ly)	compensation	compensation	amount of		
	per							from	from related	other		
	week	_				oyee		the	organizations	compensation		
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the		
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related		
	organizations	rustee	l trus		/ee	n pen				organizations		
	below	Individual trustee or director	nstitutional trustee	_	m plo	stcol	1			organizations		
	line)	Indivi	Institu	Officer	Key employee	Highest com pensated em ployee	Former					
(27) ARIELLE DAWKINS	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(28) SUSAN FARINA	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(29) JOSEPH FERRA	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(30) MIKE GOONAN	1.00											
BOARD MEMBER (UNTIL 6/23)		Х						0.	0.	0.		
(31) KEVIN HAYDEN	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(32) ANDRE JOHNSON	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(33) DAVID MARSHALL	1.00											
BOARD MEMBER (UNTIL 6/23)		Х						0.	0.	0.		
(34) BRENDA J. MCAULIFFE	1.00		-									
BOARD MEMBER		Х						0.	0.	0.		
(35) GWENDOLYN MCCOY	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(36) MATT MCPHERRON	1.00								•	•		
BOARD MEMBER	1 00	Х						0.	0.	0.		
(37) C. ANN MERRIFIELD	1.00								•			
BOARD MEMBER	1 00	Х						0.	0.	0.		
(38) TARA M. MURPHY	1.00								•			
BOARD MEMBER	1.00	Х						0.	0.	0.		
(39) JOEL P. MURRAY	1.00								•			
BOARD MEMBER	1 00	Х						0.	0.	0.		
(40) CHARLAYNE MURRELL- SMITH	1.00	v						0	0	0		
BOARD MEMBER	1 00	Х						0.	0.	0.		
(41) WILLIAM PARENT	1.00	x						0	0	0		
BOARD MEMBER	1 00	Δ						0.	0.	0.		
(42) JOAN PARSONS	1.00	v							0			
BOARD MEMBER	1.00	Х						0.	0.	0.		
(43) TREVOR SAMIOS	L	x						0.	0.	<u>م</u>		
BOARD MEMBER	1.00	^						U•	U •	0.		
(44) CATHERINE A. SAUNDERS BOARD MEMBER	L	x						0.	0.	0.		
(45) SHANIQUE L. SMITH	1.00	^						U•	υ.	U•		
(45) SHANIQUE L. SMITH BOARD MEMBER	L	x						0.	0.	0.		
(46) REBEKAH SPLAINE SALWASSER	1.00	^							υ.	U•		
BOARD MEMBER	<u> </u>	x						0.	0.	0.		
	I					I		U•	0.	0.		
Total to Dart VII Section A line to												
Total to Part VII, Section A, line 1c	<u></u>							1		L		

332201 04-01-23

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON, INC

		/	_	NC					04-210	7 J J J T
Part VII Section A. Officers, Directors, Tr		nplo	yee			lighe	est (, ,	
(A) Name and title	(B) Average hours	(cl		(C Posi all t	ition	app	ly)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(47) JEREMY P. SURATT SOARD MEMBER	1.00	x						0.	0.	0.
(48) DEBRA TAYLOR BLAIR BOARD MEMBER	1.00	x						0.	0.	0.
49) ALAN TUCK BOARD MEMBER	1.00	x						0.	0.	0.
50) FRED WANG 30ARD MEMBER	1.00	x						0.	0.	0.
51) KENNETH A. WILLIS 30ARD MEMBER	1.00	x						0.	0.	0.
52) ADAM WINN 30ARD MEMBER	1.00	x						0.	0.	0.
		_								
		1								
		1								
		1								
Total to Part VII, Section A, line 1c										

332201 04-01-23

YOUNG MEN'S CHRISTIAN ASSOCIATION

Form	n 990 (2023) YOUNG MEN S CH 2023) OF GREATER BOS				04-2103	551 Page 9
Pa	rt VII						
		Check if Schedule O contains a response or	note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d f f	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f		42,277,599.			
Program Service Revenue	•	PROGRAM FEES AFFORDABLE HEALTH & WELLNESS PROG OTHER REVENUES	Business Code 624100 624100 624100	26,283,972. 23,729,034. 2,605,453. 52,618,459.	26283972. 23729034. 2,605,453.		
	3 4 5 6 a b c d	Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond pro Royalties Gross rents Less: rental expenses	, and	1,023,245.			1023245.
Other Revenue	b c d	assets other than inventory assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) To 18, 416, 774. 7a 18, 416, 774. 7b 18, 638, 365. 7c -221, 591. Net gain or (loss) Gross income from fundraising events (not including \$ 1,049,926. of contributions reported on line 1c). See		-221,591.			-221,591
	c 9 a b c	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9b Net income or (loss) from gaming activities Gross sales of inventory, less returns	288,920. 317,974.	-29,054.			-29,054,
Miscellaneous Revenue	с		Business Code				
	d e 12 9 12-21-	All other revenue		95,668,658.	52618459.	0.	772,600. Form 990 (2023

YOUNG MEN'S CHRISTIAN ASSOCIATION Form 990 (2023) OF GREATER BOSTON, INC. Part IX Statement of Functional Expenses

04-2103551 Page 10

7b. 8b. S 1 Gra 1 Gra 2 Gra 3 Gra 4 Ber 5 Cor 6 Cor 7 Oth 8 Pen 9 Oth 10 Pay 11 Feed 6 Cor 7 Oth 8 Pen 9 Oth 11 Feed 12 Adra 13 Off 14 Info 15 Roy 16 Oco 17 Tra 18 Pay <td< th=""><th>Check if Schedule O contains a respor include amounts reported on lines 6b, 9b, and 10b of Part VIII. ants and other assistance to domestic organizations</th><th>nse or note to any line in (A) Total expenses</th><th>(B) Program service</th><th>(C) Management and</th><th></th></td<>	Check if Schedule O contains a respor include amounts reported on lines 6b, 9b, and 10b of Part VIII. ants and other assistance to domestic organizations	nse or note to any line in (A) Total expenses	(B) Program service	(C) Management and	
7b. 8b. S 1 Gra 1 Gra 2 Gra 3 Gra 4 Ber 5 Cor 6 Cor 7 Oth 8 Pen 9 Oth 10 Pay 11 Feed 6 Cor 7 Oth 8 Pen 9 Oth 11 Feed 12 Adra 13 Off 14 Info 15 Roy 16 Oco 17 Tra 18 Pay <td< th=""><th>9b, and 10b of Part VIII. ants and other assistance to domestic organizations</th><th>Total expenses</th><th>Program service</th><th></th><th></th></td<>	9b, and 10b of Part VIII. ants and other assistance to domestic organizations	Total expenses	Program service		
and 2 Gra ind Gra ind Gra 3 Gra 3 Gra 3 Gra 3 Gra 3 Gra 3 Gra 4 Ber 5 Con 6 Cor 9 Ott 8 Pen 9 Ott 10 Pay 11 Fee 0 Lot 0 Con 11 Fee 0 Ott 12 Add 13 Offf 14 Info 15 Roy 16 Oco 17 Tra 18 Pay 22 Del 23 Insta 24 Oth an PE	Ũ		expenses	general expenses	expenses
 2 Graving ind ind ind ind org ind org ind a Ber pers pers 7 Ott 8 Per 9 Ott 10 Pay 11 Fee d Lot provide d Lot d Coll f Nov g Ott 11 A Gravitation f Coll f Col f Coll f Col f Col<th>d domaatia aavornmanta. Caa Dart IV, lina 04</th><th></th><th></th><th></th><th></th>	d domaatia aavornmanta. Caa Dart IV, lina 04				
ind 3 Grading 3 Grading 4 Bereficit 5 Congrading 6 Correst 7 Ott 8 Pereficit 9 Ott 8 Pereficit 9 Ott 10 Pay 11 Feed 0 Lote 0 Coll 13 Off 14 Info 15 Roy 16 Ocoll 17 Transition 18 Pay 19 Coll 20 Integrad 21 Pay 22 Depereficit 23 Instance 24 Oth an PF PF b PF	d domestic governments. See Part IV, line 21				
3 Grazing 9 Grazing 6 Correstrict 7 Ott 8 Penerstrict 7 Ott 9 Ott 9 Ott 9 Ott 10 Pase 11 Feed 12 Address 13 Off f 14 Information 15 Roy 16 Occolution 17 Transition 18 Pay 19 Colution 10 Pay 12 Addrestrict 13 Off f 14 Information 15 Roy 16 Occolution 17 Transition 18 Pay 22 Del 23 Instant 24 Oth 25 Del 26 De 27 De 28 De 29 De	rants and other assistance to domestic				
org ind i	dividuals. See Part IV, line 22				
4 Ber 5 Coi 5 Coi 6 Cor 7 Ott 8 Pen 9 Ott 8 Pen 9 Ott 10 Pay 11 Fee a Ma b Leg c Acc d Lot e Pro f Inv/ g Ott 13 Offf 14 Info 15 Roy 16 Ocol 17 Trans 18 Pay 19 Col 21 Pay 22 Del 23 Instant a PE b PE	rants and other assistance to foreign				
4 Ber 5 Col 5 Col 6 Cor 9 Ott 8 Pern 9 Ott 9 Ott 10 Pay 11 Feed a Ma b Leg c Acco d Lot e Pro g Ott 13 Offf 14 Info 15 Roy 16 Ocol 17 Trans 18 Pay 19 Colo 20 Integration 21 Pay 22 Dep 23 Instant a PF b PF	ganizations, foreign governments, and foreign				
5 Cor true 6 Cor person 7 Ottr 8 Person 9 Ottr 9 Ottr 9 Ottr 10 Pay 11 Fee 6 Acc 6 Pro 7 Ottr 8 Person 9 Ottr 10 Pay 11 Fee 6 Acc 6 Cor 9 Ottr 10 Pay 11 Fee 9 Ottr 10 Pay 9 Ottr 10 Pay 10	dividuals. See Part IV, lines 15 and 16				
6 From person 7 Ott 7 Ott 8 Pernerson 9 Ott 10 Pay 11 Feed a Ma b Legg c Accord d Dott g Ott g Ott 12 Adot 13 Off 14 Infor 15 Roy 16 Occord 17 Trans 18 Pay 19 Colord 20 Integrad 21 Pay 22 Dela 23 Instance 24 Oth a PE b PE	enefits paid to or for members				
6 Corr person person 7 Ott sec 7 Ott sec 9 Ott sec 9 Ott sec 10 Pay sec 11 Fee d 12 Adresson 13 Off sec 14 Infordition 15 Roy for 16 Occol sec 17 Transition 18 Pay for 19 Color sec 20 Inter sec 21 Pay for 22 Del sec 23 Insec 24 Oth abo sec b PE	ompensation of current officers, directors,				
pers	ustees, and key employees	1,662,191.	1,022,312.	157,406.	482,473
7 Oth 8 Pen 9 Oth 9 Oth 10 Pay 11 Fee a Ma b Leg c Acc d Lob e Pro f Inv g Oth 12 Add 13 Off 13 Off 14 Info 13 Off 14 Info 15 Roy 16 Occ 17 Tra 18 Pay 6 Oth 19 Oth 10 Pay 11 Fee 2 Add 13 Off 14 Info 15 Roy 16 Occ 17 Tra 18 Pay 10 Pay 10 Pay 11 Fee 2 Add 13 Off 14 Info 15 Roy 16 Occ 17 Tra 18 Pay 10 Pay 10 Pay 10 Pay 10 Pay 11 Fee 10 Pay 10 Pay 1	ompensation not included above to disqualified				
7 Oth 8 Pensec 9 Oth 10 Pay 11 Feed a Ma b Leg c Acc d Lot e Pro f Inv. g Oth 13 Offf 14 Info 15 Roy 16 Occo 17 Trans 18 Pay 20 Integ 21 Pay 22 Deps 23 Ins 24 Oth b PE b PE	ersons (as defined under section $4958(f)(1)$) and				
8 Pen sec sec sec 9 Ottr Pay 10 Pay 11 Fee a Ma b Leg c Acc c Acc d Lot e Pro f Inv g Ottr 13 Off 14 Info 15 Roy 16 Occo 17 Traa 18 Pay 19 Colo 20 Integ 21 Pay 22 Del 23 Ins 24 Oth a PE b PE	ersons described in section 4958(c)(3)(B)				
9 Ott 9 Ott 10 Pay 11 Fee a Ma b Leg c Acc d Lot e Pro f Inv. g Ott 13 Off 14 Info 15 Roy 16 Oco 17 Trans 18 Pay 19 Colo 20 Integrad 21 Pay 22 Depay 23 Ins 24 Oth a PE b PE	ther salaries and wages	44,194,426.	40,339,573.	2,880,362.	974,491
9 Oth 10 Pay 11 Fee a Ma b Leg c Acc d Lob e Pro f Inv g Oth colu 12 Adv 13 Off 14 Info 13 Off 14 Info 15 Roy 16 Occ 17 Tra 18 Pay 10 Colu 13 Off 14 Info 15 Roy 16 Occ 17 Tra 18 Pay 10 Colu 12 Adv 13 Off 14 Info 15 Roy 16 Occ 17 Tra 18 Pay 10 Colu 19 Colu 10 Colu 10 Colu 10 Colu 10 Colu 11 Pay 10 Colu 12 Adv 13 Off 14 Info 15 Roy 16 Occ 17 Tra 18 Pay 10 Colu 10 Colu 12 Adv 13 Off 14 Info 15 Roy 16 Occ 17 Tra 18 Pay 10 Colu 19 Colu 20 Inte 21 Del 23 Inse 24 Oth abo Inn 24 Del 25 Pay 10 Colu 20 Co	ension plan accruals and contributions (include				
10 Pay 11 Fee a Ma b Leç c Acc d Lot e Pro f Inv. g Ott 12 Adu 13 Off 14 Info 15 Roy 16 Oco 17 Tra 18 Pay 19 Colo 20 Integ 21 Pay 22 Del 23 Inse 24 Oth abou Dine amma PF b PF	ction 401(k) and 403(b) employer contributions)	1,883,879.	1,670,370.	139,380.	74,129 107,819
11 Feed a Ma b Leg c Acc d Lot e Pro f Inv g Ott f Inv g Ott 12 Adv 13 Off 14 Info 15 Roy 16 Occord 17 Trans 18 Pay 20 Inte 21 Pay 22 Dep 23 Inst 24 Oth abo Dire abo PF b PF	ther employee benefits	2,332,343.	2,029,529.	194,995.	107,819
a Ma b Leg c Acc d Lot e Pro f Inv g Ott f Inv g Ott 13 Off 14 Info 15 Roy 16 Occo 17 Tra 18 Pay 20 Inte 21 Pay 22 Dej 23 Ins 24 Oth abo <u>PF</u> b <u>PF</u>	ayroll taxes	3,742,848.	3,397,294.	257,579.	87,975
b Leg c Acc d Lot e Pro f Inv. g Ott 12 Adr 13 Off 14 Info 15 Roy 16 Occ. 17 Trans 18 Pay 20 Integ 21 Pay 22 Dep 23 Ins 24 Oth a PE b PE	ees for services (nonemployees):				
c Acc d Lot e Pro f Inv. g Ott 12 Adv 13 Off 14 Info 15 Roy 16 Oco 17 Trans 18 Pay 20 Integrad 21 Pay 22 Depletion 23 Inss 24 Oth a PE b PE	anagement			·	
d Lot e Pro f Inv. g Ott l2 Adv l3 Off l4 Info l5 Roy l6 Oc. l7 Tra l8 Pay l9 Context l1 Pay l2 Dep l3 Ins l4 Oth a PE b PE	egal				
e Pro f Inv. g Ott iii Coll iii Ada iii Off iii Off iii Off iiii Roy iiii Roy iiii Pay iii Pay iii Pay iii Pay iii Pay ii Pay ii Pay ii Pay	ccounting	192,621.		192,621.	
f Inv. g Ott (2) Add (2) Add (3) Offf (3) Offf (4) Info (5) Rog (6) Oci (7) Train (8) Pay (9) Cond (2) Dep (2) Dep (3) Insc (4) Oth (5) Rog (4) Dep (3) Insc (4) Oth (5) PE (3) Insc (4) Oth (5) PE	bbying	83,935.		83,935.	
g Ott 12 Adv 13 Offf 14 Info 15 Roy 16 Occ 17 Tra 18 Pay 19 Col 22 Del 23 Ins 24 Oth abo Ine abo PE	ofessional fundraising services. See Part IV, line 17				
colu 12 Adv 13 Offf 14 Info 15 Roy 16 Occ 17 Tra 18 Pay for 19 Colo 19 Colo 19 Colo 19 Colo 20 Inte 21 Pay 22 Del 23 Ins 24 Off abo line amu amu b PF b PF	vestment management fees	147,333.		147,333.	
12 Adv 13 Off 14 Info 15 Roy 16 Ocor 17 Tra 18 Pay 19 Color 20 Inter 21 Pay 22 Del 23 Inse 24 Oth about PE b PE	ther. (If line 11g amount exceeds 10% of line 25,				
13 Off 14 Info 15 Roy 16 Oc: 17 Tra 18 Pay 19 Corr 19 Corr 20 Inter 21 Pay 22 Dep 23 Ins 24 Oth and PE b PE	lumn (A), amount, list line 11g expenses on Sch O.)	372,879.		322,059.	50,820
14 Info 15 Roy 16 Occ 17 Tra 18 Pay 19 Con 20 Inte 21 Pay 23 Ins 24 Oth aboo line amm amm PF b PF	dvertising and promotion	833,730.	466,131.	147,005.	220,594
15 Roy 16 Occur 17 Tra 18 Pay 19 Cor 19 Cor 20 Inte 21 Pay 23 Ins 24 Oth abo amma PF b PF	ffice expenses	261,476.	228,080.	26,562.	6,834
16 Occ 17 Tra 18 Pay for for 19 Col 20 Inte 21 Pay 22 Del 23 Ins 24 Oh and PF b PF	formation technology	358,348.	276,343.	69,911.	12,094
17 Tra 18 Pay for for 19 Coi 20 Inter 21 Pay 22 Dep 23 Ins 24 Oth abo am PF b PF	oyalties	10 050 584	10 010 010		40.005
18 Pay for 19 Coi 20 Inter 21 Pay 22 Dej 23 Ins 24 Oth about line amm a PF b	ccupancy	13,358,574.	13,217,819.	92,880.	47,875
for 19 Coo 20 Inte 21 Pay 22 Dep 23 Ins 24 Oth abo line am a PF b PF	avel	546,164.	541,150.	937.	4,077
19 Col 20 Inter 21 Pay 22 Dep 23 Ins 24 Oth abo line amo amo PF b PF	ayments of travel or entertainment expenses				
20 Inte 21 Pay 22 Dep 23 Ins 24 Oth abo line amo a 24 <u>PF</u> b <u>PF</u>	r any federal, state, or local public officials \dots		420 154	101 241	01 510
21 Pay 22 Dep 23 Ins 24 Oth abo line amo a <u>PF</u> b <u>PF</u>	onferences, conventions, and meetings	561,013.	438,154.	101,341.	21,518
22 Dep 23 Ins 24 Oth abo line amo a <u>PF</u> b <u>PF</u>	terest				
23 Ins 24 Oth abo line amo a <u>PF</u> b <u>PF</u>	ayments to affiliates			100 105	
24 Oth abo line amo a PF b PF	epreciation, depletion, and amortization	4,658,918.	4,536,753.	122,165.	
abo line amo a <u>PF</u> b <u>PF</u>	surance	478,336.	478,336.		
line amo a PF b PF	her expenses. Itemize expenses not covered ove. (List miscellaneous expenses on line 24e. If				
a <u>PF</u> b <u>PF</u>	e 24e amount exceeds 10% of line 25, column (A),				
b PF	nount, list line 24e expenses on Schedule 0.) ROGRAM FOOD AND PERSON	10,831,735.	10,831,735.		
	ROGRAM FOOD AND PERSON ROGRAM EXPENSES	3,190,671.	3,190,671.		
c EC	QUIPMENT EXPENDABLES L	1,861,449.	1,835,324.	26,125.	
	ATIONAL SUPPORT	515,496.	1,000,0410	515,496.	
		222,336.		179,641.	42,695
	l other expenses	92,290,701.	84,499,574.	5,657,733.	2,133,394
		, , , , , , , , , , , , , , , , , , ,	<u> </u>	5,057,755.	4,13,394
	tal functional expenses. Add lines 1 through 24e				
	tal functional expenses. Add lines 1 through 24e int costs. Complete this line only if the organization				
Che	tal functional expenses. Add lines 1 through 24e				

13

332010 12-21-23

Form 990 (2023)

14360708 715045 12258

Form 990 (
Part X	Ba	ance	Shee

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

1 41	τX	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,553,080.	1	7,392,171.
	2	Savings and temporary cash investments	587,176.	2	428,648.
	3	Pledges and grants receivable, net	868,651.	3	945,037.
	4	Accounts receivable, net	5,929,824.	4	6,879,423.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 212, 390, 686.			
	b	Less: accumulated depreciation	109,257,761.	10c	
	11	Investments - publicly traded securities	35,772,102.	11	39,165,969.
	12	Investments - other securities. See Part IV, line 11	_	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	6,519,362.	15	5,173,206.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	165,487,956.	16	170,031,979.
	17	Accounts payable and accrued expenses	6,553,773.	17	7,007,019.
	18	Grants payable	1,904,514.	18	1 005 001
	19	Deferred revenue	40,356,848.	19	<u>1,895,801.</u> 38,858,111.
	20	Tax-exempt bond liabilities	40,550,640.	20	30,030,111.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		22	
Lial	23	controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties		22	
	23 24	Unsecured notes and loans payable to unrelated third parties		23 24	
	24 25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
			13,784,106.	25	12,657,156.
	26	Total liabilities. Add lines 17 through 25	62,599,241.	26	60,418,087.
		Organizations that follow FASB ASC 958, check here X			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	83,802,176.	27	88,155,985.
Bala	28	Net assets with donor restrictions	19,086,539.	28	21,457,907.
l pu		Organizations that do not follow FASB ASC 958, check here	· · ·		
Ъ		and complete lines 29 through 33.			
ъ Г	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ast	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	102,888,715.	32	109,613,892.
-	33	Total liabilities and net assets/fund balances	165,487,956.	33	170,031,979.

Form **990** (2023)

YOUNG	MEN'S	CHRISTI	AN	ASSOCIATION
	י מיתחגי		TNT	r

Form	OF GREATER BOSTON, INC.	04	-2103	551	Pag	_{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>	<u></u>	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,668		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,290		
3	Revenue less expenses. Subtract line 2 from line 1	3		,377		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,888		
5	Net unrealized gains (losses) on investments	5	3	,232	2,6: 2,6:	37.
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		114	1,5	83.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	109	,613	3,8	92.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	0			Yes	No
22				2a		х
za	Were the organization's financial statements compiled or reviewed by an independent accountant?			Za		
	separate basis, consolidated basis, or both:	ona				
	Separate basis, consolidated basis, of both.					
h	— . — — .			2b	x	
U	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate			20		
	consolidated basis, or both:	6 64313,				
	X Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit				
Ŭ	review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch			20		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	x	
						(2023)

Form **990** (2023)

(Fc Depa Interr	orm 99 rtment of al Rever	f the Treasury nue Service	Co	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.								
Nan	ne of t	the organization			RISTIAN ASSOC	CIATIC	ON			identification number		
_				REATER BOS						4-2103551		
Pa	irt I	Reason	or Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.			
The	organ	ization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	heck only o	one box.)					
1		A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b) (1	I)(A)(i).				
2		A school dese	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	1 990).)						
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
4		A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state	:									
5		An organizati	on operated fo	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in		
		section 170	b)(1)(A)(iv). (⊂	Complete Part II.)								
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in		
		section 170(I)(1)(A)(vi). (C	omplete Part II.)								
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)						
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	inction with a	land-grant	college		
		or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
		university:										
10		-		• • • •	than 33 1/3% of its supp				-	•		
					t to certain exceptions; a							
					(less section 511 tax) fro	m busines	ses acqui	rea by the org	janization a	iπer June 30, 1975.		
				mplete Part III.)	volute test for public est	atu Caa	ocotion El	O(a)(4)				
11		-	-	-	vely to test for public sat				wa cout the	numpered of one or		
12		-	-	-	vely for the benefit of, to d in section 509(a)(1) o				•			
				-	f supporting organization							
а		7	-		upervised, or controlled				-	aivina		
					gularly appoint or elect a	• • • •	-					
			-	complete Part IV, Se								
b		¬ ~			or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ring		
					anization vested in the sa			-		-		
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.							
с		Type III fun	ctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,		
		its supporte	ed organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.				
Ċ		Type III no	n-functionally	integrated. A supp	oorting organization oper	ated in cor	nnection v	ith its suppo	ted organiz	zation(s)		
		that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	I an attentiv	/eness		
		-			nplete Part IV, Sections							
e		Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III			
		-		•	nally integrated supportir	ng organiz	ation.					
f		er the number of		•								
<u>g</u>		i) Name of suppo		about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other		
	,	organization		() =	(described on lines 1-10	in your governi	ng document?	support (see in	-	support (see instructions)		
					above (see instructions))	Yes	No					
Tota	al											

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

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

fails to qualify under the tests listed below, please complete Pa	rt III.)
---	----------

Schedule A (Form 990) 2023

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	<u>38380969.</u>	45921008.	52005369.	48235903.	42277599.	226820848
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 \dots						
4	Total. Add lines 1 through 3	<u>38380969.</u>	45921008.	52005369.	48235903.	42277599.	226820848
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)						
	Public support. Subtract line 5 from line 4.						226820848
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	<u>38380969.</u>	45921008.	52005369.	48235903.	42277599.	226820848
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	382,858.	404,065.	801,683.	635,408.	1023245.	3247259.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	194,765.					194,765.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	l l					
11	Total support. Add lines 7 through 10						230262872
12	Gross receipts from related activities	etc. (see instruction	ons)			12 251	,725,453.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and sto						
Se	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2023 (line 6, column (f), d	livided by line 11, o	column (f))		14	98.51 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	92.48 %
16a	33 1/3% support test - 2023. If the					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
k	33 1/3% support test - 2022. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	t - 2023. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	e re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	blicly supported o	organization		
	400/ 6	t - 2022. If the ord	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
k	10% -facts-and-circumstances test						
Ł	more, and if the organization meets t	-	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
Ł		he facts-and-circun					

YOUNG MEN'S CHRISTIAN ASSOCIATIO	ZOUNG	JNG MEN'S	CHRISTIAN	ASSOCIATION
----------------------------------	-------	-----------	-----------	-------------

OF GREATER BOSTON, INC.

Schedule A (Form 990) 2023 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e)	2023	(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 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								
с	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Sec	tion B. Total Support					-			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e)	2023	(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								
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, 1	fourth, or fifth tax	x year as a section 5	501(c)(3)	organizatio	ɔn,	_
_	check this box and stop here		-				<u></u>		
	ction C. Computation of Public		-			<u> </u>			
	Public support percentage for 2023 (•	olumn (f))		15			%
	Public support percentage from 2022					16			%
	ction D. Computation of Inves					<u> </u>			
	Investment income percentage for 20			ne 13, column (f))	17			%
	Investment income percentage from					18			%
19a	33 1/3% support tests - 2023. If the	-					and line 17	7 is not	7
	more than 33 1/3%, check this box a]
b	33 1/3% support tests - 2022. If the								7
_	line 18 is not more than 33 1/3%, che							······	
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check	this box and see ins			L	
33202	3 12-21-23					S	chedule A	A (Form 990) 202	:3

14360708 715045 12258

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

1

Yes No

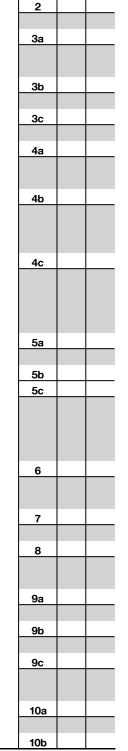
Part IV Supporting Organizations

(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.)

332024 12-21-23



Schedule A (Form 990) 2023

2023.04000 YOUNG MEN'S CHRISTIAN ASS 12258_1

Sche	dule A (Form 990) 2023 OF GREATER BOSTON, INC. 04	-210355	1 ра	age 5
	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a		44-		
_	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	rs,		
	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 supporte 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,			
		2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Vaa	No
			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			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	uonsj.		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
			,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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. 332025 12-21-23

3b Schedule A (Form 990) 2023

3a

14360708 715045 12258

OF GREATER BOSTON, INC.

2023.04000 YOUNG MEN'S CHRISTIAN ASS 12258_1

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

04-2103551 Page 6

	ule A (Form 990) 2023 OF GREATER BOSTON, INC.	<u></u>		04-2103551 Page 6
Part		-		
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E.	
Sectio	n A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 /	Add lines 1 through 3.	4		
5 [Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
C	collection of gross income or for management, conservation, or			
r	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		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions 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 F	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e I	Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 /	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 8	Subtract line 2 from line 1d.	3		
4 (Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
5	see instructions).	4		
5 1	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7 F	Recoveries of prior-year distributions	7		
8 1	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 8	Enter 0.85 of line 1.	2		
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally		ted Type III supporting org	

instructions).

Schedule A (Form 990) 2023

04-2103551 Page 7	
-------------------	--

Sche Par	dule A (Form 990) 2023 OF GREATER BO t V Type III Non-Functionally Integrated 509		anizations (acation		4-2103551	Page 7
	on D - Distributions		anizations (continu	uea)	Current Ye	ar
1	Amounts paid to supported organizations to accomplish exe	mot purposes		1	Ourrent re	
2	Amounts paid to perform activity that directly furthers exemp					
-	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3		
4	Amounts paid to acquire exempt-use assets		<u> </u>	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9			
	(provide details in Part VI). See instructions.	0		8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributab Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j and 4c.					
8	Breakdown of line 7:					
a	Excess from 2019					
b	Excess from 2020					
c	Excess from 2021					
d	Excess from 2022					
e	Excess from 2023					

Schedule A (Form 990) 2023

					IAN ASSOCI	ATION		
Schedule A	(Form 990) 2023	OF GR	EATER	BOSTON,	INC.		04-2103551	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, l Section D, lines 5, 6, and 8 (See instructions.)	2, 3b, 3c, 4 ines 2 and 3	b, 4c, 5a, 6 3; Part IV, S	6, 9a, 9b, 9c, 1 Section E, lines	1a, 11b, and 11c; Pa 1c, 2a, 2b, 3a, and 3	Irt IV, Section B, lines 3b; Part V, line 1; Part	1 and 2; Part IV, Section V, Section B, line 1e; Par	C, rt V,
				×				
332028 12-21-2	3				23		Schedule A (Form 9	90) 202:

Inspection Inspection If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then: • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (dher than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then: • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(n)): Complete Part I-B. • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(n)): Complete Part I-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(n)): Complete Part I-B. • Section 501(c)(4), organizations that have NOT filed Form 5768 (election under section 501(n)): Complete Part I-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(n)): Complete Part I-B. • Section 501(c)(4), (5), or (6) organizations: Complete Part III. • Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35C (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35C (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35C (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35C (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35C (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35C (Proxy Tax) (see separate instruction	(Form 990) For Organizations Exempt From Income Tax Under Section 501(c) and Section 527						202)23	
• Section 501(c)(3) organizations: Complete Parts IA and B. Do not complete Part IC. • Section 501(c) (other than section 501(c)(3) organizations: Complete Parts IA and C below. Do not complete Part IB. • Section 501(c)(3) organizations: Complete Part IA only. If the organization answered "Ves" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then: • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part IIB. Do not complete Part IB. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part IIB. Do not complete Part IIB. • Section 501(c)(4), (5), or (6) organizations: Complete Part III. • Section 501(c)(4), (5), or (6) organizations: Complete Part III. • Section 501(c)(4), (5), or (6) organizations: Complete Part III. • OF GREATER BOSTON, INC. • Of 4-2103551 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. • Part I-B • Complete if the organization is exempt under section 501(c)(3). • Forwide a description of the organization is exempt under section 501(c)(3). • For the amount of any excise tax incurred by the organization under section 501(c)(3). • For the amount of any excise tax incurred by the organization under section 501(c)(3). • I there organization incurred a section 4955 tax, did it flie Form 4720 for this year? • Ves • No • If "Yes," describe in Part IV. • Part I-C • Complete if the organization is exempt under section 501(c), except section 501(c)(3). • If "Yes," describe in Part IV. • Organizations is exempt under section 501(c), except section 501(c)(3). • If the organization incurred a section 4955 tax, did it flie Form 4720 for this year? • Ves • No • If "Yes," describe in Part IV. • Organization is e	Department of the Treasury								
• Section 501(c) (other than section 501(c)(3) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. • Section 501(c)(4), (5), or (6) organizations: Complete Part II. • Section 501(c)(4), (5), or (7) organizations: Complete Part II. • Section 501(c)(4), (5), or (7) organizations: Complete Part II. • Section 501(c)(4), (5), or (7) organizations: Complete Part II. • Section 501(c)(4), (5), or (7) organizations: Complete Part II. • Mare of organization • Young MEN*'S CHRISTIAN ASSOCIATION Part I-A Complete If the organization is exempt under section 501(c) or is a section 527 organization. • Provide a description of the organization is exempt under section 501(c)(3). • Provide a description of the organization is exempt under section 501(c)(3). • Enter the amount of any excise tax incurred by the organization under section 4955 • If the organization incurred by the organization under section 501(c)(3). • Enter the amount of any excise tax incurred by the organization under section 501(c)(3). • Enter the amount of any excise tax incurred by the organization managers under section 501(c)(3). • If the organization incurred by the organization managers under section 501(c)(3). • If the the amount of any excise tax incurred by the organization for section 501(c)(2). </td <td>f the organization answ</td> <td>vered "Yes" on</td> <td>Form 990, Part IV, line 3, or For</td> <td>m 990-EZ, Part V, lin</td> <td>e 46 (Political Campaig</td> <td>gn Activi</td> <td>ties), then:</td> <td></td>	f the organization answ	vered "Yes" on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, lin	e 46 (Political Campaig	gn Activi	ties), then:		
• Section 527 organizations: Complete Part I-A only. • Section 501(c)(3) organizations that have IRID Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have INOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. • Section 501(c)(3) organizations that have INOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. • Section 501(c)(4), (5), or (6) organizations: Complete Part II. • Section 501(c)(4), (5), or (6) organizations: Complete Part II. • Variation State Part I-A • Complete If the organization is exempt under section 501(c) or is a section 527 organization. • Provide a description of the organization is exempt under section 501(c)(3). • Provide a description of the organization is exempt under section 501(c)(3). • Provide a description of the organization is exempt under section 501(c)(3). • Part I-B • Complete If the organization is exempt under section 4985 • Part I-B • Complete If the organization under section 4985 • Part I-B • Complete If the organization is exempt under section 501(c)(3). • I the arount of any excise tax incurred by the organization under section 4985 • If the organization incurred a section 4955 tax, did it file Form 4720 for this year? • If Yes, ``A • Yes ``No • If the organization is exempt under section 501(c), except section 501(c)(3). • If the arount of any excise tax incurred by organization for section 527 • Yes ``No • If Yes, ``C	 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not com	plete Part I-C.					
if the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then: • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. if the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then: • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then: • Section 501(c)(3), (5), or (6) or ganization is exempt under section 501(c) or is a section 527 organization. • Provide a description of the organization is exempt under section 501(c)(3). • First the amount of any excise tax incurred by the organization incurred section 527 (c), except section 501(c)(3). •	 Section 501(c) (other 	than section 50	1(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Part I-	·B.			
 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A. If the organization answered "Ves" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then: Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization YOUNC MEN'S CHRISTTAN ASSOCIATION OF GREATER BOSTON, INC. Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization is direct and indirect political campaign activities in Part IV. Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by organization under section 4955 2 Enter the amount of any excise tax incurred by organization under section 501(c), except section 501(c)(3). 1 Enter the amount of any excise tax incurred by organization under section 501(c), except section 501(c)(3). 1 Enter the amount of any excise tax incurred by organization for section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization is contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 170 line 1120-POL for this year? 3 Total	 Section 527 organiza 	ations: Complete	e Part I-A only.						
 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), then: Section 501(c)(4), (5), or (6) organizations: Complete Part III. Varme of organization "YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON, INC. Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political campaign activity expenditures \$ Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). I Enter the amount of any excise tax incurred by organization under section 4955 \$ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Ves No b If 'Yes,' describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount of any excise tax incurred by organization managers under section 4955 \$ Gher the organization incurred a section 4955 tax, did it file Form 4720 for this year? Ves No b If 'Yes,' describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount of the filing organization is exempt under section 527 exempt function activities \$ Total sempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. S Total sempt function expenditures. Add lines 1 and 2. Enter there and on Form 1120-POL, line 17b. Ci the filing organization file Form 1120-POL for this year? Ci the the manes, addresses, and empleyer identification number (EN) of all sectio	f the organization answ	vered "Yes" on	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lir	e 47 (Lobbying Activit	ies), the	n:		
	 Section 501(c)(3) org 	anizations that h	nave filed Form 5768 (election und	ler section 501(h)): Co	mplete Part II-A. Do not	comple	te Part II-B.		
Tax) (see separate instructions), then: • Section 501(c)(4), (6), or (6) organizations: Complete Part III. Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OP GREATER BOSTON, INC. Employer identification number 04-2103551 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization's funds contributed to other organization activities 2 Enter the amount of the filing organization's fund	 Section 501(c)(3) org 	anizations that h	nave NOT filed Form 5768 (electio	n under section 501(h)): Complete Part II-B. D	o not co	mplete Part II	-A.	
Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION Of GREATER BOSTON, INC. Employer identification number 04 - 2103551 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures S Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). I Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 S If the organization incurred a section 4955 \$ If the organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount directly expended by the filing organization for section 501(c), except section 501(c)(3). If the organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount directly expended by the filing organization for section 527 exempt function activities S Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Gendressen, and employer identification number (EIN) of all secton 527 political organizations to which the filing organization manage activities in 72 b S Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b (a) Name (b) Address (c) EIN (d) Amount paid from filing organization is exempt apprecise to s27 political organization to a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization finds. If none, enter 0 (d) Amount paid from filing organization	-		Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	structions) or Form 99	90-ЕZ, Р	art V, line 35	c (Proxy	
Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON, INC. Employer identification number 04-2103551 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 2 Political campaign activity expenditures \$ 3 Volunteer hours for political campaign activities \$ Part I-B Complete if the organization is exempt under section 501(c)(3). \$ 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No bif 'Yes,'' describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). I 1 Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). I 1 Enter the amount of the filing organization is exempt under section 527 exempt function activities \$ 2 Enter the amount of the filing organization is exempt under section 527 political organizatio									
OF GREATER BOSTON, INC. 04-2103551 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did tile Form 4720 for this year? 4 Was a correction made? 9 Yes No bif "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, ine 17b. 5 </td <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td>		-						-	
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 2 Political campaign activity expenditures \$ 3 Volunteer hours for political campaign activities \$ Part I-B Complete if the organization is exempt under section 501(c)(3). \$ 1 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No 4 Was a correction made? Yes No Yes No 9 If 'Yes,'' describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$	Name of organization			SOCIATION	E				
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures \$		OF GREA	TER BOSTON, INC.					551	
2 Political campaign activity expenditures \$	Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c) o	or is a section 527	organ	ization.		
1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 4 Did the filing organization listed, enter the amount paid from the filing organization sto which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter ·0. (e) Amount of political organization is received and promptly and directly delivered to a separate political organization's funds. If none, enter ·0. (e) A	2 Political campaign a	activity expendit	ures						
1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 4 Did the filing organization listed, enter the amount paid from the filing organization sto which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter ·0. (e) Amount of political organization is received and promptly and directly delivered to a separate political organization's funds. If none, enter ·0. (e) A	Dort L B Comple	oto if the ore	anization is axampt unda	r soction 501(a)(2)				
 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization is needed, provide information in Part IV. 	-		-		-	¢			
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Yes No Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$		•	, ,						
4a Was a correction made? Yes No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$									
b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$									
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$									
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 4 Did the filing organization file Form 1120-POL for this year? Yes 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0.			opization is exempt unde	reaction 501(c)	avaant agation 50	1(0)(2)			
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$	· · · · ·				•				
exempt function activities\$. \$			
 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b				-					
 line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. 	exempt function ac	tivities				\$			
 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0 	•	•							
 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. 									
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.	4 Did the filing organi	zation file Form	1120-POL for this year?				Yes	No	
filing organization's contributions received and promptly and directly delivered to a separate political organization.	made payments. For contributions received	or each organizatived that were pro	tion listed, enter the amount paid pomptly and directly delivered to a	from the filing organiz separate political orga	ation's funds. Also ente anization, such as a sep	r the am	ount of politic	al	
filing organization's funds. If none, enter -0 political organization. funds. If none, enter -0	(a) Name	9	(b) Address	(c) EIN	(d) Amount paid fro	m (e) Amount of	political	
Image: Sector of the sector					filing organization'	s cor -0 d	ntributions rec promptly and lelivered to a s political orgar	ceived and directly separate nization.	
Image: state of the state o									
Image: Constraint of the second se									

Political Campaign and Lobbying Activities

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

LHA 332041 11-06-23

SCHEDULE C

JOY	JNG MEN'S	CHRISTIAN	ASSOCIATION					
Schedule C (Form 990) 2023 OF	GREATER	BOSTON, INC	•		2103551 Page 2			
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under								
section 501(h)).								
A Check if the filing organization	pelongs to an aff	iliated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,			
expenses, and share of	excess lobbying	expenditures).						
B Check if the filing organization	checked box A a	nd "limited control" pro	ovisions apply.	I	1			
Limits on (The term "expenditure)	Lobbying Expe)	(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying expenditures to influence	e public opinion (grassroots lobbying)						
b Total lobbying expenditures to influence	e a legislative boo	dy (direct lobbying)						
c Total lobbying expenditures (add lines 1	a and 1b)							
d Other exempt purpose expenditures								
e Total exempt purpose expenditures (ad	d lines 1c and 1c	ł)						
f Lobbying nontaxable amount. Enter the	amount from the	e following table in bot	h columns.					
If the amount on line 1e, column (a) or (b)	s: The lot	bying nontaxable am	ount is:					
not over \$500,000,		the amount on line 1e.						
over \$500,000 but not over \$1,000,000	, \$100,00	00 plus 15% of the exc	ess over \$500,000.					
over \$1,000,000 but not over \$1,500,00		00 plus 10% of the exc						
over \$1,500,000 but not over \$17,000,0		00 plus 5% of the exce	ss over \$1,500,000.					
over \$17,000,000,	\$1,000	,000.						
g Grassroots nontaxable amount (enter 2								
h Subtract line 1g from line 1a. If zero or l								
i Subtract line 1f from line 1c. If zero or le								
j If there is an amount other than zero on		line 1i, did the organiza	ation file Form 4720					
reporting section 4911 tax for this year?					Yes No			
(Some organizations that n	ade a section 5	eraging Period Under 01(h) election do not rate instructions for lin	have to complete all c	of the five columns b	elow.			
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		r			
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total			
2a Lobbying nontaxable amount								
b Lobbying ceiling amount (150% of line 2a, column(e))								
c Total lobbying expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount								
(150% of line 2d, column (e))								
f Grassroots lobbying expenditures								

Schedule C (Form 990) 2023

332042 11-06-23

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

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(i	a)	(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:		v		
	Volunteers?		X X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements? Mailings to members, legislators, or the public?		X		
			X		
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?		X		
		x		83	935.
-	Direct contact with legislators, their staffs, government officials, or a legislative body?		x		19991
	Other activities?		X		
-	Total. Add lines 1c through 1i			83	935.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		х		12001
	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	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
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" OR	(b) Part I	II-A, line	3, IS
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
c	Total				
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the arganization agree to perform to the reasonable estimate of pended within labbying and performed and the set of the reasonable estimate of pended within a set of the reasonable estimate of pended within a set of the reasonable estimate of pended within a set of the reasonable estimate esti				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
	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 II-	A. lines 1 a	nd 2 (see	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.	,,,	. ,		
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
THE	E YMCA OF GREATER BOSTON IS A MEMBER OF THE ALLIANCE	OF MA	ASSACH	USETTS	
YMC	CAS, A PUBLIC POLICY AND ADVOCACY GROUP COMMITTED TO	WORK	ING WI	TH	
YMC	CAS AND OTHER CHILD CARE AND HUMAN SERVICE ORGANIZAT	IONS	IN THE		
001				TRO	
001	MONWEALTH, CONCERNED WITH THE WELL BEING OF CHILDRE	IN AND	FAMIL	TED.	
ጥሀ፣	E YMCA OF GREATER BOSTON ENGAGES A STRATEGIC MANAGEM	ጉለጥ እእ	סוזס תנ	LTC	
111	THEA OF GREATER DODION ENGAGED A DIRATEGIC MANAGEM				990) 2023
33204	3 11-06-23		Schedu		5501 2023

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) 2023

332044 11-06-23

	HEDULE D n 990)	OMB No. 1545-0047		
	ment of the Treasury	A	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.	Open to Public
	al Revenue Service		0 for instructions and the latest information.	
Nam	e of the organization	Employer identification number 04-2103551		
Pa	rt I Organiza	OF GREATER BOSTON, ations Maintaining Donor Advised	d Funds or Other Similar Funds or A	
I U		n answered "Yes" on Form 990, Part IV, lin		
	0.9424.10.		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at er	nd of year		
2		f contributions to (during year)		
2		f grants from (during year)		
4		t end of year		
5	-		writing that the assets held in donor advised fur exclusive legal control?	
6			dvisors in writing that grant funds can be used	
6	•			
			r donor advisor, or for any other purpose confe	
Pa	impermissible priva		ganization answered "Yes" on Form 990, Part IV	
1		servation easements held by the organization		
•		of land for public use (for example, recrea		torically important land area
		f natural habitat		tified historic structure
			Freservation of a cer	
2		of open space	fied conservation contribution in the form of a c	anonyotion accompation the last
2	day of the tax year	. .	led conservation contribution in the form of a c	Held at the End of the Tax Year
_				
a L				2a
b	v			2b
C			ucture included on line 2a	2c
a		vation easements included on line 2c acqu		
•				
3			eased, extinguished, or terminated by the organ	lization during the tax
4	year		amont is located	
4 5		where property subject to conservation eas tion have a written policy regarding the per		
5	•		holds?	Yes No
6			handling of violations, and enforcing conservati	
0	Stall and voluntee	r hours devoted to monitoring, inspecting,	rianding of violations, and enforcing conservati	ion easements during the year
7	Amount of oxpons	os incurred in monitoring, inspecting, hand	lling of violations, and onforcing consonvation of	asomonts during the year
7	Amount of expens	es incurred in morntoring, inspecting, nand	lling of violations, and enforcing conservation ea	asements during the year
8		vision assement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)	(i)
0	and section 170(h)	•		
9	.,		on easements in its revenue and expense stater	
9		•	-	
		ounting for conservation easements.	note to the organization's financial statements th	lat describes the
Pa			Art, Historical Treasures, or Other	Similar Assets.
		the organization answered "Yes" on Form		
19			8, not to report in its revenue statement and ba	lance sheet works
ia	U U		blic exhibition, education, or research in furthera	
			ncial statements that describes these items.	
h			8, to report in its revenue statement and balance	ce sheet works of
	-		exhibition, education, or research in furtherance	
			exhibition, education, or research in furtherance	
	•	ng amounts relating to these items.		\$
2	.,		asures, or other similar assets for financial gain,	
2				, provide
~	-	unts required to be reported under FASB A	-	¢
		eduction Act Notice, see the Instructions		
	1 09-28-23			
55205	1 09-20-20		33	

14360708 715045 12258

		EN'S CHRIST			LATION						
Schedule D (Form 990) 2023 OF GREATER BOSTON, INC. 04-2							04-2	2103	551	Page 2	
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Othe	r Simil	ar Asse	ets _{(co}	ontinue	d)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).										
а	Public exhibition	d		Loan or excl	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be ma	aintained as part of t	ne orga	nization's col	lection?			[Ye	s	No
Par	Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Pa			U U							
1 a	1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included										
	on Form 990, Part X?							l	Ye	s	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing	table:							
									Am	ount	
С	Beginning balance						. <u>1c</u>				
d	Additions during the year						. 1d				
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on F						lity?	[Ye	s	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	on has been j	provided in F	Part XIII					
Par	t V Endowment Funds Complete if	the organization and	swered	"Yes" on For	m 990, Part	IV, line 1	0.				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Thre	e years ba	ck (e)	Four ye	ars back
1a	Beginning of year balance	25,322,676.	30	,371,255.	19,588	8,528.	17,	357,53	2.	14,05	6,500.
	Contributions	14,471.		339,233.	8,32	1,454.		38,94	9.	1,02	24,751.
	Net investment earnings, gains, and losses	3,438,235.	-4	,534,889.	3,17	8,977.	2	,865,41	7.	2,93	32,263.
	Grants or scholarships	. ,			,	,					,
	Other expenditures for facilities										
e		886,766.		736,310.	60	5,753.		586,67	0	57	3,643.
4	and programs	118,167.		116,613.		1,951.		86,70			32,339.
	Administrative expenses	27,770,449.	25	,322,676.		1,255.	19	588,52			7,532.
-	End of year balance					1,233.	1,	500,52	••	17,55	7,352.
2	Provide the estimated percentage of the curr			g, column (a)) neid as:						
a	Board designated or quasi-endowment	42.2100	_%								
b	Permanent endowment 16.7300	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the organiza	ition the	at are held an	id administer	red for th	ne				
	organization by:								_	Ye	_
	(i) Unrelated organizations?								3	a(i)	<u>X</u>
									··· —	ı(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on S	Schedule R?					🗋	ßb	
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm	ent									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	V, line 11a. S	ee Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		• •	or other (other)	l	ccumula preciatio		(d)	3ook v	alue
1a	Land										
b	Buildings			175,05	5,543.	67,	204,	114.1	L07,8	351,	429.
	Leasehold improvements					,	,	[
	Equipment			37.33	5,143.	35.	139,	047.	2.	196.	096.
	Other				.,				-,-	/	
	Add lines 1a through 1e. (Column (d) must e		V line 1	100 00/0000		1		1	10.0)47	525.
Total	in da milos ra tribugir re. (Column (d) must e	<u>quai FUIII 990, Part</u>	<u>∧, iirie I</u>	oc, coiumh	<i>(ر</i> ص)		<u></u>				90) 2023
								Sched	ule D (F	0111.9	50) 2023

Schedule D (Form 990) 2023 OF GREATER B Part VII Investments - Other Securities		04-2103	551 Page
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year m	arkot valuo
	(b) BOOK value	(c) Method of Valuation. Cost of end-or-year m	arket value
1) Financial derivatives 2) Closely held equity interests			
Closely held equity interests Government			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related. Complete if the organization answered "Yes" or	n Form 990, Part IV, line ⁻	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year m	arket value
(1)			
(2)			
(3)			
(4)	4		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990. Part X. line 15.	
· · · · ·	escription		look value
(1)		(-)-	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
Otal. (Column (b) must equal Form QQ() Part X line 15 col	/B))		
Part X Other Liabilities			
Part X Other Liabilities Complete if the organization answered "Yes" or		11e or 11f. See Form 990, Part X, line 25.	
Part X Other Liabilities Complete if the organization answered "Yes" or I. (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	ook value
Part X Other Liabilities Complete if the organization answered "Yes" or I. (a) Description of liability (1) Federal income taxes	n Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X, line 25. (b) E	
Part X Other Liabilities Complete if the organization answered "Yes" or I. (a) Description of liability (1) Federal income taxes (2) INTEREST RATE SWAP OBLIGAT:	n Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X, line 25. (b) E	765,107
Part X Other Liabilities Complete if the organization answered "Yes" or . (a) Description of liability (1) Federal income taxes (2) INTEREST RATE SWAP OBLIGAT: (3) HOUSING DEBT	n Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X, line 25. (b) E	765,107 330,208
Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) INTEREST RATE SWAP OBLIGAT: (3) HOUSING DEBT (4) LEASE LIABILITIES	n Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X, line 25. (b) E	765,107 330,208
Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) INTEREST RATE SWAP OBLIGAT: (3) HOUSING DEBT (4) LEASE LIABILITIES (5)	n Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X, line 25. (b) E	765,107 330,208
Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) INTEREST RATE SWAP OBLIGAT: (3) HOUSING DEBT (4) LEASE LIABILITIES (5) (6)	n Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X, line 25. (b) E	765,107 330,208
Part X Other Liabilities Complete if the organization answered "Yes" or . (a) Description of liability (1) Federal income taxes (2) INTEREST RATE SWAP OBLIGAT: (3) HOUSING DEBT (4) LEASE LIABILITIES (5) (6) (7)	n Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X, line 25. (b) E	765,107 330,208
Part X Other Liabilities Complete if the organization answered "Yes" or . (a) Description of liability (1) Federal income taxes (2) INTEREST RATE SWAP OBLIGAT: (3) HOUSING DEBT (4) LEASE LIABILITIES (5) (6) (7) (8)	n Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X, line 25. (b) E	765,107 330,208
Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) INTEREST RATE SWAP OBLIGAT: (3) HOUSING DEBT (4) LEASE LIABILITIES (5) (6) (7)	n Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X, line 25. (b) E 7, 4,	

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 ... 🔀

Schedule D (Form 990) 2023

332053 09-28-23

	YOUNG MEN'S CHRISTIAN ASSOC	CIATI	ON							
	dule D (Form 990) 2023 OF GREATER BOSTON, INC.				2103551 Page 4					
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer		h Revenue per Re	turn						
	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	99,640,704.						
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:									
а	Net unrealized gains (losses) on investments		3,232,637.							
b	Donated services and use of facilities		454,185.							
С	Recoveries of prior year grants									
d	Other (Describe in Part XIII.)	2d	432,557.							
е	Add lines 2a through 2d			2e	4,119,379.					
3	Subtract line 2e from line 1			3	95,521,325.					
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		147,333.							
b	Other (Describe in Part XIII.)	4b								
С	Add lines 4a and 4b	4c	147,333.							
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	95,668,658.						
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme		th Expenses per F	tetur	n					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			·						
1	Total expenses and losses per audited financial statements			1	92,915,527.					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:									
а	Donated services and use of facilities		454,185.	-						
b	Prior year adjustments			-						
С	Other losses			-						
d			317,974.							
е	Add lines 2a through 2d			2e	772,159. 92,143,368.					
3	Subtract line 2e from line 1			3	92,143,368.					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	, 	4 4 - 0 0 0							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	147,333.							
b	Other (Describe in Part XIII.)	4b								
С	Add lines 4a and 4b			4c	147,333.					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	92,290,701.					
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:

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

332054 09-28-23

YOUNG MEN'S CHRISTIAN ASSOCIATION
Schedule D (Form 990) 2023 OF GREATER BOSTON, INC. 04-2103551 Page 5 Part XIII Supplemental Information (continued)
GENERALLY EXEMPT FROM INCOME TAXES UNDER THE PROVISIONS OF IRC SECTION
501(A). THE ASSOCIATION BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX
POSITIONS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
BENEFICIAL INTEREST IN TRUST 79,286.
CHANGE IN FMV OF INTEREST RATE SWAPS 35,297.
FUNDRAISING EXPENSES 317,974.
TOTAL TO SCHEDULE D, PART XI, LINE 2D 432,557.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES 317,974.
PART V, LINE 2:
YMCA OF GREATER BOSTON HAS ADOPTED FASB ASU 2016-14, PRESENTATION OF THE
FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES. AS A RESULT, THE DECEMBER
31, 2023 AUDITED FINANCIAL STATEMENTS CLASSIFY NET ASSETS AS EITHER NET
ASSETS WITHOUT DONOR RESTRICTIONS, OR NET ASSETS WITH DONOR RESTRICTIONS.
FOR PURPOSES OF PART V, LINE 2, YMCA OF GREATER BOSTON HAS REPORTED ITS
YEAR END ENDOWMENT BALANCE WITHOUT DONOR RESTRICTIONS AS QUASI-ENDOWMENT
AND ITS YEAR END BALANCE WITH DONOR RESTRICTIONS AS PERMANENT ENDOWMENT
AND TERM RESTRICTED ENDOWMENT, RESPECTIVELY.
Schedule D (Form 990) 2023
332055 09-28-23

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities						ities	OMB No. 1545-0047
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							or if the	2023
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru				า.		Inspection
Name of the organization		EN'S CHRISTIAN ASS TER BOSTON, INC.	0C17	A'I' I (ON		Employer ide $04 - 2103$	entification number 551
		Complete if the organization answe	ered "Y	'es" oi	n Form 990, Part IV, li	ine 1	7. Form 990-E2	filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations dicitations on have a written o red in Form 990, Pa) 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 (incluc rofessi	non-g gover aising ling o onal f	overnment grants rnment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whor licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration
For Paperwork Reduct	ion Act Notice, se	e the Instructions for Form 990 or	990-E	Z .			Schedule	e G (Form 990) 2023

LHA 332081 09-13-23

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

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

		of fundraising event contributions and gro		,	0				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			YGB TOGETHER			(add col. (a) through			
			WE MOVE	SPARK PARTY	13	col. (c)			
			(event type)	(event type)	(total number)	col. (c))			
Ine									
Revenue	1	Gross receipts	203,333.	497,445.	638,068.	1,338,846.			
۳			,		•	,			
	2	Less: Contributions	89,833.	489,445.	470,648.	1,049,926.			
	_								
	3	Gross income (line 1 minus line 2)	113,500.	8,000.	167,420.	288,920.			
			,	,	•	,			
	4	Cash prizes			1,517.	1,517.			
	5	Noncash prizes	1,529.			1,529.			
SS		•	,						
sus	6	Rent/facility costs	959.	6,100.	28,088.	35,147.			
ď	-								
Direct Expenses	7	Food and beverages	555.	49,440.	64,314.	114,309.			
oire(•								
	8	Entertainment	925.		2,750.	3,675.			
	9	Other direct expenses	22,788.	84,162.	54,847.	161,797.			
	10		317,974.						
			-29,054.						
		Net income summary. Subtract line 10 from line 3, column (d)							

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

nue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
Revenue	1 Gross revenue									
s	2 Cash prizes									
kpense	3 Noncash prizes									
Direct Expenses	4 Rent/facility costs									
	5 Other direct expenses									
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % │── No						
	7 Direct expense summary. Add lines 2 through	5 in column (d)								
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)								
	 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 									
b	If "No," explain:									
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?									

332082 09-13-23

Sob		YOUNG MEN'S CHRISTIA	AN ASSOCIATION INC.	04-2	103551	Dogo 2
					<u>103331</u> Yes	No
11 12			of a partnership or other entity formed			
					Yes	No
13	Indicate the percentage of gaming a					
а	The organization's facility	-			13a	%
					13b	%
14	Enter the name and address of the p	person who prepares the organization's	s gaming/special events books and recor	ds:		
	Name					
	Address					
15a	Does the organization have a contra	ct with a third party from whom the or	ganization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gaming	revenue received by the organization	\$ and the ar	nount		
	of gaming revenue retained by the t					
с	If "Yes," enter name and address of	the third party:				
	Name					
	A debus e s					
	Address					
16	Gaming manager information:					
10	Carning manager mormation.					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer		endent contractor			
	Mandatory distributions:					
а		ate law to make charitable distribution			Yes	No
h	retain the state gaming license?		d to other exempt organizations or spent	in the		
U	organization's own exempt activities		to other exempt organizations of spent			
Ра			ired by Part I, line 2b, columns (iii) and (v); and Par	t III, lines 9, 9	9b, 10b,
		oplicable. Also provide any additional i				
33208	3 09-13-23			Schedu	le G (Form	990) 2023
		40			-	

Cabadula O	(Earres 000)	YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON, INC.	04-2103551 Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)	04-2105551 Page 4
		(contract)	
			Schedule G (Form 990

332084 04-01-23

SC	HEDULE J	Compensation Information	[OMB No. 1	1545-004	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	Ē	2023				
-	-	Compensated Employees		ZU	Ľ٦)		
Dono	tmont of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Public				
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
Nan	ne of the organization			identificatio		mber		
		OF GREATER BOSTON, INC.	04-2	210355	1			
Pa	rt I Question	s Regarding Compensation						
				_	Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel Housing allowance or residence for perso	nal use					
	Travel for companions							
	Tax indemnification and gross-up payments							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b		on line 1a are checked, did the organization follow a written policy regarding payment or			37			
_		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>	Х			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			37			
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х			
~	la d'acta e del de 16 au							
3	•	ny, of the following the organization used to establish the compensation of the organization's						
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO/Fuendation Directory but eveloping a part like	on to					
	·	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
	X Form 990 of o		ommittaa					
			ommittee					
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							
а	-	e payment or change-of-control payment?		4a		x		
b		eive payment from a supplemental nonqualified retirement plan?				X		
c		eive payment from an equity-based compensation arrangement?				X		
-		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the r							
а	-			5a		X		
b	Any related organiz	ation?				X		
		or 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the n	et earnings of:						
а	The organization?			6a		X		
		ation?				X		
		or 6b, describe in Part III.						
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
		nes 5 and 6? If "Yes," describe in Part III		7	Х	<u> </u>		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			<u>-</u> -		
				8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
		1 53.4958-6(c)?			1	<u> </u>		
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)) 2023		

LHA 332111 11-06-23

OF GREATER BOSTON, INC.

Schedule J (Form 990) 2023

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.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID SHAPIRO	(i)	394,903.	0.	5,200.	0.	19,846.	419,949.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAUL FALVEY	(i)	266,049.	0.	0.	27,512.	21,727.	315,288.	0.
CFO & SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBIN M. GILBERT	(i)	245,075.	0.	4,070.	0.	8,361.	257,506.	0.
CHRO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AMY G. TURNER	(i)	203,933.	0.	4,810.	21,727.	20,179.	250,649.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WENDY E. ZINN	(i)	197,064.	0.	4,810.	20,870.	14,506.	237,250.	0.
CHIEF SOCIAL RESPONSIBILITY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARION KELLY	(i)	195,730.	0.	4,810.	19,895.	3,815.	224,250.	0.
SVP -BRANCH OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JAMES O'S MORTON	(i)	81,021.	100,000.	0.	18,076.	494.	199,591.	0.
FORMER PRESIDENT & CEO (UNTIL 12/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) HELIO ROSA	(i)	152,381.	0.	4,810.	16,721.	19,804.	193,716.	0.
DIRECTOR OF FACILITIES & RE	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LAUREN MACKENZIE REYES	(i)	163,048.	0.	0.	13,990.	4,511.	181,549.	0.
CHIEF OPERATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PAUL J. SLOVIN	(i)	142,164.	0.	0.	15,174.	14,394.	171,732.	0.
EXEC. DIR. OF SHARED SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) IRENE COLLINS	(i)	134,748.	0.	0.	14,420.	18,586.	167,754.	0.
CHIEF COMMUNICATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DONALD BAUTZ	(i)	141,814.	0.	4,810.	14,880.	932.	162,436.	0.
SENIOR EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Page 2

04-2103551

OF GREATER BOSTON, INC.

Schedule J (Form 990) 2023

04-2103551 Page 3

Part III Supplemental Information

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

PART I, LINE 1A:

THE YMCA OF GREATER BOSTON PROVIDES MEMBERSHIPS TO ALL ELIGIBLE EMPLOYEES

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.

PART II, COLUMN (B) (III):

OTHER REPORTABLE COMPENSATION INCLUDES TRANSPORTATION BENEFITS AND

RELOCATION BENEFITS. SUCH AMOUNTS ARE INCLUDED IN TAXABLE COMPENSATION

FOR THE YEAR.

SCHEDULE J, PART II:

JAMES O'S. MORTON RETIRED EFFECTIVE DECEMBER 31, 2022. HIS FINAL SALARY

AND VACATION PAYOUT WAS MADE IN 2023 ALONG WITH A BONUS APPROVED BY THE

BOARD OF DIRECTORS.

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service	Co	mplete if the organi	explanations, and	"Yes" on Form 9 any additional ir	990, Part IV, li nformation in	ine 24a. Pr Part VI.	ovide desc	• •			C	MB No. 20 Open to spect	23 Pub	
Name of the organization	YOUNG MEN'S			ON							identif 103		n num	ber
Part I Bond Issues	OF GREATER	BUSTON, INC	~ •							4-2	103	100		
(a) Issuer n	ame	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	d (e) Issu	le price	(f) Desc	ription of purpose	(g) D	efeased	(h) On of is:		(i) Po finan	
									Yes	No	Yes	No	Yes	No
MASS DEVELOPM				10/00/0				NST./REFUN						
A AGENCY - SERI		04-3431814	5/583F5X5	10/28/04	<u>1 2800</u>			'01 BONDS		X		X		X
MASS DEVELOPM <u>BAGENCY</u> - SERI		04-3431814	57583RKV6	05/09/07	7 8,500		NEW CO 104 BO	NST./REFUN NDS		x		x		x
MASS DEVELOPM c AGENCY - SERI		04-3431814	000000000	04/02/12	2 1080	0000.	NEW CO	NSTRUCTION	J	x		x		x
MASS DEVELOPM				01/02/11	1 1000				•					
DAGENCY - SERI		04-3431814	000000000	04/29/15	5 1000	0000.	NEW CO	NSTRUCTION	1	x		x		Х
Part II Proceeds														
1 Amount of bonds retired	I			10,88	A 31,155.	4,'	<u>в</u> 788,93	0. 32	5,000	•	1	D ,901	L,5'	73.
2 Amount of bonds legally	defeased													
3 Total proceeds of issue				28,00	00,000.	8,	500,00	0. 10,80),000	•	10	,000),0	00.
4 Gross proceeds in reser	ve funds													
5 Capitalized interest from	proceeds				95,244.									
6 Proceeds in refunding e	scrows													
7 Issuance costs from pro	ceeds				23,658.		164,75		3,920	•		25	5,0	00.
8 Credit enhancement fro	m proceeds			. 13	34,515.		36,18	1.						
9 Working capital expend	tures from proceeds													
10 Capital expenditures fro	m proceeds			26,44	46,583.	8,2	299,06	9. 10,77	L,080	•	9	<u>,97</u>	5,0	00.
11 Other spent proceeds														
12 Other unspent proceeds							2000							
13 Year of substantial com	pletion				2005		2009)15			2()15	
				Yes	No	Yes	No	Yes	No		Yes	-	No	
14 Were the bonds issued if issued prior to 2018, a		•	oonds (or,	x		Х			х					х
15 Were the bonds issued			ls (or, if											
issued prior to 2018, an	advance refunding iss	sue)?				X			Х					X
16 Has the final allocation	of proceeds been mad	e?		Х		X		X			Х			
17 Does the organization n final allocation of proce		ks and records to sup	port the	x		х		x			х			

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

Schedule K (Form 990) 2023

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

04-2103551

chedule K (Form 990) 2023 OF GREATER BOSTON, INC.			04	2102221				Page
Part III Private Business Use								
	A			B	(<u>ç</u>)
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?		Х		X		X		Х
Are there any lease arrangements that may result in private business use of								
bond-financed property?		х		X		x		Х
Ba Are there any management or service contracts that may result in private								
business use of bond-financed property?		х		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?		х		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 Enter the percentage of financed property used in a private business use by entities				1		1		
other than a section 501(c)(3) organization or a state or local government		%		%		%		9
5 Enter the percentage of financed property used in a private business use as a		70		70		70		/
result of unrelated trade or business activity carried on by your organization,								
		%		%		07		c
another section 501(c)(3) organization, or a state or local government		%		%		<u>%</u>		<u> </u>
6 Total of lines 4 and 5		× X		× %		× %		X
7 Does the bond issue meet the private security or payment test?		Δ						Δ
8a Has there been a sale or disposition of any of the bond-financed property to a non-		x		x		x		x
governmental person other than a 501(c)(3) organization since the bonds were issued?	_	<u>A</u>						Λ
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								_
disposed of		%		%		%		9
c 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								
nonqualified 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	
Part IV Arbitrage				I				
	A	\		B	(ç)
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?		Х		X		X		Х
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		Х		X		X		Х
b Exception to rebate?		Х		X		X		Х
c No rebate due?	Х		Х		Х		Х	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		Х		X		X	Х	

Schedule K (Form 990) 2023

Page 3

Schedule K (Form 990) 2023 OF GREATER BOSTON, INC.			04-2	2103551				Page 3
Part IV Arbitrage (continued)	_		-		_		_	
	A		I	3		2	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		X	X	
b Name of provider							CITIZENS B	
c Term of hedge							15.0	000000
d Was the hedge superintegrated?								Х
e Was the hedge terminated?								X
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		X
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?		Х		Х		Х		X
7 Has the organization established written procedures to monitor the	ļ							
requirements of section 148?		Х		X		X		Х
Part V Procedures To Undertake Corrective Action								
	A			3		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								l
applicable regulations?	X		х		x		x	
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	K. See instr	uctions.					
SCHEDULE K, LINE 3:								
ALL MANAGEMENT AND SERVICE CONTRACTS IN BOND-FINA	NCED SE	PACE QU	JALIFY					
UNDER A PRIVATE BUSINESS USE SAFE HARBOR OR EXCEP	TION OF	ARE I	NCIDENT	TAL				
IN NATURE. THEREFORE, NO CONTRACTS RESULT IN PRIV	ATE BUS	SINESS	USE.					
SCHEDULE K, PART IV, LINE 2C:								
FOR ALL FOUR BOND ISSUES, THE REBATE COMPUTATION	WAS PER	FORMEL) IN MAY	ζ				
2023.								

SCHEDULE M

Noncash Contributions

OMB No. 1545-0047

OUTIEDOLL	
(Form 990)	

Department of the Treasury

Complete if the organization	is answered "Yes" on F	Form 990, Part IV, lines 29 or	30.
	Attach to Form 990).	

2 3 Open to Public

Interna			990 for instruction		nformatio			Inspe		
Name	e of the organization YOUNG MEN'S	CHRIST	IAN ASSOCI	ATION		En		oyer identification numbe		
						04-2	103	551		
Par	t I Types of Property	_				_				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part VI	ted on		(d) Method of de cash contribu	etermin		3
1	Art - Works of art			,	, ,					
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property	X	10	344	,347.	FAIR	MARKET	VA.	LUE	
9	Securities - Publicly traded		3	50	,849.	FAIR	MARKET	VA.	LUE	
10	Securities - Closely held stock				-					
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory		676	2,144	,738.	FAIR	MARKET	VA!	LUE	
20	Drugs and medical supplies			-	-					
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (PROGRAM SUPPLIE)	X	26	182	,777.	FAIR	MARKET	VA.	LUE	
26	Other (CAMPAIGN PROMOT)	X	239	86	,290.	FAIR	MARKET	VA.	LUE	
27	Other (OTHER)	X	4	11	,623.	FAIR	MARKET	VA]	LUE	
28	Other (
29	Number of Forms 8283 received by the organ	ization during	g the tax year for co	ontributions						
	for which the organization completed Form 82	283, Part V, D	onee Acknowledge	ement	29					
									Yes	No
30a	During the year, did the organization receive b	oy contributio	n any property rep	orted in Part I, line	s 1 throug	h 28, tha	t it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to	be used	for				
	exempt purposes for the entire holding period	l?						30a		X
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance	policy that re	quires the review o	of any nonstandard	d contribut	tions?		31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to solic	it, process, or sell	noncash					
	contributions?							32a		X
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in	column (c) foi	r a type of property	for which column	(a) is cheo	cked,				
	describe in Part II.									

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

YOUNG MEN'S CHRISTIAN ASSOCIATION	04 0100551	
Schedule M (Form 990) 2023 OF GREATER BOSTON, INC. Part II Supplemental Information. Provide the information required by Part L 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.	ination of both. Also comp	lete
SCHEDULE M, PART I, COLUMN (B):		
YMCA OF GREATER BOSTON IS REPORTING IN PART 1, COLUMN (B),	THE NUMBER	
OF CONTRIBUTIONS RECEIVED.		
332142 09-11-23	Schedule M (Form	990) 2023

SCHEDULE O (Form 990)

(FOITH 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 OF GREATER BOSTON, INC.



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 VALUES-DRIVEN, VOLUNTEER-LED, HUMAN SERVICE ORGANIZATION STRENGTHENING CHILDREN, FAMILIES AND COMMUNITIES. THE Y'S STAFF, VOLUNTEERS, AND CONSTITUENTS REPRESENT THE BROAD SPECTRUM OF CITIZENS, BY ANY AND ALL MEASURES, WHO LIVE IN GREATER BOSTON. EVERY DAY, THE YMCA OF GREATER BOSTON WORKS SIDE-BY-SIDE WITH OUR NEIGHBOURS TO MAKE SURE THAT EVERYONE, REGARDLESS OF AGE, INCOME OR BACKGROUND, HAS THE OPPORTUNITY TO GAIN EXPERIENCE, GROW AND THRIVE.

YOUTH DEVELOPMENT - WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. THROUGH THE Y, YOUTH 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

50

ASSACHUSETTS AND OFFERS ONE OF THE COMMONWEALTH'S LARGE	
MODICIOUSITIO MAD OTTENO ONE OT THE COMMONWEADTH D DANGE	ST SUMMER YOUTH
MPLOYMENT PROGRAM. IN 2023:	
. 6,800 YOUTH NURTURED AT OUR DAY AND OVERNIGHT CAMPS A	ND SUMMER
EARNING ACADEMIES	
. 3,800 CHILDREN SERVED IN BEFORE AND AFTER SCHOOL PROG	RAMMING AND OUR
ARLY EDUCATION CENTERS	
. 6,000 TEENS EMPLOYED, MENTORED AND ENGAGED IN ACADEMI	C ENRICHMENT,
AREER EXPLORATION, AND LEADERSHIP PROGRAMS.	
. 7,700 TEENS FOUND BELONGING AND A PLACE FOR HOME AT T	HE Y THROUGH
UR LEADERSHIP, CAREER EXPLORATION, HEALTHY ACTIVITIES A	ND EMPLOYMENT
PPORTUNITIES.	

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 WITH A FOCUS ON HELPING EVERYONE CREATE HEALTHY HABITS, THE Y CREATED NEW PRODUCTS, SERVICES AND PARTNERSHIPS TO PROMOTE HEALTH EQUITY FOR ALL. THE IMPACT OF OUR EFFORTS DURING 2023:

1. 70,000 MEMBERS FINDING CONNECTION AND ACTIVITY TO LEAD HEALTHY LIVES

2. 520 PARTICIPANTS SUPPORTED AND CONNECTED THROUGH DAILY GROUP

EXERCISE CLASSES AND CHRONIC DISEASE PROGRAMS.

3. 1 MILLION MINUTES OF MOVEMENT EXPERIENCED BY PARTICIPANTS DURING OUR

51

"TOGETHER WE MOVE" INITIATIVE HELD ANNUALLY IN THE FALL.

332212 11-14-23

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, FOOD INSECURITY, AND HOUSING. FOR EXAMPLE, OUR FAMILIES IN TRANSITION (FIT) PROGRAM PROVIDES EMERGENCY SHELTER AND SUPPORT SERVICES, AIDING FAMILIES IN SECURING PERMANENT HOUSING AND FUTURE SUCCESS ONCE HOUSED. OUR YEAR-ROUND AND AFTERSCHOOL FOOD PROGRAMS ENSURE CHILDREN HAVE ACCESS TO NUTRITIOUS MEALS. SINCE THE PANDEMIC, WE HAVE OPENED A FOOD DISTRIBUTION CENTER AND LAUNCHED A MOBILE MARKET IN PARTNERSHIP WITH THE GREATER BOSTON FOOD BANK, CITY OF BOSTON, AND MANY OTHER COMMUNITY PARTNERS. TODAY, WE ARE THE LARGEST DISTRIBUTOR OF FOOD FOR THE GREATER BOSTON FOOD BANK. OUR INTERNATIONAL LEARNING CENTER ASSISTS NON-NATIVE ENGLISH SPEAKERS IN ACHIEVING PERSONAL, EDUCATIONAL, AND EMPLOYMENT GOALS THROUGH LANGUAGE EDUCATION AND OUR WORKFORCE DEVELOPMENT PROGRAMS, SUCH AS YMCA TRAINING, INC., OFFER ADULTS OPPORTUNITIES FOR SKILL DEVELOPMENT AND JOB PLACEMENT. THESE INITIATIVES REFLECT THE YMCA'S COMMITMENT TO ADDRESSING IMMEDIATE NEEDS WHILE EMPOWERING INDIVIDUALS FOR LONG-TERM SUCCESS.

AS AN ADDITIONAL COMMITMENT THE Y HAS ALSO PARTNERED WITH THE COMMONWEALTH OF MASSACHUSETTS TO LAUNCH A STATE SPONSORED AND INDUSTRY CREDENTIALED EARLY CHILDHOOD APPRENTICESHIP PROGRAM NAMED THE EARLY CHILDHOOD EDUCATION ACADEMY. THROUGH THIS PROVEN "EARN WHILE YOU LEARN" APPRENTICESHIP WORKFORCE MODEL, EARLY EDUCATOR APPRENTICES ARE AND WILL CONTINUE TO BE PLACED INTO PAID TEACHING POSITIONS AT THE Y AND 332212 11-14-23 Schedule O (Form 990) 2023 OF GREATER BOSTON, INC.

PARTNERING AGENCIES AND RECEIVE SUPPLEMENTAL CLASSROOM INSTRUCTION

THROUGH THE ACADEMY.

IN 2023 THE YMCA OF GREATER BOSTON, ALONG WITH OUR PARTNERS:

1. \$3.7 MILLION NUTRITIOUS MEALS AND PANTRY ITEMS DISTRIBUTED TO OUR

COMMUNITY.

2. 806,350 HEALTHY MEALS SERVED YEAR-ROUND AND SUMMER TO YOUTH UNDER 18

THROUGH OUR PARTNERSHIP WITH DEPARTMENT OF ELEMENTARY AND SECONDARY

EDUCATION (DESE.)

3. 208,612 GROCERY BAGS PACKED AT OUR HUNGER PREVENTION CENTER EQUATING

TO 2,264,084 POUNDS OF FOOD DISTRIBUTED FOR HUNGER RELIEF.

4. \$5 MILLION FINANCIAL ASSISTANCE PROVIDED FOR Y MEMBERSHIP, ADULT

EDUCATION, YOUTH PROGRAMMING, AND MORE.

THE YMCA OF GREATER BOSTON HAS CENTERS 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

HAVE A BREAK FROM THEIR DAILY ROUTINE AND EXPERIENCE INDEPENDENCE IN A
332212 11-14-23
Schedule O (Form 990) 2023
53

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 2023 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

Schedule O (Form 990) 2023

14360708 715045 12258

332212 11-14-23

54

2023.04000 YOUNG MEN'S CHRISTIAN ASS 12258_1

Schedule O (Form 990) 2023 Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION	Page 2 Employer identification number
OF GREATER BOSTON, INC.	04-2103551
PARTNERSHIP WE ARE EXCITED ABOUT IS OUR ROLE IN THE BOSTON	COMMUNITY
HUB SCHOOLS. THE MODEL INTENTIONALLY LOOKS AT ITS ASSETS	AND
OPPORTUNITIES TO TAKE ACTION TO MAKE THEIR SCHOOL COMMUNIT	Y THE BEST IT
CAN BE. FAMILIES AND THE COMMUNITY ARE EMPOWERED AND ENCO	URAGED TO BE
PARTNERS IN WHAT HAPPENS IN THE SCHOOL AND A YMCA COMMUNIT	Y 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 COMMI	TTEES, 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 ANALY	ZED AND PREPARED
BY Y MANAGEMENT, A COPY IS DISTRIBUTED TO THE GENERAL BOAR	D, IN ADVANCE OF
A SPECIFIC MEETING. TAX GROUP REPRESENTATIVES MEET WITH MA	NAGEMENT AND
MEMBERS OF THE GENERAL BOARD IN ORDER TO ENSURE ALL PERSON	IS 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:

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 PERSON CONCERNED. 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 Schedule O (Form 990) 2023 332212 11-14-23 55

14360708 715045 12258

2023.04000 YOUNG MEN'S CHRISTIAN ASS 12258__1

Schedule O (Form 990) 2023	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 COM	IPLETENESS AS WELL
AS TO IDENTIFY ANY MATERIAL (OR POTENTIAL) CONFLICTS THAT	MAY EXIST HAVE
BEEN DOCUMENTED. THE YMCA OF GREATER BOSTON'S PRESIDENT SU	JBSEQUENTLY
REVIEWS IDENTIFIED CONFLICTS WITH THE CHAIR OF THE GENERAL	BOARD OF
DIRECTOR. THE PERSON CONCERNED WITH WHOM A CONFLICTING INT	EREST EXISTS WILL
BE EXCLUDED FROM ANY DISCUSSION, APPROVAL OF TRANSACTIONS,	BIDS, ETC. WITH
ANY ALL-GENERAL BOARD COMMITTEE MEETINGS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMMITTEE OF THE GENERAL BOARD OF DIRECTORS,	LED BY THE
CURRENT BOARD CHAIR, IS RESPONSIBLE FOR DUE DILIGENCE OF E	EXECUTIVE AND
EMPLOYEE COMPENSATION TO ASSURE THAT THE YMCA OF GREATER E	OSTON COMPLIES
WITH IRS REQUIREMENTS FOR NON-PROFIT COMPENSATION. THE COM	MITTEE REVIEWS
AND DISCUSSES COMPENSATION SURVEYS OF COMPARABLE SIZE YMCA	AS ACROSS THE
COUNTRY RESEARCHED BY SULLIVAN, COTTER AND ASSOCIATES, A S	URVEY OF
REPRESENTATIVE BOSTON AREA NON-PROFITS EXECUTIVES' COMP	PENSATION, AND A
NATIONAL SURVEY OF ALL NON-PROFIT AND GENERAL INDUSTRY EXE	CUTIVES. THE
COMMITTEE THEN REVIEWS AND APPROVES THE ANNUAL MERIT SALAF	Y PLAN (BASED ON
ANNUAL REVIEWS) AND ANY CHANGES TO THE COMPENSATION RANGE	S; EXAMINES THE
COMPENSATION OF THE Y'S SENIOR EXECUTIVES AND COMPARES TH	IEIR COMPENSATION
TO THE SAME POSITIONS AT COMPARABLE YMCAS AND OTHER LOCAL	AND REGIONAL
NON-PROFITS; ASSURES THAT THE YMCA OF GREATER BOSTON IS PA	YING BETWEEN THE
FIFTIETH AND SEVENTY-FIFTH PERCENTILE OF PREVAILING MARKET	RATES FOR
SIMILAR POSITIONS; REVIEWS THE PERFORMANCE APPRAISAL OF TH	IEY PRESIDENT BY
THE CHAIR OF THE GENERAL BOARD; DETERMINES THE COMPENSATIO	ON OF THE YMCA
PRESIDENT; AND ENSURES THAT THERE ARE CLEAR PERFORMANCE ME	EASURES FOR ANNUAL
EMPLOYEE INCENTIVE AWARDS. THE COMMITTEE GENERALLY MEETS 1	WO FOUR TIMES
ANNUALLY. THE COMMITTEE ALSO ASSIGNS SPECIFIC ANALYTICAL T	
332212 11-14-23 56	Schedule O (Form 990) 2023

56 2023.04000 YOUNG MEN'S CHRISTIAN ASS 12258_1

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON, INC.	Employer identification number $04 - 2103551$
TO ENSURE THE ORGANIZATION IS KEEPING CURRENT ON ALL	COMPENSATION
PRACTICES.	
FORM 990, PART VI, SECTION C, LINE 19:	
DISCLOSURE OF DOCUMENTS	
ON THE ORGANIZATION'S WEBSITE (WWW.YMCABOSTON.ORG) A	NYONE IS ABLE TO
DOWNLOAD A PDF FILE OF THE Y'S MOST CURRENT ANNUAL R	EPORT (THIS DOCUMENT
INCLUDES THE FINANCIAL STATEMENTS OF THE DECEMBER 31	, 2023, FINANCIAL
AUDIT, THE STATEMENT OF FINANCIAL ACTIVITIES, AND TH	E CONSOLIDATED
STATEMENT OF FINANCIAL POSITION).	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	*
BENEFICIAL INTEREST IN TRUST	79,286.
CHANGE IN FMV OF INTEREST RATE SWAPS	35,297.
TOTAL TO FORM 990, PART XI, LINE 9	114,583.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPON	
OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDE	ENT ACCOUNTANT.

14360708 715045 12258

SCHEDULE R		Related Organizations	OMB No. 154						
(Form 990) Department of the Trease		plete if the organization answered "Y Attac		202 Open to F Inspect					
Internal Revenue Service		Go to www.irs.gov/Form990 for CHRISTIAN ASSOCIATIO		t information.			-		
Name of the orgar	OF GREATER B						dentification n 103551	lumber	
Part I Identif	ication of Disregarded Entities. Com	plete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
	(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity		Primary activity	Legal domicile (state c foreign country)	or Total inco	me End-of-year	assets I	Direct controllin entity	-	
Part II Identifiorganiz	ication of Related Tax-Exempt Organ ations during the tax year.	izations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one o	or more related t	ax-exempt		
	(a)	(b)	(c)	(d)	(e)	(f)	Section	(g) 1512(b)(13)	
	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct contro entity	olling _{con}	ntrolled	
	5		loreigh country		501(c)(3))	,	Yes	No	
	ERVICES, INC 04-3504548	PROMOTE SOCIAL WELFARE,							
316 HUNTINGTON		YOUTH DEVELOPMENT, HEALTLY LIVING, SOCIAL RESPONSIBI	MASSACHUSETTS	$E_{01}(c)(2)$		YMCA GREATER BOSTON INC.	x		
BOSTON, MA 02	.115	LIVING, SOCIAL RESPONSIBI	MASSACHUSEIIS	501(C)(3)	LINE 12A, I	BOSTON INC.	A		
		_							
E. D	advetion Act Nation and the Instant					0.1.1			

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 OF GREATER BOSTON, INC.

04-2103551 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or Pe ging er?	ercentag ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
					Ť							
	1											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No

Schedule R (Form 990) 2023 OF GREATER BOSTON, INC.

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

b Gift, grant, or capital contribution to related organization(s) 1 c Gift, grant, or capital contribution from related organization(s) 1 d Loans or loan guarantees to or for related organization(s) 1 e Loans or loan guarantees by related organization(s) 1 g Sale of assets to related organization(s) 1 f Dividends from related organization(s) 1 g Sale of assets to related organization(s) 1 h Purchase of assets to related organization(s) 1 i Lease of facilities, equipment, or other assets to related organization(s) 1 j Lease of facilities, equipment, or other assets to related organization(s) 1 k Lease of facilities, equipment, or other assets form related organization(s) 1 n Performance of services or membership or fundraising solicitations for related organization(s) 1 n Performance of services or membership or fundraising solicitations by related organization(s) 1 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1 p Reimbursement paid to related organization(s) 1 p Reimbursement paid to related organization(s) 1 g Reimbursement paid to related organization(s) 1 g Uther transfer of cash or property torelated organizat	la Ib Ic Id Ie		
b Gift, grant, or capital contribution to related organization(s) 1 c Gift, grant, or capital contribution from related organization(s) 1 d Loans or loan guarantees to or for related organization(s) 1 e Loans or loan guarantees to organization(s) 1 f Dividends from related organization(s) 1 g Sale of assets to related organization(s) 1 g Sale of assets to related organization(s) 1 i Exchange of assets with related organization(s) 1 j Lease of facilities, equipment, or other assets to related organization(s) 1 k Lease of facilities, equipment, or other assets for related organization(s) 1 k Lease of facilities, equipment, or other assets for related organization(s) 1 m Performance of services or membership or fundraising solicitations tor related organization(s) 1 m Performance of services or membership or fundraising solicitations by related organization(s) 1 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1 n Sharing of facilities, equipment, mailing lists, or other assets (mail related organization(s) 1 <	lb Ic Id		
b Gift, grant, or capital contribution to related organization(s) 1 c Gift, grant, or capital contribution from related organization(s) 1 d Loans or loan guarantees to or for related organization(s) 1 e Loans or loan guarantees to or for related organization(s) 1 g Sale of assets to related organization(s) 1 g Sale of assets to related organization(s) 1 h Purchase of assets to related organization(s) 1 i Exchange of assets with related organization(s) 1 j Lease of facilities, equipment, or other assets from related organization(s) 1 k Lease of facilities, equipment, or other assets for related organization(s) 1 h Performance of services or membership or fundraising solicitations for related organization(s) 1 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1 n Sharing of paid employees with related organization(s) 1 n Sharing of paid employees with related organization(s) 1 p Reimbursement paid to related organization(s) 1 p Reimbursement paid to related organization(s)	lc Id		X
c Gift, grant, or capital contribution from related organization(s) 1 d Loans or loan guarantees to or for related organization(s) 1 e Loans or loan guarantees by related organization(s) 1 f Dividends from related organization(s) 1 g Sale of assets to related organization(s) 1 h Purchase of assets from related organization(s) 1 i Exchange of assets to related organization(s) 1 j Lease of facilities, equipment, or other assets from related organization(s) 1 k Lease of facilities, equipment, or other assets from related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 n Performance of services or membership or fundraising solicitations by related organization(s) 1 n Sharing of facilities, equipment, and the assets with related organization(s) 1 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1 p Reimbursement paid to related organization(s) 1 g Reimbursement paid to related organization(s) 1 g Reimbursement paid by related organization(s) 1 g Other transfer of cash or property to related organization(s) 1 g Reimbursement paid by related organization(s) <td>Id</td> <td></td> <td>X</td>	Id		X
d Loans or loan guarantees to or for related organization(s) 1 e Loans or loan guarantees by related organization(s) 1 f Dividends from related organization(s) 1 g Sale of assets to related organization(s) 1 h Purchase of assets from related organization(s) 1 i Exchange of assets three lead organization(s) 1 j Lease of facilities, equipment, or other assets from related organization(s) 1 k Lease of facilities, equipment, or other assets from related organization(s) 1 l Performance of services or membership or fundraising solicitations by related organization(s) 1 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1 n Sharing of paid employees with related organization(s) 1 p Reimbursement paid to related organization(s) for expenses 1 r Other transfer of cash or property to related organization(s) 1 s Other transfer of cash or property from related organization(s) 1 s Other transfer of cash or property from related organization(s) 1 s Other transfer of cash or property from relate			X
e Loans or loan guarantees by related organization(s) 1 f Dividends from related organization(s) 1 g Sale of assets to related organization(s) 1 h Purchase of assets from related organization(s) 1 i Exchange of assets with related organization(s) 1 j Lease of facilities, equipment, or other assets to related organization(s) 1 k Lease of facilities, equipment, or other assets from related organization(s) 1 m Performance of services or membership or fundraising solicitations for related organization(s) 1 m Performance of services or membership or fundraising solicitations for related organization(s) 1 m Performance of services or membership or fundraising solicitations for related organization(s) 1 m Performance of services or membership or fundraising solicitations for related organization(s) 1 m Performance of services or membership or fundraising solicitations by related organization(s) 1 m Performance of services or membership or fundraising solicitations by related organization(s) 1 m Performance of services or membership or fundraising solicitations by related organization(s) 1 m Per	e		Х
g Sale of assets to related organization(s) 1 h Purchase of assets from related organization(s) 1 i Exchange of assets with related organization(s) 1 j Lease of facilities, equipment, or other assets from related organization(s) 1 k Lease of facilities, equipment, or other assets from related organization(s) 1 l Performance of services or membership or fundraising solicitations for related organization(s) 1 n Performance of services or membership or fundraising solicitations for related organization(s) 1 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1 o Sharing of paid employees with related organization(s) 1 p Reimbursement paid to related organization(s) for expenses 1 r Other transfer of cash or property to related organization(s) 1 s Other transfer of cash or property from related organization(s) 1 z If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 1 (a) Name of related organization 1 (b) Amount involved Method of determining amount involved	Ť		X
g Sale of assets to related organization(s) 1 h Purchase of assets from related organization(s) 1 i Exchange of assets with related organization(s) 1 j Lease of facilities, equipment, or other assets from related organization(s) 1 k Lease of facilities, equipment, or other assets from related organization(s) 1 l Performance of services or membership or fundraising solicitations for related organization(s) 1 n Performance of services or membership or fundraising solicitations for related organization(s) 1 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1 o Sharing of paid employees with related organization(s) 1 p Reimbursement paid to related organization(s) for expenses 1 r Other transfer of cash or property to related organization(s) 1 s Other transfer of cash or property from related organization(s) 1 z If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 1 (a) Name of related organization 1 (b) Amount involved Method of determining amount involved	1f		X
h Purchase of assets from related organization(s) 1 i Exchange of assets with related organization(s) 1 j Lease of facilities, equipment, or other assets to related organization(s) 1 k Lease of facilities, equipment, or other assets from related organization(s) 1 i Performance of services or membership or fundraising solicitations for related organization(s) 1 m Performance of services or membership or fundraising solicitations by related organization(s) 1 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1 n Sharing of paid employees with related organization(s) 1 p Reimbursement paid to related organization(s) for expenses 1 r Other transfer of cash or property to related organization(s) - s Other transfer of cash or property from related organization(s) - s Other transfer of cash or property from related organization(s) 1 n Name of related organization(s) - - (a) Name of related organization 1 - (b) Transaction Amount involved Method of determining amount involved	lg		Х
i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, malling lists, or other assets with related organization(s) s Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) l If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization (b) (c) Amount involved (c) Amount involved (c)	lh		Х
j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations for related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization Name of related organization Transaction type (a:s)	1i		Х
I Performance of services or membership or fundraising solicitations for related organization(s) 1 m Performance of services or membership or fundraising solicitations by related organization(s) 1 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1 o Sharing of paid employees with related organization(s) 1 p Reimbursement paid to related organization(s) for expenses 1 q Reimbursement paid by related organization(s) for expenses 1 r Other transfer of cash or property to related organization(s) 1 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 1 (a) Transaction Amount involved Method of determining amount involved	1j		X
I Performance of services or membership or fundraising solicitations for related organization(s) 1 m Performance of services or membership or fundraising solicitations by related organization(s) 1 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1 o Sharing of paid employees with related organization(s) 1 p Reimbursement paid to related organization(s) for expenses 1 q Reimbursement paid by related organization(s) for expenses 1 r Other transfer of cash or property to related organization(s) 1 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 1 (a) Transaction Amount involved Method of determining amount involved	lk		x
m Performance of services or membership or fundraising solicitations by related organization(s) 1 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1 o Sharing of paid employees with related organization(s) 1 p Reimbursement paid to related organization(s) for expenses 1 q Reimbursement paid by related organization(s) for expenses 1 r Other transfer of cash or property to related organization(s) 1 s Other transfer of cash or property from related organization(s) 1 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 1 (a) If an of related organization 1 Name of related organization If ransaction type (a-s) Amount involved Method of determining amount involved	11		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) (b) Name of related organization Transaction type (a-s)	m	Х	
o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) (b) Name of related organization (c) Method of determining amount involved	In		Х
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) (b) Name of related organization (c) Method of determining amount involved	lo	Х	
q Reimbursement paid by related organization(s) for expenses 1 r Other transfer of cash or property to related organization(s) - s Other transfer of cash or property from related organization(s) - 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. - (a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amount involved			
q Reimbursement paid by related organization(s) for expenses 1 r Other transfer of cash or property to related organization(s) - s Other transfer of cash or property from related organization(s) - 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. - (a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amount involved	lp	Х	
r Other transfer of cash or property to related organization(s) - s Other transfer of cash or property from related organization(s) - 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. - (a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amount involved	lq	Х	
s Other transfer of cash or property from related organization(s) 1 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) (a) (b) (c) (d) Name of related organization Transaction Method of determining amount involved			
s Other transfer of cash or property from related organization(s) 1 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) (a) (b) (c) (d) Name of related organization Transaction Method of determining amount involved	1r		Х
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) (b) (c) (d) Name of related organization Transaction Method of determining amount involved	ls		Х
Name of related organization Transaction type (a-s) Amount involved Method of determining amount involved			
(1) YMCA SHARED SERVICES, INC. M 22,400. FMV	∍d		
(2)			
(3)			
(4)			

(5)

Schedule R (Form 990) 2023 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c orgs Yes	e) all (s sec. (c)(3) 5.? No	(f) Share of total income	(g) Share of end-of-year assets	(h Dispro tion allocat Yes) ppor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes) ging her? NO	(k) Percentage ownership

Schedule R (Form 990) 2023

YOU	JNG	MEN '	S	CHRIST	IAN	ASSOCIATION
OF	GRE	CATER	E	BOSTON.	INC].

	(5	YOUNG MEN'S CHRISTIAN ASSOCIATION	04-2103551 _{Page}	
Part VII	(Form 990) 2023 Supplemental Infor	OF GREATER BOSTON, INC.	04-2105551 Page	35
i ait in		ation for responses to questions on Schedule R. See instructions.		
332165 09-28-2	3		Schedule R (Form 990) 20)23

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

Name YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER BOSTON, INC.	Employer Identifi $04-2103$	cation Number 3551
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - INCOME FROM GU	ESTS &	1,997,651.

319341 04-01-23

Na	ame:	YOUNG MEN'S CI	HRISTIAN ASSOC	CIATION OF							FEIN:	04-2103551
		and Entity: INC 382 Annual Limitation	OME FROM GUES	IS & A POST-20 Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
Y O na	ear rigi- ated 2020	Original Carryover Amount 1,229,284.	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 2 B 2 C D E F G H												
I J K L M								\prec				
O P Q R S T							\mathbf{Q}					
U V W												
Т	etail ype	E Amount S Used for B	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
G H J K												
S T U V												

312571 04-01-23

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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

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 payment instructions.

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.

<u>must use</u>	Form 7004 to request an extension of time to file income	e tax retur	ns.				
<u>Part I - Io</u>	lentification						
Type or Print	Name of exempt organization, employer, or other filer YOUNG MEN'S CHRISTIAN ASSOC OF GREATER BOSTON, INC.			Taxpayer identification number (TIN) $04-2103551$			
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, se 316 HUNTINGTON AVENUE	ee instruct	ions.				
instructions.	City, town or post office, state, and ZIP code. For a for BOSTON, MA 02115	oreign addi	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			01	
Applicati	on Is For	Return Code	Application Is For			Return Code	
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09	
	0 (individual)	03	Form 5227			10	
Form 990		04	Form 6069			11	
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
	-T (trust other than above)	06	Form 5330 (individual)			13	
	-T (corporation)	07	Form 5330 (other than individual)			14	
Form 104		08					
Pla Pla <u>Pla</u> Part II - A t	pplication is for an extension of time to file Form 5330, y n Name n Number <u>n Year Ending (MM/DD/YYYY)</u> utomatic Extension of Time To File for Exempt Organi poks are in the care of PAUL FALVEY, CFO						
Teleph If the c		in the Uni Group Exe	mption Number (GEN)	If this is fo	r the whole group	, check this	
	quest an automatic 6-month extension of time until \underline{NG} organization named above. The extension is for the orga calendar year 20 $\underline{23}$ or	anization's	return for:			eturn for	
2 If th	tax year beginning			Final retur		20	
	Change in accounting period		Annala Maria Anna Inana				
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less		^	0	
	nonrefundable credits. See instructions.			<u>3a</u>	\$	0.	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	•				0	
	mated tax payments made. Include any prior year overp			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa					^	
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	30	\$	0.	