EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number В YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF Address change BOSTON, INC. Name 04-2103548 Doing business as change Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 140 CLARENDON STREET (617)585-5420City or town, state or province, country, and ZIP or foreign postal code 3,524,859. **G** Gross receipts \$ Amended 02116 BOSTON, MA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ELIZABETH CHANDLER Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.YWCABOSTON.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1867 M State of legal domicile: MA Trust Part I Summary Briefly describe the organization's mission or most significant activities: **ELIMINATING RACISM**, **EMPOWERING** Activities & Governance WOMEN, AND PROMOTING PEACE, JUSTICE, FREEDOM, AND DIGNITY FOR ALL. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 114,587. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 7b -16,634.**Prior Year Current Year** 735,352. 626,477. Contributions and grants (Part VIII, line 1h) 8 335,262. 268,608. Program service revenue (Part VIII, line 2g) 265,548.556,321. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 232,275. 591,073. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 751,706. 1,859,210. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,949,874. 1,716,025. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 49,564. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 496,263. 568,099. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,495,701. 2,284,124. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -636,491. -532,418. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 15,826,948. 14,031,934. Total assets (Part X, line 16) 577,098. 167,350. 21 Total liabilities (Part X, line 26) 三年 249,850. 13,864,584 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JESSICA ZANDER, CFO Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature LYNNE JOHNSON P00757336 Paid self-employed Firm's name RSM US LLP 42-0714325 Firm's EIN ▶ Preparer Firm's address > 80 CITY SQUARE Use Only

No

Phone no. 617-912-9000

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

BOSTON, MA 02129-3742

Га	Objects (Colored to Constitute a service Accomplishments	X
_	Check if Schedule O contains a response or note to any line in this Part III	<u>A</u> _
1	Briefly describe the organization's mission: THE YWCA BOSTON IS DEDICATED TO ELIMINATING RACISM, EMPOWERING	WOMEN
	AND PROMOTING PEACE, JUSTICE, FREEDOM, AND DIGNITY FOR ALL.	WOITHN,
	IND INCHOLLED, GODITCH, INDEDCT, IND DIGNITI TON THEE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X Yes No
Ū	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 e	
	revenue, if any, for each program service reported.	Aportooo, arra
4a	(Code:) (Expenses \$ 432,008 • including grants of \$) (Revenue \$)	172,075.)
	LEADBOSTON: LEADERSHIP PROGRAM FOR MID-TO-SENIOR LEVEL PROFESSI	
	THAT PROVIDES KNOWLEDGE, SKILLS AND NETWORKS TO BE A MORE INCLU	
	LEADER.	
4b	(Code:) (Expenses \$ 426 , 454 including grants of \$) (Revenue \$	73,360.)
	YOUTH PROGRAMS: GIRLS AND WOMEN'S HEALTH, AND THE YOUTH LEADERS	
	INITIATIVE. BOTH PROGRAMS EMPOWER PARTICIPANTS TO EFFECT CHANGE	
	THEMSELVES AND THE ORGANIZATIONS WITH WHICH THEY ARE AFFILIATED) <u>.</u>
4c	(Code:) (Expenses \$ 680,124 • including grants of \$) (Revenue \$	23,173.)
	INCLUSION BOSTON SERVICES: A YEAR-LONG PROGRAM INCORPORATING	
	ORGANIZATIONAL ASSESSMENTS, WORKSHOPS AND THE DEVELOPMENT AND	
	IMPLEMENTATION OF AN ACTION PLAN TO ADDRESS BARRIERS TO EQUITY	AND
	INCLUSION.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,538,586.	
		Form 990 (2018)

Form 990 (2018) BOSTON, INC.

Part IV Checklist of Required Schedules

04-2103548 Page **3**

	·		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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·		11c		x
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f		116		1
•	the organization's separate of 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	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		25	
ıza	· · ·	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		122
b		12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-22	Х
				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		 ^
D	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			
		14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		 ^
IJ	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		 ^ `
17		17		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	⊢'′		 ^ `
18		40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.0		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b	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	000	X

Form 990 (2018) 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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			,,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			\
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		x
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		25
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	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	-51		
JZ	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	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	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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		X
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 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	X	

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON INC 04-2103548 Page 5 Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 28 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х Did the organization have unrelated business gross income of \$1,000 or more during the year? За Х **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds.

Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

Section 501(c)(7) organizations. Enter:

Initiation fees and capital contributions included on Part VIII, line 12

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Section 501(c)(12) organizations. Enter:

Gross income from members or shareholders

Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

11a

11b

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

Did the sponsoring organization make any taxable distributions under section 4966?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?
 If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form **990** (2018)

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9a

12a

13a

14b

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11

12a

Form 990 (2018)

BOSTON, INC.

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

800						X		
Sec	tion A. Governing Body and Management					l		
_		Ι.	1 22		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	22					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1 b	22					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other					
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х		
6	Did the organization have members or stockholders?			6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap							
	more members of the governing body?			7a		х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st							
	persons other than the governing body?			7b		х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			- ~				
	a The governing body?							
a b								
	• • • • • • • • • • • • • • • • • • • •			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		х		
Sac	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9				
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)		V			
40				40	Yes	No X		
	Did the organization have local chapters, branches, or affiliates?			10a				
р	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,					
	· · · · · · · · · · · · · · · · · · ·			10b	37			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	e filing the form?	11a	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	, 9			12a	<u> </u>			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	'es," a	escribe					
	in Schedule O how this was done			12c	X			
13	Did the organization have a written whistleblower policy?			13	X			
14	Did the organization have a written document retention and destruction policy?			14	X			
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official			15a	X			
b	Other officers or key employees of the organization			15b	Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	ith a					
	taxable entity during the year?			16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶MA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990	T (Section 501(c)(3)s	only) a	availab	ole		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website X Another's website X Upon request Other (explain	in Sc	hedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		,	financ	ial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records					
	JESSICA ZANDER, CFO - (617)585-5420	•						
	140 CLARENDON STREET, BOSTON, MA 02116							

BOSTON, INC.

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Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization r	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do		Posi			nne	Reportable	Reportable	Estimated
	hours per	box	, unles	check more than one ess person is both an and a director/trustee)			an	compensation	compensation	amount of
	week	_	cer an	a a a	recto	r/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	In stit utio nal tru stee		yee	Highest compensated employee		(** 27 1033 141100)		and related
	below	idual t	ution	J.	Key employee	st co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) ALONA ABALOS	1.00									
DIRECTOR (FROM JAN 2018)	0.00	Х						0.	0.	0.
(2) ANDREA KRAMER	1.00									
DIRECTOR (THRU DEC 2018)	0.00	Х						0.	0.	0.
(3) APRIL ENGLISH	1.00									
DIRECTOR (FROM JAN 2018)	0.00	Х						0.	0.	0.
(4) BEN PERKINS	1.00									
DIRECTOR (FROM SEP 2018)	0.00	Х						0.	0.	0.
(5) CARY ARMISTEAD	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(6) CEDRIC WILLIAMS	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(7) CHRISTY EGUN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(8) GEETA AIYER	1.00									
DIRECTOR (THRU DEC 2018)	0.00	Х						0.	0.	0.
(9) GIZELLA CRAWFORD	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(10) JESSICA RAGOSTA EARLY	1.00									•
DIRECTOR	0.00	Х						0.	0.	0.
(11) JILLIAN MCGRATH	1.00								•	•
DIRECTOR (THRU DEC 2018)	0.00	Х						0.	0.	0.
(12) JOKE BALOGUN	1.00	37							0	0
DIRECTOR (FROM SEP 2018)	0.00	Х						0.	0.	0.
(13) JUDY BEAL	1.00	37							_	•
DIRECTOR (THRU APR 2018)	1.00	Х						0.	0.	0.
(14) JULIA LANHAM	0.00	v							0	0.
DIRECTOR (FROM JAN 2018) (15) MARGUERITE FLETCHER	1.00	Х						0.	0.	<u> </u>
DIRECTOR (FROM JAN 2018)	0.00	Х						0.	0.	0.
(16) MARLA BASKERVILLE	1.00	^	\vdash					0.	0.	<u>U•</u>
DIRECTOR (FROM NOV 2018)	0.00	Х						0.	0.	0.
(17) MIM MINICHIELLO	4.00	-22							· ·	•
CHAIR	4.00	Х		Х				0.	0.	0.
	1 2.00		ı	-7					J •	5 000 (2212)

Page 8

Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		'		
(A)	(B)		(C) Position					(D)	(E)		(F)
Name and title	Average		not c	heck i	more	than o		Reportable	Reportable		timated
	hours per week					is both or/trus		compensation	compensation		ount of
	(list any	.o.					Ĺ	from the	from related organizations		other pensation
	hours for	direct				Ļ		organization	(W-2/1099-MISC)		om the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(,)		anization
	organizations	trust	al tru		yee	om pe				1 -	l related
	below	Individual trustee or director	Institutional trustee	er	key employee	loyee	Former			orga	nizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Form				
(18) NANCY HAYES BEVINGTON	1.00										
CLERK	0.00	Х		Х		_		0.	0.		0.
(19) ROBIN VANN RICCA	1.00								_		_
DIRECTOR (FROM NOV 2018)	0.00	Х				_		0.	0.	₩	0.
(20) SHERRIE SAINT-AMANT	1.00								•		
DIRECTOR	0.00	Х						0.	0.		0.
(21) SUZANNE ABAIR	1.00								•		•
DIRECTOR	0.00	Х				┝		0.	0.	+	0.
(22) TRISH COTTER	1.00								•		•
DIRECTOR (FROM NOV 2018)	0.00	Х				-		0.	0.	+	0.
(23) WENDY FOSTER	1.00	37							0		^
DIRECTOR (FROM NOV 2018)	0.00	Х				┝		0.	0.	+	0.
(24) ELIZABETH CHANDLER	35.00			v				104 600	0	1 15	001
PRESIDENT & CEO	5.00 35.00			Х		-		184,688.	0.	+3	3,804.
(25) JESSICA ZANDER	5.00			х				122 676	0.	1 2/	1 026
CFO (26) ANNE CLUTZ	40.00			Δ		┢		132,676.	0.	+ 24	1,926.
CDO	0.00					x		140,157.	0.	25	2,445.
								457,521.	0.		L,175.
1b Sub-total								107,673.	0.		5,851.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								565,194.	0.		3,026.
Total number of individuals (including but not not not not not not not not not no							o re			1 00	7,0200
compensation from the organization	or inflited to th	030	iioto	u ac	JOVC	,, vvii	10 10	cerved more than \$100,	boo of reportable		4
compensation from the organization											Yes No
3 Did the organization list any former officer,	director, or tru	ıste	e. ke	v en	olar	vee.	or I	highest compensated en	nplovee on		
line 1a? If "Yes," complete Schedule J for si	•		-	•	•	•		•		3	Х
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150),000? <i>If</i> "Yes.	" co	mple	ete S	Sche	edule	e J f	or such individual	Ü	4	Х
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on .				5	Х
Section B. Independent Contractors	•										
1 Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compens	ation fro	m
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thiņ	the organization's tax ye	ear.		
(A)								(B)		(C)
Name and business	address	NC	ONE	3				Description of s	ervices	Compen	sation
							\dashv				
_							\dashv				
							-				
2 Total number of independent contractors (in	ncluding but p	at lin	nited	1 to 1	thor	e lic	ted	ahove) who received mo	ore than		
\$100,000 of compensation from the organiz	_	J. 111			())	,.cu	above, who received file	no dian		
		TNT	TTA	πт	$\frac{1}{\sqrt{1}}$	· ~	TTT	TEM C		- (200 (0010)

04-2103548 BOSTON, INC. Form 990

Form 990 BUSTON,	INC.								04-210	3340
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd F	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
riamo ana tito	hours	(cl				app	lv)	compensation	compensation	amount of
	per	(0.	I	I	I	I	',,	from	from related	other
	week					يو		the	organizations	compensation
	(list any	or				l ge		organization	(W-2/1099-MISC)	from the
		irect				E E		(W-2/1099-MISC)	(***-2/1099-141130)	
	hours for	ord	99			sated		(88-2/1099-181150)		organization
	related	ustee	trust		e e	ined.				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ivid	tituti	Officer	ma/	hest	Former			
	line)	pul	SE .	#0	ş.	'≟"	Por			
(27) SOLOMON DASS	35.00									
CONTROLLER	5.00					Х		107,673.	0.	26,851
									•	
			\vdash							
		1								
	1		\vdash							
		ł								
			$ldsymbol{le}}}}}}$							
-			•	•		-				
Catalita Dart VIII. Cantilon A. Bond								107,673.		26,851
otal to Part VII, Section A, line 1c								T01,013.		20,031

Page 9

Statement of Revenue Part VIII

Check if Schedule O contains a response or note to any line in this Part VIII (**D)** Revenue excluded from tax under (B) (C) Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue 39,203. Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 38,990. 1c d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 548,284. g Noncash contributions included in lines 1a-1f: \$ 626,477. h Total. Add lines 1a-1f **Business Code** 2 a PROGRAM REVENUE 900099 268,608. 268,608 Program Service Revenue b С f All other program service revenue 268,608. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 237,023 237,023. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 150,220. 6 a Gross rents **b** Less: rental expenses 150,220. c Rental income or (loss) 150,220, 150,220. **d** Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 1,749,093. assets other than inventory b Less: cost or other basis 1,720,568. and sales expenses 28,525. c Gain or (loss) 28,525. 28,525. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 38,990. of including \$ contributions reported on line 1c). See 242,772. Part IV, line 18 52,585. **b** Less: direct expenses 190,187 190,187. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a PROPERTY MANAGEMENT REVENUE 900099 114,587 114,587 b LEGAL INCOME 900099 107,462 107,462. INTEREST ON NOTES REC 900099 16,860 16,860. 900099 11,757. 11,757. d All other revenue 250,666. e Total. Add lines 11a-11d

1,751,706.

268,608.

114,587.

742,034.

Total revenue. See instructions

Form 990 (2018) Part IX Statement of Functional Expenses

BOSTON,

04-2103548 Page **10** INC.

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

secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			<u>ірівів соіштін (A).</u>	
	•		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	356,095.	192,061.	144,185.	19,849.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,224,153.	921,563.	116,151.	186,439.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,348.	502.	2,846.	
9	Other employee benefits	128,705.	93,935.	2,846. 14,472.	20,298.
10	Payroll taxes	3,724.	3,058.	293.	373.
11	Fees for services (non-employees):				
а	Management				
b	Legal	98,446.	64,754.	19,956.	13,736.
	Accounting	18,988.		18,988.	
	Lobbying	10,155.	10,155.	-	
е	Professional fundraising services. See Part IV, line 17	-			
f	Investment management fees	44,273.		44,273.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A) amount, list line 11g expenses on Sch O.)	68,974.	56,012.	4,184.	8,778.
12	Advertising and promotion	5,567.	2,561.	2,548.	458.
13	Office expenses	25,349.	10,234.	12,720.	2,395.
14	Information technology	43,566.	18,524.	5,144.	19,898.
15	Royalties				
16	Occupancy	124,590.	82,332.	20,557.	21,701.
17	Travel	12,706.	8,928.	1,193.	2,585.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	15,142.	10,425.	2,009.	2,708.
22	Depreciation, depletion, and amortization	16,259.	10,269.	4,120.	1,870.
23	Insurance	18,196.	12,339.	2,478.	3,379.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	PROGRAM EXPENSE	39,440.	38,126.	476.	838.
b	BANK & CREDIT CARD FEES	20,948.	2,808.	3,891.	14,249.
С	BAD DEBT	5,500.			5,500.
d					
е	All other expenses	0.004.104	1 500 505	400 404	205 254
25	Total functional expenses. Add lines 1 through 24e	2,284,124.	1,538,586.	420,484.	325,054.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2018)

Form 990 (2018)
Part X Balance Sheet

ı aı	LA	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			557,185.	1	263,227.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			48,200.	3	85,375.
	4	Accounts receivable, net			21,200.	4	15,500.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ited em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	fied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect					
Ś		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		5,851,447.	7	5,363,807.	
Ą	8	Inventories for sale or use			8		
	9	B ::			3,763.	9	2,010.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,101,360.			
	b	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	926,361.	191,258.	10c	174,999.
	11	Investments - publicly traded securities	7,738,022.	11	174,999. 6,715,856.		
	12	Investments - other securities. See Part IV, line 1	1,246,174.	12	1,246,136.		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			169,699.	15	165,024.
	16	Total assets. Add lines 1 through 15 (must equal			15,826,948.	16	14,031,934.
	17	Accounts payable and accrued expenses			148,504.	17	161,267.
	18	Grants payable		18			
	19	Deferred revenue		9,100.	19	6,083.	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I		21			
S	22	Loans and other payables to current and former	officers	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and o	disqualified persons.			
abil		0 11 5 111 (0 1 1 1 1				22	
Ë	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			419,494.	25	0.
	26	Total liabilities. Add lines 17 through 25			577,098.	26	167,350.
		Organizations that follow SFAS 117 (ASC 958), checl	k here 🕨 🗓 and			
Ś		complete lines 27 through 29, and lines 33 an	d 34.				
ž	27	Unrestricted net assets			12,834,400.	27	11,567,133.
<u>a</u>	28	Temporarily restricted net assets			782,862.	28	638,397.
g B	29	Permanently restricted net assets	1,632,588.	29	1,659,054.		
뒫		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗌			
٥		and complete lines 30 through 34.					
sts	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or ed	quipmer	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, c	or other funds		32	
ž	33	Total net assets or fund balances			15,249,850.	33	13,864,584.
	34				15,826,948.	34	14,031,934.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF

Form 990 (2018) BOSTON, INC. 04-2103548 Page 12

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,75		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,28		
3	Revenue less expenses. Subtract line 2 from line 1	3	-53		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,24	9,8	<u>50.</u>
5	Net unrealized gains (losses) on investments	5	-79		
6	Donated services and use of facilities	6	9	8,1	13.
7	Investment expenses	7			
8		8			
9	nvestment expenses Prior period adjustments Pather changes in net assets or fund balances (explain in Schedule O) Let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC		-15	4,0	63.
10					
		10	13,86	4,5	85.
Pa	rt XII Financial Statements and Reporting	•	-	-	
	Check if Schedule O contains a response or note to any line in this Part XII				
	•			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF

2018

Open to Public Inspection

Employer identification number

BOSTON, 04-2103548 INC Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

04-2103548 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	755,468.	736,306.	767,233.	735,352.	626,477.	3620836.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	755,468.	736,306.	767,233.	735,352.	626,477.	3620836.
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)						16,331.
6	Public support. Subtract line 5 from line 4.						3604505.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	755,468.	736,306.	767,233.	735,352.	626,477.	3620836.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	500,848.	449,222.	366,699.	365,707.	387,243.	2069719.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	323,292.	100,353.	148,194.	42,181.	378,851.	992,871.
11	Total support. Add lines 7 through 10						6683426.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 1	,150,393.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (li	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	53.93 %
15	Public support percentage from 2017	Schedule A, Part I	I, line 14			15	56.20 %
16a	33 1/3% support test - 2018. If the o	rganization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				> X
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization quali	fies as a publicly s	upported organiza	ition			▶□
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fact			=		-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th		•				
	organization meets the "facts-and-circ			•			▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u>▶</u>

Schedule A (Form 990 or 990-EZ) 2018

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.)

Se	quality under the tests listed be ction A. Public Support	now, please comp	Diete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						>
	ction C. Computation of Public						
	Public support percentage for 2018 (lin			column (f))		15	%
						16	%
	ction D. Computation of Inves					т т	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2018. If the						/ is not
k	more than 33 1/3%, check this box and 33 1/3% support tests - 2017. If the		-	•			P
	line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in 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 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.)

		Yes	No
	1		
	2		
	20		
	3a		
	3b		
	30		
	3c		
	4a		
	Al-		
	4b		
	4c		
	40		
	50		
	5a		
	5b		
	5с		
	6		
	_		
	7		
	8		
	0-		
	9a		
	9b		
	9с		
	50		
	10a		
	10b		
- ^		O E 7	0040
11 9	90 or 99	ı∪-⊏Z)	ZU18

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	110		
	and an experience of the second of the secon		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			l
	controlled the organization's activities. If the organization had more than one supported organization,			l
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		İ
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			l
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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			l
	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	4		
•	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			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			l
	supported organizations played in this regard.	3		
Sec	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 instr	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			l
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	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 in (a) constitute activities that, but for the organization's involvement, one or more			l
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			l
	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 (a) and (b) 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? <i>Provide details in Part VI</i> .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	O.L		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		1

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2018 BOSTON, INC.

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Pa	Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of			•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2018						
a	From 2013						
b	From 2014						
с	From 2015						
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i_	Carryover from 2013 not applied (see instructions)						
_ <u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
с	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2014						
b	Excess from 2015						
С	Excess from 2016						
d	Excess from 2017						
е	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF

04-210<u>3548 Page 8</u> Schedule A (Form 990 or 990-EZ) 2018 BOSTON, INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

, ,	ction 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
		OMEN'S CHRISTIAN A	ASSOCIATION	OF Emp	loyer identification number
	BOSTON,	INC.			04-2103548
Part	I-A Complete if the org	anization is exempt under	section 501(c) o	r is a section 527 or	ganization.
2 P	olitical campaign activity expendit	ation's direct and indirect political ures gn activities		>	S
Part	I-B Complete if the org	anization is exempt under	section 501(c)(3)	<u> </u>	
		incurred by the organization under			8
		incurred by organization managers			
		n 4955 tax, did it file Form 4720 fo			
	"Yes," describe in Part IV.				
Part	I-C Complete if the org	anization is exempt under	section 501(c), e	except section 501(c	c)(3).
3 To lir 4 D 5 Er m co	otal exempt function expenditures the 17b tid the filing organization file Form the names, addresses and en ade payments. For each organiza tontributions received that were pro	. Add lines 1 and 2. Enter here and 1120-POL for this year? Inployer identification number (EIN) tion listed, enter the amount paid fromptly and directly delivered to a sadditional space is needed, provide	of all section 527 polit rom the filing organiza eparate political organ	ical organizations to whic tion's funds. Also enter th ization, such as a separa	Yes No h the filing organization e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF

Schedule C (Form 990 or 990-EZ) 2018 BOSTON, INC. 04-2103548 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 belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2015 (b) 2016 (d) 2018 (c) 2017(e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount **b** Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount

Schedule C (Form 990 or 990-EZ) 2018

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

04-2103548 Page 3

Schedule C (Form 990 or 990-EZ) 2018 BOSTON , INC. 04-21035 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	(a	a)	(t)
	e lobbying activity.	Yes	No	Amo	unt
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:				
а	Volunteers?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?	X			
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		9	,155
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?	X			,000
j	Total. Add lines 1c through 1i			10	,155
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
_ d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-\		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	n 501(c)(t	o), or sec	tion	
	501(c)(6).			Vaa	N.
_				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section	e prior year's	? 3	tion	
rai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		• •		3 ie
	answered "Yes."	No, On	(b) rait	A,e	, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		I .		
С	Total		I .		
3			_		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pe	olitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
m		OF 1:==	.m		
THE	ORGANIZATION'S LOBBYING ACTIVITIES MAINLY CONSIST	OF MEE	TINGS	AND	
m	METHONY ON DELIATE OF CERTAIN LEGISLATOR DISCLASS	TON	. m. r	_	
TES	TIMONY ON BEHALF OF CERTAIN LEGISLATION, PARTICIPAT	TON MI	TH TH	ᄠ	
D 17/		GIIID I	m		
KE(SIONAL AND NATIONAL YWCA'S, AND MAINTAINING RELATION	SHIL M	VITH T	HE	
1.F7 T	AND OTHER COMMETTERS AND CHARGE DEPOSITION HERE AND	00033	TT 17 7 17 7	ONT	
MAY	OR, CITY COUNCILORS, AND STATE REPRESENTATIVES. THE	ORGAN	ITZATT	JN	
	CURS MINIMAL COST RELATING TO THESE ACTIVITIES.				
		ONGAN	A T (14) T T	OTA .	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON,

Employer identification number 04 - 2103548

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	()	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	• •	•
	impermissible private benefit?	, , , ,	
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by t	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	_
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	of
	violations, and enforcement of the conservation easements it \boldsymbol{h}	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing co	onservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conser	vation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	·	·
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	es the organization's accounting for
D	conservation easements.	Aut Historiaal Tussaanus au 4	Other Circilar Assets
Par	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhil	,	erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC	•	
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of p	oublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			' -
2	If the organization received or held works of art, historical treas		cial gain, provide
	the following amounts required to be reported under SFAS 110	-	
а	Revenue included on Form 990, Part VIII, line 1		> \$
_	Assets included in Form 900, Part Y		. .

Pai	rt III Organizations Maintaining C	ollections of Art,	, Historical Tre	asures, or Ot	her Si	milar Ass	ets (contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that are	a signifi	cant use of it	s collection	items	
	(check all that apply):								
а	Public exhibition	d	Loan or excl	nange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	exempt _l	purpose in P	art XIII.		
5	During the year, did the organization solicit or	r receive donations of	art, historical treas	ures, or other sin	nilar ass	ets			
	to be sold to raise funds rather than to be ma						Yes		No
Pai	rt IV Escrow and Custodial Arrang		te if the organization	n answered "Yes'	on For	m 990, Part	IV, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	or other assets i	not inclu	ıded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
					ļ		Amoun	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	stodial account li	ability?		Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	rt V Endowment Funds. Complete if	f the organization ans	wered "Yes" on Fo	rm 990, Part IV, li			1		
		(a) Current year	(b) Prior year	(c) Two years bad	k (d)	Three years ba			
	Beginning of year balance	7,738,022.	1,611,668.	1,549,24	3.	1,586,72	6. 1,	,533,1	73.
b	Contributions		6,520,559.						
С	Net investment earnings, gains, and losses	-561,680.	1,027,035.	62,42	5.	-37,48	3.	53,5	53.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	951,090.	1,421,240.						
f	Administrative expenses								
g	End of year balance	6,225,252.	7,738,022.		8.	1,549,24	3. 1,	,586,7	26.
2	Provide the estimated percentage of the curre		(line 1g, column (a)) held as:					
	Board designated or quasi-endowment	73.16	_%						
b	Permanent endowment ► 26.13	%							
С	Temporarily restricted endowment	<u>.71</u> %							
	The percentages on lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	d administered for	or the or	ganization	Г		
	by:								No_
	(i) unrelated organizations						3a(i)		<u>X</u>
									<u>X</u>
b	If "Yes" on line 3a(ii), are the related organizate						3b		
Do:	Describe in Part XIII the intended uses of the		ment funds.						
Pai	rt VI Land, Buildings, and Equipm								
	Complete if the organization answered								
	Description of property	(a) Cost or other		1 '	•	mulated	(d) Bool	k value	
		basis (investm			depred	iation	1 17 1	- ^^	
	Land		17	5,000.			т/:	5,00	<u>u .</u>
	Buildings			2 000	2.	2 000			_
	Leasehold improvements			3,080.		3,080.			$\frac{0.}{1.}$
	Equipment	I	90	3,280.	90.	3,281.			<u> </u>
	Other						17.	4,99	0
ı otal	I. Add lines 1a through 1e. (Column (d) must ed	aual Form 990 Part X	Column (R) line 1(IC I			1 /4	ェ・ンプ	J •

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" (d of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of V	aluation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other (A) INVESTMENT IN AFFILIATE	1,246,13	RE END_OF_V	EAR MARKET	773 T.TTE
` '	1,240,1	OO END-OF-I	EAR MARKEI	VALUE
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,246,13	36.		
Part VIII Investments - Program Related.	, ,			
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11c. See Form 990.	Part X. line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" (line 11d. See Form 990,	Part X, line 15.	1
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
<u>(8)</u> (9)				
	45)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	: 15.)			1
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11e or 11f. See Forn	n 990. Part X. line 25	i.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			

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

Part	·		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	998,202
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
	Net unrealized gains (losses) on investments		-796,897. 98,113.		
b I	Donated services and use of facilities	2b	98,113.		
c l	Recoveries of prior year grants	2c			
d (Other (Describe in Part XIII.)	2d	-54,720.		
е /	Add lines 2a through 2d			2e	-753,504
3 :	Subtract line 2e from line 1			3	1,751,706
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a l	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b (Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	0 .
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)	· <u>··</u> ·····	5	1,751,706
Part	XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per F	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.			
1	Total expenses and losses per audited financial statements			1	2,383,468
2 /	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a l	Donated services and use of facilities	2a			
b I	Prior year adjustments	2b			
C	Other losses	2c			
d (Other (Describe in Part XIII.)	2d	149,116.		
е /	Add lines 2a through 2d			2e	149,116. 2,234,352.
3 :	Subtract line 2e from line 1			3	2,234,352.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a l	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b (Other (Describe in Part XIII.)	4b	49,773.		
	Add lines 4a and 4b			4c	49,773.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1	18.)		5	2,284,125
Part	XIII Supplemental Information.				
lines 2	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a $ \Gamma \ \ V \ , \ \ LINE \ \ 4: $, 1 211 /	, iiic 2, 1 at Ai,
THE	ORGANIZATION'S ENDOWMENT FUNDS ARE IN	TENDED TO	PROVIDE A	PREI	DICTABLE
STR	EAM OF FUNDING TO THE ORGANIZATION'S P	ROGRAMS.			
PAR'	T X, LINE 2:				
THE	ORGANIZATION FOLLOWS THE FASB ASC 740	, "INCOME	TAXES", WH	ICH	CLARIFIES
	ACCOUNTING FOR UNCERTAINTY IN INCOME				
	OGNITION THRESHOLD A TAX POSITION IS R				
	OGNIZED IN THE CONSOLIDATED FINANCIAL				
	OGNIZES A TAX BENEFIT FROM AN UNCERTAI				
LIK	ELY THAN NOT THAT THE TAX POSITION WIL	L BE SUSTA	INED ON EX	AMI	NATION BY

TAXING AUTHORITIES. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS

Schedule D (Form 990) 2018 BOSTON, INC.	04-2103548 Page 5
Part XIII Supplemental Information (continued)	
AND CONCLUDED THAT THE ORGANIZATION HAS NO MATERIAL UNCE	ERTAINTIES IN
INCOME TAXES AS OF DECEMBER 31, 2018 AND 2017.	
THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAM	MINATIONS BY THE
U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR FISCAL	J YEARS BEFORE
2015.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
PROVISION FOR UNCOLLECTIBLE PLEDGES	-5,500.
	-44,273.
CHANGE IN SPLIT INTEREST AGREEMENT	-4,947.
	-54,720.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
NON-OPERATIONAL EXPENSES	140 116
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
PROVISION FOR UNCOLLECTIBLE PLEDGES	5,500.
INVESTMENT EXPENSE NETTED WITH REVENUE	44,273.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	49,773.
	207.700

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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.

► Attach to Form 990 or Form 990-EZ.

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

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

BOSTON,	INC.				04-2103	548
	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			•			
List all states in which the organization or licensing.					it is exempt from re	gistration

04-2103548 Page 2

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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ACADEMY OF ELEVATING NONE (add col. (a) through WOMEN ACHIEVLIVES col. (c)) (event type) (total number) (event type) 254,718. 27,044. 281,762. Gross receipts 33,990. 5,000. 38,990. 2 Less: Contributions 220,728. 22,044. 242,772. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6,522. 4,109. 10,631. 6 Rent/facility costs 28,043. 5,939. 33,982. 7 Food and beverages 8 Entertainment 7,916. 56. 7,972. Other direct expenses 52,585. 10 Direct expense summary. Add lines 4 through 9 in column (d) 190,187. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor 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? **b** If "Yes," explain:

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF

Sch	nedule G (Form 990 or 990-EZ) 2018 BOSTON, INC.	<u>04-21</u>	10354	18 Page 3
	Does the organization conduct gaming activities with nonmembers?		Ye	s No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Ye	s No
13	Indicate the percentage of gaming activity conducted in:			J 110
	a The organization's facility		13a	%
	b An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	_		
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ye	s No
b	b If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount of gaming revenue retained by the third party \$\bigs\\$	ınt		
C	c If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Ye	s No
b	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
_	organization's own exempt activities during the tax year > \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part	III, lines	9, 9b, 10b,

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF

Schedule G	G (Form 990 or 990-EZ)	BOSTON,	INC.	04-2103548 F	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (contin	ued)		
			·		
_					
_					

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

2078

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 04-2103548 \end{array}$

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 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	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)2	a		

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

Schedule J (Form 990) 2018

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-MI	SC compensation	(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	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) ELIZABETH CHANDLER	(i)	163,144.	20,000.	1,544.	4,880.	8,924.	198,492.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JESSICA ZANDER	(i)	131,181.	0.	1,495.	0.	24,926.	157,602.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANNE CLUTZ	(i)	138,628.	0.	1,529.	0.	22,445.	162,602.	0.
CDO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON. INC.

Schedule J (Form 990) 2018 BOSTON, INC.	04-2103548	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.	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC.

Employer identification number 04-2103548

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE ORGANIZATION CEASED THE GIRLS AND WOMEN'S HEALTH PROGRAM, AS WELL

AS THE YOUTH POLICE DIALOGUE PROGRAM, DURING 2018.

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

THE COMPLETED FORM 990 IS SUBMITTED TO THE FINANCE COMMITTEE FOR REVIEW AND ONCE APPROVAL BY THE FINANCE COMMITTEE, THE 990 IS SUBMITTED TO APPROVAL. THE BOARD PRIOR TO FILING WITH THE IRS.

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

BOARD MEMBERS AND OTHER INTERESTED PARTIES ARE UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST AS SOON AS THEY ARE KNOWN OR REASONABLY SHOULD BE KNOWN. ANNUAL REVIEW OF THE POLICY AND COMPLETION OF THE DISCLOSURE STATEMENTS FROM ALL BOARD MEMBERS AND STAFF ARE REQUIRED. FOLLOWING A DISCLOSURE OF A POTENTIAL FINANCIAL INTEREST AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THEY SHALL LEAVE THE BOARD MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. CONTEMPORANEOUS DOCUMENTATION OF ANY DECISIONS MADE RELATING TO POTENTIAL CONFLICT IS REQUIRED.

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

THE BOARD REVIEWS AND APPROVES CEO COMPENSATION USING COMPARABLE INFORMATION AND OTHER CONSIDERATIONS. NOTES ARE TAKEN DURING THE DECISION-MAKING PROCESS. THE CEO RECOMMENDS THE COMPENSATION OF EXECUTIVE MANAGEMENT TO THE BOARD, GIVING CONSIDERATION TO ANY AVAILABLE COMPARATIVE

DATA.

Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC.	Employer identification number 04-2103548
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF	INTEREST POLICY,
FORM 990 AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST FOR
THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104	(D). IN
ADDITION, THE FORM 990 WITHOUT SCHEDULE B IS AVAILABLE VIA	. A LINK ON OUR
WEBSITE TO THE PROFILE ON GUIDESTAR. IT IS ALSO ON THE MAS	SACHUSETTS
ATTORNEY GENERAL'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN SPLIT INTEREST AGREEMENT	
NON-OPERATIONAL EXPENSES	
TOTAL TO FORM 990, PART XI, LINE 9	-154,063.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Open to Public Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC.

Employer identification number 04-2103548

OMB No. 1545-0047

Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total inco	me End-of-year	I .	(f) Direct controllir entity		l
Part II Identification of Related Tax-Exempt Organization organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more related	tax-exemp	ot	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		et controlling		1) 12(b)(13) olled ty?
		,		501(c)(3))			Yes	No

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)	(h)		(i)	(j)	(k)				
Name, address, and EIN of related organization	Primary activity	domicile entity	entity (excl	Predominant income (related, unrelated, excluded from tax under	, income	Share of end-of-year assets	allocations?		Disproportionate allocations?		end-of-year allocation			manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	lo				
	OWNING,														
CLARENDON RESIDENCES, LLC -	REHABILITATING		YWCA												
20-0071917, 140 CLARENDON	AND OPERATING		CLARENDON,												
STREET, BOSTON, MA 02116	BUILDING	MA	INC.	UNRELATED	55,191.	2,430.		X	N/A	X	.79%				
]														
	1														
	1														
_	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)	(b)	(c)	(d)	(e)	(f)	(f) (g)		(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	ent	tion b)(13) rolled tity?
		Courtery)						Yes	No
YWCA CLARENDON INC - 20-0071895									İ
140 CLARENDON ST			YWCA OF						İ
BOSTON, MA 02116	HOLDING COMPANY	MA	BOSTON, INC.	C CORP	41,759.	0.	79.00%	X	
									<u> </u>
									<u> </u>

1a

X

Yes No

BOSTON, INC. Schedule R (Form 990) 2018

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				. 1b		_ X_		
С					_		Х		
d	Loans or loan guarantees to or for related organization(s)				1d	Х			
е	Loans or loan guarantees by related organization(s)						Х		
f	Dividends from related organization(s)				1f		X		
	Sale of assets to related organization(s)						X		
	Purchase of assets from related organization(s)						X		
i	Exchange of assets with related organization(s)				. 1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				. <u>1j</u>	X			
k	Lease of facilities, equipment, or other assets from related organization(s)				. 1k	X			
ı	Performance of services or membership or fundraising solicitations for related organ	nization(s)				X	<u> </u>		
	Performance of services or membership or fundraising solicitations by related organi						X		
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	Sharing of paid employees with related organization(s)				. 1 0		X		
						x			
р	p Reimbursement paid to related organization(s) for expenses								
q	Reimbursement paid by related organization(s) for expenses				. 1q		X		
r	Other transfer of cash or property to related organization(s)				. <u>1r</u>		X		
	Other transfer of cash or property from related organization(s)				. 1s	Х			
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	is line, including covered rela	ationships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount	involved				
		type (a-s)							
1)									
2)									
3)									
4)									
5)									
۵,									
6)					L D /5		0040		
3216	3 10-02-18			Schedu	le R (For	n 990	2018		

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)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									