

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

Part I Summary: A For the 2019 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC.; D Employer identification number 04-2103548; E Telephone number (617) 585-5420; F Name and address of principal officer: ELIZABETH CHANDLER SAME AS C ABOVE; G Gross receipts \$ 5,495,744.; H(a) Is this a group return for subordinates? Yes No; H(b) Are all subordinates included? Yes No; I Tax-exempt status: 501(c)(3); J Website: WWW.YWBOSTON.ORG; K Form of organization: Corporation; L Year of formation: 1867; M State of legal domicile: MA

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... ELIMINATING RACISM, EMPOWERING WOMEN, AND PROMOTING PEACE, JUSTICE, FREEDOM, AND DIGNITY FOR ALL.; 2-7 Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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 fields: Sign Here (Signature of officer: JESSICA ZANDER, CFO; Date); Paid (Print/Type preparer's name: LYNNE JOHNSON; Preparer's signature; Date; Check if self-employed; PTIN: P00757336); Preparer Use Only (Firm's name: RSM US LLP; Firm's address: 80 CITY SQUARE BOSTON, MA 02129-3742; Firm's EIN: 42-0714325; Phone no.: 617-912-9000)

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**THE YWCA BOSTON IS DEDICATED TO ELIMINATING RACISM, EMPOWERING WOMEN,  
AND PROMOTING PEACE, JUSTICE, FREEDOM, AND DIGNITY FOR ALL**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: \_\_\_\_\_) (Expenses \$ 449,485. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**LEADBOSTON: LEADERSHIP PROGRAM FOR MID-TO-SENIOR LEVEL PROFESSIONALS THAT PROVIDES KNOWLEDGE, SKILLS AND NETWORKS TO CREATE MORE INCLUSIVE WORKPLACES.**

**4b** (Code: \_\_\_\_\_) (Expenses \$ 516,032. including grants of \$ \_\_\_\_\_) (Revenue \$ 56,700.)  
**GIRLS LEADERSHIP PROGRAM (F.Y.R.E). THIS PROGRAM EMPOWERS PARTICIPANTS TO EFFECT CHANGE FOR THEMSELVES AND THE ORGANIZATIONS WITH WHICH THEY ARE AFFILIATED.**

**4c** (Code: \_\_\_\_\_) (Expenses \$ 668,072. including grants of \$ \_\_\_\_\_) (Revenue \$ 323,078.)  
**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 on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶ 1,633,589.**

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>X</b>	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>X</b>	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		<b>X</b>

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.**

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

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

**Note:** All Form 990 filers are required to complete Schedule O

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	1a	19
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	1b	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.**

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	42	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
<b>4a</b>	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
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b>	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.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.**

**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 20		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 20		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**JESSICA ZANDER, CFO - (617) 585-5420**  
**140 CLARENDON STREET, BOSTON, MA 02116**

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.**

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH CHANDLER PRESIDENT & CEO	35.00 5.00			X			188,793.	0.	13,430.	
(2) ANNE CLUTZ CDO	40.00 0.00					X	145,626.	0.	25,562.	
(3) JESSICA ZANDER CFO	35.00 5.00			X			136,874.	0.	27,416.	
(4) KEMARAH SIKA VP PROGRAMS	40.00 0.00					X	106,443.	0.	2,920.	
(5) AISHA LOSCHE DIRECTOR (FROM DEC 2019)	1.00 0.00	X					0.	0.	0.	
(5) MARLA BASKERVILLE DIRECTOR	1.00 0.00	X					0.	0.	0.	
(6) ALONA ABALOS DIRECTOR	1.00 0.00	X					0.	0.	0.	
(7) APRIL ENGLISH CLERK	1.00 0.00	X					0.	0.	0.	
(8) BEN PERKINS DIRECTOR	1.00 0.00	X					0.	0.	0.	
(9) CARY ARMISTEAD DIRECTOR	1.00 0.00	X					0.	0.	0.	
(10) CHRISTY EGUN DIRECTOR	1.00 0.00	X					0.	0.	0.	
(11) GIZELLA CRAWFORD DIRECTOR	1.00 0.00	X					0.	0.	0.	
(12) JESSICA RAGOSTA EARLY DIRECTOR	1.00 0.00	X					0.	0.	0.	
(13) JOKE BALOGUN DIRECTOR	1.00 0.00	X					0.	0.	0.	
(14) JULIA LANHAM DIRECTOR	1.00 0.00	X					0.	0.	0.	
(16) ROBIN SHIN DIRECTOR (FROM DEC 2019)	1.00 0.00	X					0.	0.	0.	
(17) ROBIN VANN RICCA DIRECTOR	1.00 0.00	X					0.	0.	0.	

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHERRIE SAINT-AMANT DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) TRISH COTTER DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) WENDY FOSTER DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) CEDRIC WILLIAMS TREASURER (THRU JAN 2019)	1.00 0.00	X		X				0.	0.	0.
(22) MARGUERITE FLETCHER CHAIR	1.00 1.00	X		X				0.	0.	0.
(23) MIM MINICHELLO CHAIR/DIRECTOR (THRU NOV 2019)	4.00 4.00	X		X				0.	0.	0.
(24) NANCY HAYES BEVINGTON CLERK	1.00 0.00	X		X				0.	0.	0.
(25) SUZANNE ABAIR TREASURER (FROM JAN 2019)	1.00 0.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								577,736.	0.	69,328.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								577,736.	0.	69,328.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.**

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	19,000.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	71,500.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	672,855.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			763,355.			
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM REVENUE	<b>Business Code</b>					
		900099	342,054.	342,054.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			342,054.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		225,907.		12,172.	213,735.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	125,220.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	125,220.				
	<b>d</b> Net rental income or (loss) .....			125,220.		125,220.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	3,442,252.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	2,979,659.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	462,593.				
	<b>d</b> Net gain or (loss) .....			462,593.		462,593.	
<b>8 a</b> Gross income from fundraising events (not including \$ 71,500. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		225,854.				
			44,526.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			181,328.		181,328.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> PMT. FROM ABUTTERS AGREEMENT	<b>Business Code</b>					
		900099	200,000.			200,000.	
	<b>b</b> PROPERTY MANAGEMENT REVENUE	900099	116,199.		116,199.		
	<b>c</b> LEGAL INCOME	900099	37,724.	37,724.			
	<b>d</b> All other revenue .....	900099	17,179.			17,179.	
<b>e Total.</b> Add lines 11a-11d .....			371,102.				
<b>12 Total revenue.</b> See instructions .....			2,471,559.	379,778.	128,371.	1,200,055.	

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.**

Form 990 (2019)

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	366,513.	210,621.	99,018.	56,874.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,121,384.	891,412.	33,605.	196,367.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,562.	18,960.	3,165.	4,437.
<b>9</b> Other employee benefits .....	118,881.	80,394.	9,167.	29,320.
<b>10</b> Payroll taxes .....	108,526.	72,464.	5,933.	30,129.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	39,439.	28,151.	4,700.	6,588.
<b>c</b> Accounting .....	22,077.		22,077.	
<b>d</b> Lobbying .....	2,989.	2,989.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	41,798.		41,798.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	173,333.	81,986.	62,527.	28,820.
<b>12</b> Advertising and promotion .....	22,579.	16,116.	2,691.	3,772.
<b>13</b> Office expenses .....	58,902.	34,541.	5,534.	18,827.
<b>14</b> Information technology .....	71,403.	50,966.	8,509.	11,928.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	123,354.	88,048.	14,700.	20,606.
<b>17</b> Travel .....	38,915.	31,691.	2,965.	4,259.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....	17,219.	12,291.	2,052.	2,876.
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....	17,392.	12,414.	2,073.	2,905.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>BAD DEBT</b> .....	3,000.			3,000.
<b>b</b> <b>BUSINESS DEVELOPMENT</b> .....	545.	545.		
<b>c</b> .....				
<b>d</b> .....				
<b>e</b> All other expenses .....	44.			44.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	2,374,855.	1,633,589.	320,514.	420,752.
<b>26</b> <b>Joint costs.</b> 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)

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.**

Form 990 (2019)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	263,227.	<b>1</b>	368,331.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	85,375.	<b>3</b>	231,392.
	<b>4</b> Accounts receivable, net .....	15,500.	<b>4</b>	81,728.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	5,363,807.	<b>7</b>	5,380,991.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	2,010.	<b>9</b>	62,014.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	175,000.		
	<b>b</b> Less: accumulated depreciation .....	174,999.	<b>10c</b>	175,000.
	<b>11</b> Investments - publicly traded securities .....	6,715,856.	<b>11</b>	6,874,991.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,246,136.	<b>12</b>	1,246,075.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	165,024.	<b>15</b>	229,027.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	14,031,934.	<b>16</b>	14,649,549.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	161,267.	<b>17</b>	232,601.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	6,083.	<b>19</b>	68,835.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	167,350.	<b>26</b>	301,436.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	11,567,133.	<b>27</b>	11,775,650.
	<b>28</b> Net assets with donor restrictions .....	2,297,451.	<b>28</b>	2,572,463.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	13,864,584.	<b>32</b>	14,348,113.
	<b>33</b> Total liabilities and net assets/fund balances .....	14,031,934.	<b>33</b>	14,649,549.

Form **990** (2019)

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.**

Form 990 (2019)

04-2103548 Page **12**

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,471,559.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,374,855.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	96,704.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	13,864,584.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	432,352.
<b>6</b>	Donated services and use of facilities	<b>6</b>	39,439.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-84,966.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	14,348,113.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2019)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

<b>Name of the organization</b>	YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC.	<b>Employer identification number</b>	04-2103548
---------------------------------	-----------------------------------------------------	---------------------------------------	------------

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

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

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

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

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF**

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	736,306.	767,233.	735,352.	626,477.	763,355.	3628723.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	736,306.	767,233.	735,352.	626,477.	763,355.	3628723.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						68,060.
<b>6 Public support.</b> Subtract line 5 from line 4.						3560663.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	736,306.	767,233.	735,352.	626,477.	763,355.	3628723.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	449,222.	366,699.	365,707.	387,243.	351,127.	1919998.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....					12,172.	12,172.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	100,353.	148,194.	42,181.	378,851.	443,033.	1112612.
<b>11 Total support.</b> Add lines 7 through 10						6673505.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,354,571.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	53.36 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	53.93 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

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

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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



**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.**

Schedule A (Form 990 or 990-EZ) 2019

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2019 BOSTON, INC.

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.

Employer identification number

04-2103548

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC.</b>	Employer identification number <b>04-2103548</b>
------------------------------------------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EOS 537 MAIN STREET, SUITE 12 HARWICH PORT, MA 02646	\$ 94,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MERELICE KUNDRATIS 1309 BEACON STREET, 2ND FLOOR BROOKLINE, MA 02446	\$ 82,096.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE BOSTON FOUNDATION 75 ARLINGTON STREET, 3RD FLOOR BOSTON, MA 02116	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NUTTER MCCLENNEN & FISH LLP WORLD TRADE CENTER, 155 SEAPORT BLVD. BOSTON, MA 02110	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CUMMINGS FOUNDATION 200 WEST CUMMINGS PARK WOBURN, MA 01801	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BOREALIS GRANT PO BOX 3295 MINNEAPOLIS, MN 55403	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC.</b>	Employer identification number <b>04-2103548</b>
------------------------------------------------------------------------------------	-----------------------------------------------------

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LIBERTY MUTUAL  175 BERKELEY STREET  BOSTON, MA 02117-0140	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	UNITED WAY OF MASS BAY  51 SLEEPER STREET  BOSTON, MA 02110	\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC.</b>	Employer identification number <b>04-2103548</b>
------------------------------------------------------------------------------------	-----------------------------------------------------

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



Name of organization <b>YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC.</b>	Employer identification number <b>04-2103548</b>
------------------------------------------------------------------------------------	-----------------------------------------------------

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC.</b>	Employer identification number <b>04-2103548</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF**

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF**

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	<b>X</b>		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	<b>X</b>		
<b>c</b> Media advertisements? .....		<b>X</b>	
<b>d</b> Mailings to members, legislators, or the public? .....		<b>X</b>	
<b>e</b> Publications, or published or broadcast statements? .....		<b>X</b>	
<b>f</b> Grants to other organizations for lobbying purposes? .....		<b>X</b>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	<b>X</b>		30,095.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		<b>X</b>	
<b>i</b> Other activities? .....	<b>X</b>		2,989.
<b>j</b> Total. Add lines 1c through 1i .....			33,084.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		<b>X</b>	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE ORGANIZATION'S LOBBYING ACTIVITIES MAINLY CONSIST OF MEETINGS AND TESTIMONY ON BEHALF OF CERTAIN LEGISLATION, PARTICIPATION WITH THE REGIONAL AND NATIONAL YWCA'S, AND MAINTAINING RELATIONSHIP WITH THE MAYOR, CITY COUNCILORS, AND STATE REPRESENTATIVES. THE ORGANIZATION INCURS MINIMAL COST RELATING TO THESE ACTIVITIES.

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC. Employer identification number 04-2103548

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures under FASB ASC 958, with sub-rows for revenue and assets.

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.**

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,225,252.	7,738,022.	1,611,668.	1,549,243.	1,586,726.
b Contributions			6,520,559.		
c Net investment earnings, gains, and losses	1,000,659.	-561,680.	1,027,035.	62,425.	-37,483.
d Grants or scholarships					
e Other expenditures for facilities and programs	871,037.	951,090.	1,421,240.		
f Administrative expenses					
g End of year balance	6,354,874.	6,225,252.	7,738,022.	1,611,668.	1,549,243.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  69.58 %
- b Permanent endowment  26.83 %
- c Term endowment  3.59 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                            | Yes | No       |
|--------------------------------------------------------------------------------------------|-----|----------|
| (i) Unrelated organizations                                                                |     | <b>X</b> |
| (ii) Related organizations                                                                 |     | <b>X</b> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |          |
| <b>3b</b>                                                                                  |     |          |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		175,000.		175,000.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
<b>Total.</b> Add lines 1a through 1e. <i>(Column (d) must equal Form 990, Part X, column (B), line 10c.)</i>				<b>175,000.</b>

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.**

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other		
(A) <b>INVESTMENT IN AFFILIATE</b>	<b>1,246,075.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>1,246,075.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.**

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	2,904,001.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	432,352.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	39,439.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-39,349.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	432,442.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,471,559.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,471,559.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,420,472.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	90,459.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	90,459.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,330,013.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	44,842.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	44,842.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,374,855.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE ORGANIZATION'S ENDOWMENT FUNDS ARE INTENDED TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO THE ORGANIZATION'S PROGRAMS.

**PART X, LINE 2:**

THE ORGANIZATION FOLLOWS THE FASB ASC 740, "INCOME TAXES", WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING THE RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION RECOGNIZES A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS



**Part XIII** Supplemental Information (continued)

AND CONCLUDED THAT THE ORGANIZATION HAS NO MATERIAL UNCERTAINTIES IN  
INCOME TAXES AS OF DECEMBER 31, 2019 AND 2018.

THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE  
U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR THREE FISCAL YEARS FROM  
THE FILING DATE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PROVISION FOR UNCOLLECTIBLE PLEDGES	-3,000.
INVESTMENT EXPENSE NETTED WITH REVENUE	-41,798.
CHANGE IN SPLIT INTEREST AGREEMENT	5,493.
FUNDRAISING EXPENSES NETTED REVENUE	-44.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-39,349.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

NON-OPERATIONAL EXPENSES	90,459.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

PROVISION FOR UNCOLLECTIBLE PLEDGES	3,000.
INVESTMENT EXPENSE NETTED WITH REVENUE	41,798.
FUNDRAISING EXPENSES NETTED REVENUE	44.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	44,842.



**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ACADEMY OF WOMEN ACHIEVEMENTS (event type)	ELEVATING LIVES (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	265,234.	32,120.		297,354.
	<b>2</b> Less: Contributions .....	45,000.	26,500.		71,500.
	<b>3</b> Gross income (line 1 minus line 2) .....	220,234.	5,620.		225,854.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	4,828.			4,828.
	<b>7</b> Food and beverages .....	34,952.	3,393.		38,345.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	600.	753.		1,353.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				44,526.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				181,328.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

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

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

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





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC.** Employer identification number **04-2103548**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (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 .....

**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? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2019

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.**

Schedule J (Form 990) 2019

04-2103548

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELIZABETH CHANDLER PRESIDENT & CEO	(i)	188,668.	0.	125.	5,809.	7,621.	202,223.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANNE CLUTZ CDO	(i)	145,501.	0.	125.	4,101.	21,461.	171,188.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JESSICA ZANDER CFO	(i)	136,749.	0.	125.	3,686.	23,730.	164,290.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization	YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC.	Employer identification number	04-2103548
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FORM 990, PART VI, SECTION B, LINE 11B:

THE COMPLETED FORM 990 IS SUBMITTED TO THE FINANCE COMMITTEE FOR REVIEW AND APPROVAL. ONCE APPROVAL BY THE FINANCE COMMITTEE, THE 990 IS SUBMITTED TO 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 A 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.

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

Name of the organization YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC.	Employer identification number 04-2103548
------------------------------------------------------------------------------------	----------------------------------------------

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 MASSACHUSETTS  
 ATTORNEY GENERAL'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN SPLIT INTEREST AGREEMENT	5,493.
NON-OPERATIONAL EXPENSES	-90,459.
TOTAL TO FORM 990, PART XI, LINE 9	-84,966.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC.** Employer identification number **04-2103548**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CLARENDON RESIDENCES, LLC - 20-0071917, 140 CLARENDON STREET, , BOSTON, MA 02116	OWNING, REHABILITATING AND OPERATING BUILDING	MA	YWCA CLARENDON, INC.	UNRELATED	-61.	170,999.		<input checked="" type="checkbox"/>	N/A		<input checked="" type="checkbox"/>	.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
YWCA CLARENDON INC - 20-0071895 140 CLARENDON ST BOSTON, MA 02116	HOLDING COMPANY	MA	YWCA OF BOSTON, INC.	C CORP	55,303.	0.	79.00%	<input checked="" type="checkbox"/>	

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.**

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

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

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

**FOR THE YEAR ENDING**  
DECEMBER 31, 2019

---

**PREPARED FOR:**

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.  
140 CLARENDON STREET  
BOSTON, MA 02116

---

**PREPARED BY:**

RSM US LLP  
80 CITY SQUARE  
BOSTON, MA 02129-3742

---

**AMOUNT DUE OR REFUND:**

NO AMOUNT IS DUE.

---

**MAKE CHECK PAYABLE TO:**

NO AMOUNT IS DUE.

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOVEMBER 16, 2020

---

**SPECIAL INSTRUCTIONS:**

THE RETURN SHOULD BE SIGNED AND DATED.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2019**

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>140 CLARENDON STREET</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>BOSTON, MA 02116</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>04-2103548</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)  <b>561000</b></p>
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**C** Book value of all assets at end of year **14,649,549.**

**F** Group exemption number (See instructions.) ▶ \_\_\_\_\_

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **MANAGEMENT FEES**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶ \_\_\_\_\_

**J** The books are in care of ▶ **JESSICA ZANDER, CFO** Telephone number ▶ **(617) 585-5420**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule) <b>STATEMENT 2</b>	<b>12</b> 116,199.		116,199.
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 116,199.		116,199.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	82,755.
<b>15</b> Salaries and wages	<b>15</b>	18,497.
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>	
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	
<b>22</b> Depletion	<b>22</b>	
<b>23</b> Contributions to deferred compensation plans	<b>23</b>	
<b>24</b> Employee benefit programs	<b>24</b>	2,775.
<b>25</b> Excess exempt expenses (Schedule I)	<b>25</b>	
<b>26</b> Excess readership costs (Schedule J)	<b>26</b>	
<b>27</b> Other deductions (attach schedule)	<b>27</b>	
<b>28 Total deductions.</b> Add lines 14 through 27	<b>28</b>	104,027.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>29</b>	12,172.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) <b>SEE STATEMENT 3</b>	<b>30</b>	0.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b>	12,172.



<b>Part III Total Unrelated Business Taxable Income</b>			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	12,172.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	12,172.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 4</b>	36	12,172.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

<b>Part IV Tax Computation</b>			
40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	40	0.
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	<b>Proxy tax.</b> See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	<b>Tax on Noncompliant Facility Income.</b> See instructions	44	
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

<b>Part V Tax and Payments</b>			
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	<b>Total credits.</b> Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	<b>Total payments.</b> Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	56	

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Signature of officer</b>	_____	<b>Date</b>	_____	<b>CFO Title</b>	_____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Print/Type preparer's name</b>		_____		<b>Preparer's signature</b>	
<b>Paid Preparer Use Only</b>	<b>LYNNE JOHNSON</b>			Check <input type="checkbox"/> if self-employed	PTIN	<b>P00757336</b>
	<b>Firm's name</b> ▶ <b>RSM US LLP</b>	<b>80 CITY SQUARE</b>		<b>Firm's EIN</b> ▶	<b>42-0714325</b>	
	<b>Firm's address</b> ▶ <b>BOSTON, MA 02129-3742</b>			<b>Phone no.</b>	<b>617-912-9000</b>	

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A). <b>0.</b>	Enter here and on page 1, Part I, line 7, column (B). <b>0.</b>
<b>Total dividends-received deductions</b> included in column 8			<b>0.</b>	<b>0.</b>

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF

Form 990-T (2019) BOSTON, INC.

04-2103548

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))	0.	0.				0.

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF**

Form 990-T (2019) **BOSTON, INC.**

**04-2103548**

Page **5**

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>ELIZABETH CHANDLER</b>	<b>CEO</b>	<b>10.00 %</b>	<b>22,467.</b>
(2) <b>JESSICA ZANDER</b>	<b>CFO</b>	<b>35.00 %</b>	<b>60,289.</b>
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>82,756.</b>

Form **990-T** (2019)

## FOOTNOTES

## STATEMENT 1

THE FURTHER CONSOLIDATED APPROPRIATIONS ACT, 2020, P.L. 116-94, H.R. 1865, WAS SIGNED INTO LAW BY THE PRESIDENT OF THE UNITED STATES ON FRIDAY, DECEMBER 20, 2019. DIVISION Q, TITLE III, SECTION 302 OF THE BILL REPEALED IRC SECTION 512(A)(7), THE SECTION TAXING QUALIFIED TRANSPORTATION FRINGE BENEFITS. THE REPEAL IS RETROACTIVE TO THE DATE OF ENACTMENT. IRC SECTION 512(A)(7) WAS ENACTED ON DECEMBER 22, 2017, AS PART OF THE TAX CUTS AND JOBS ACT. YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC. REPORTED \$17,895 OF DISALLOWED FRINGE BENEFITS ON ITS 2018 FORM 990-T, LINE 34 AS ORIGINALLY FILED, RESULTING IN A TOTAL UNRELATED BUSINESS TAXABLE LOSS BEFORE SPECIFIC DEDUCTION OF \$16,634 ON LINE 36 OF 2018 FORM 990-T. WITH THE REPEAL OF IRC SECTION 512(A)(7), THE DISALLOWED FRINGE BENEFITS AMOUNT IS REDUCED TO \$0 AND THE NET UNRELATED BUSINESS TAXABLE LOSS SHOULD BE \$34,529 FOR TAX YEAR 2018. THE TOTAL NET OPERATING LOSSES CARRIED OVER FROM PRIOR YEARS AVAILABLE FOR 2019 IS THEREFORE ADJUSTED TO \$84,563. PLEASE REFER TO STATEMENT 3 AND 4 OF THIS 2019 FORM 990-T.

FORM 990-T

OTHER INCOME

STATEMENT 2

DESCRIPTION

AMOUNT

MANAGEMENT FEES

116,199.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

116,199.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	34,529.	0.	34,529.	34,529.
NOL CARRYOVER AVAILABLE THIS YEAR			34,529.	34,529.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15	9,289.	9,289.	0.	0.
12/31/16	7,652.	2,883.	4,769.	4,769.
12/31/17	33,093.	0.	33,093.	33,093.
NOL CARRYOVER AVAILABLE THIS YEAR			37,862.	37,862.



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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC.</b>	Taxpayer identification number (TIN) <b>04-2103548</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>140 CLARENDON STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02116</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JESSICA ZANDER, CFO**

- The books are in the care of ▶ **140 CLARENDON STREET - BOSTON, MA 02116**  
Telephone No. ▶ **(617) 585-5420** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2019** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC.</b>	Taxpayer identification number (TIN) <b>04-2103548</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>140 CLARENDON STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02116</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JESSICA ZANDER, CFO**

- The books are in the care of ▶ **140 CLARENDON STREET - BOSTON, MA 02116**  
Telephone No. ▶ **(617) 585-5420** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2019** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

**FOR THE YEAR ENDING**

DECEMBER 31, 2019

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**PREPARED FOR:**

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.  
140 CLARENDON STREET  
BOSTON, MA 02116

---

**PREPARED BY:**

RSM US LLP  
80 CITY SQUARE  
BOSTON, MA 02129-3742

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**AMOUNT OF TAX:**

BALANCE DUE OF \$500

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN TO:**

NON-PROFIT ORG/PUBLIC CHARITIES DIV  
OFFICE OF THE ATTORNEY GENERAL  
ONE ASHBURTON PLACE  
BOSTON, MA 02108

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOVEMBER 16, 2020

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**SPECIAL INSTRUCTIONS:**

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED  
INDIVIDUAL(S).

PAYMENT FOR THE BALANCE DUE MUST BE MADE ELECTRONICALLY VIA THE  
COMMONWEALTH OF MASSACHUSETTS WEBSITE AT:

[WWW.PAYBILL.COM/MAAGOCHARITIES](http://WWW.PAYBILL.COM/MAAGOCHARITIES)

ALL THE NECESSARY ATTACHMENTS SHOULD BE INCLUDED WITH FORM PC  
BEFORE FILING.

ONCE THE PAYMENT IS MADE ELECTRONICALLY, PLEASE FILL IN THE  
ELECTRONIC PAYMENT CONFIRMATION NUMBER IN THE DESIGNATED AREA ON  
THE FIRST PAGE OF THE FORM MA PC. ALSO, PLEASE ATTACH A COPY OF THE  
PAYMENT RECEIPT TO THE FORM MA PC PRIOR TO FILING.

Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/01/19 to 12/31/19

Attorney General's Account #: 009907

Federal ID #: 04-2103548

Electronic Payment Confirmation #:

Attach printout of electronic payment confirmation.

When did the organization first engage in charitable work in Massachusetts? 04/13/1867

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [ ] No

If yes, date of application OR date of determination letter: 09/01/1942

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [X] Yes [ ] No

Check all items attached (if applicable)
[X] Filing Fee or Printout of Electronic Payment Confirmation
[X] Copy of IRS Return
[X] Audited Financial Statements/Review
[ ] Amended Articles/By-Laws
[X] Schedule A-1
[X] Schedule A-2
[X] Schedule RO
[ ] Schedule VCO
[ ] Probate Account

Organization Data

Name: YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC.

Mailing Address: 140 CLARENDON STREET

City: BOSTON State: MA ZIP: 02116

Phone Number: (617) 585-5420 Fax Number: (617) 585-5499

Email: Website: WWW.YWBOSTON.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Table with 4 columns: Category, Code, Category, Code. Rows include County (Table 1) with code 13, and Type of Organization (Table 2) with code 12. Organization Purpose Code 1 has code 31, and Organization Purpose Code 2 has code 50.

Please check box if final return prior to dissolution: [ ]

Office Use Only: Payment Received

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.**

04-2103548

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 04/13/1867
2. Where was the organization created? MASSACHUSETTS
3. What is the form of organization? (check one)

Corporation	<input checked="" type="checkbox"/>	Testamentary Trust	<input type="checkbox"/>
Unincorporated Association	<input type="checkbox"/>	Inter Vivos Trust	<input type="checkbox"/>

Other (please describe): \_\_\_\_\_

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? *If yes, please complete the Schedule RO on pages 13 and 14.*  Yes  No
5. Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	763,355.
B.	Gross support and revenue	2,008,966.
C.	Program services and similar amounts paid out	1,633,589.
D.	Fundraising expenses	420,752.
E.	Management and general expenses	320,514.
F.	Payments to affiliates	17,219.
G.	Total expenses	2,374,855.
H.	Net assets or fund balances at the end of the year	14,348,113.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	ELIZABETH CHANDLER PRESIDENT & CEO	35.00	188,793.	13,430.	0.
2.	ANNE CLUTZ CDO	40.00	145,626.	25,562.	0.
3.	JESSICA ZANDER CFO	35.00	136,874.	27,416.	0.
4.	KATHYRN HENDERSON VP OF STRATEGIC PARTNERSHIPS	40.00	87,705.	10,564.	0.
5.	KEMARAH SIKA VP PROGRAMS	40.00	106,443.	2,920.	0.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? *If yes, please provide explanation (attach separate sheet).*  Yes  No

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.

04-2103548

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	CLIFTENLARSONALLEN LLP	60,103.	ACCOUNTING & HR SERVICES
2.	CRAFTSMAN TECHNOLOGY GROUP LLC	43,520.	IT SERVICES
3.	WESTIN COPLEY PLACE	34,952.	EVENT VENUE
4.	RSM US LLP	22,077.	AUDITING / TAX SERVICES
5.	PROJECT EVIDENT	21,250.	CONSULTING SERVICES

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number) :

Bank	Address	Phone Number
EASTERN BANK	155 DARTMOUTH STREET, BOSTON, MA 02116	(617) 927-2201

10. What is the organization's accounting method?  Cash  Accrual

Other (specify): \_\_\_\_\_

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

12. Contact Person Name: JESSICA ZANDER

Street Address: 140 CLARENDON ST.

City: BOSTON State: MA ZIP Code: 02116

Phone Number: (617) 585-5420

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?  Yes  No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?  Yes  No

*If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.*

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. <i>(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)</i>	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

**STATEMENT 1**

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

**STATEMENT 2**

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

**STATEMENT 3**

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?  Yes  No

*If yes attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.*

FORM PC

NAME, ADDRESS, PHONE OF OTHER OFFICES

STATEMENT 1

NAME AND ADDRESS

PHONE NUMBER

CLARENDON RESIDENCES, LLC  
140 CLARENDON STREET,  
BOSTON, MA 02116

(617) 585-5400

YWCA CLARENDON, INC.  
140 CLARENDON STREET,  
BOSTON, MA 02116

(617) 585-5400



FORM PC

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 2

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
ELIZABETH CHANDLER 140 CLARENDON STREET BOSTON, MA 02116	PRESIDENT & CEO
JESSICA ZANDER 140 CLARENDON STREET BOSTON, MA 02116	CFO
AISHA LOSCHE 140 CLARENDON STREET BOSTON, MA 02116	DIRECTOR (FROM DEC 2019)
ALONA ABALOS 140 CLARENDON STREET BOSTON, MA 02116	DIRECTOR
APRIL ENGLISH 140 CLARENDON STREET BOSTON, MA 02116	CLERK
BEN PERKINS 140 CLARENDON STREET BOSTON, MA 02116	DIRECTOR
CARY ARMISTEAD 140 CLARENDON STREET BOSTON, MA 02116	DIRECTOR

CHRISTY EGUN  
140 CLARENDON STREET  
BOSTON, MA 02116

DIRECTOR

GIZELLA CRAWFORD  
140 CLARENDON STREET  
BOSTON, MA 02116

DIRECTOR

JESSICA RAGOSTA EARLY  
140 CLARENDON STREET  
BOSTON, MA 02116

DIRECTOR

JOKE BALOGUN  
140 CLARENDON STREET  
BOSTON, MA 02116

DIRECTOR

JULIA LANHAM  
140 CLARENDON STREET  
BOSTON, MA 02116

DIRECTOR

MARLA BASKERVILLE  
140 CLARENDON STREET  
BOSTON, MA 02116

DIRECTOR

ROBIN SHIN  
140 CLARENDON STREET  
BOSTON, MA 02116

DIRECTOR (FROM DEC 2019)

ROBIN VANN RICCA  
140 CLARENDON STREET  
BOSTON, MA 02116

DIRECTOR

SHERRIE SAINT-AMANT  
140 CLARENDON STREET  
BOSTON, MA 02116

DIRECTOR

TRISH COTTER  
140 CLARENDON STREET  
BOSTON, MA 02116

DIRECTOR

WENDY FOSTER  
140 CLARENDON STREET  
BOSTON, MA 02116

DIRECTOR

CEDRIC WILLIAMS  
140 CLARENDON STREET  
BOSTON, MA 02116

TREASURER (THRU JAN 2019)

MARGUERITE FLETCHER  
140 CLARENDON STREET  
BOSTON, MA 02116

CHAIR

MIM MINICHIELLO  
140 CLARENDON STREET  
BOSTON, MA 02116

CHAIR/DIRECTOR (THRU NOV 201

NANCY HAYES BEVINGTON  
140 CLARENDON STREET  
BOSTON, MA 02116

CLERK

SUZANNE ABAIR  
140 CLARENDON STREET  
BOSTON, MA 02116

TREASURER (FROM JAN 2019)

FORM PC

PAGE 4, LINE 18

STATEMENT 3

<u>NAME AND ADDRESS</u>	<u>AREA OF RESPONSIBILITY</u>
JESSICA ZANDER 140 CLARENDON STREET BOSTON, MA 02116	RESPONSIBLE FOR CUSTODY OF FUNDS
ELIZABETH CHANDLER 140 CLARENDON STREET BOSTON, MA 02116	RESPONSIBLE FOR CUSTODY OF FUNDS
JESSICA ZANDER 140 CLARENDON STREET BOSTON, MA 02116	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
ELIZABETH CHANDLER 140 CLARENDON STREET BOSTON, MA 02116	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
ELIZABETH CHANDLER 140 CLARENDON STREET BOSTON, MA 02116	RESPONSIBLE FOR FUNDRAISING
ANNE CLUTZ 140 CLARENDON STREET BOSTON, MA 02116	RESPONSIBLE FOR FUNDRAISING
JESSICA ZANDER 140 CLARENDON STREET BOSTON, MA 02116	CUSTODY OF FINANCIAL RECORDS
ELIZABETH CHANDLER 140 CLARENDON STREET BOSTON, MA 02116	AUTHORIZED TO SIGN CHECKS
JESSICA ZANDER 140 CLARENDON STREET BOSTON, MA 02116	AUTHORIZED TO SIGN CHECKS

20. Has this organization or any of its officers, directors, or employees:

*If yes, please attach an explanation.*

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?  Yes  No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?  Yes  No
- (c) Been the subject of a proceeding regarding any solicitation or registration?  Yes  No
- (d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency?  Yes  No

21. Have any restrictions been removed during the year from donor-restricted funds?

*If yes, please attach an explanation.*

Yes  No

22. Have donor-restricted funds been loaned to unrestricted funds?

*If yes, please attach an explanation.*

Yes  No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?  Yes  No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?  Yes  No

*If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

*If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.*

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H.	Has your organization paid or become obligated to pay wages, salary, or other compensation to a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**STATEMENT 4**

FORM PC

PAGE 6 LINE 24

STATEMENT 4

NAME

CLARENDON RESIDENCES, LLC  
140 CLARENDON STREET  
BOSTON, MA 02116

NATURE OF TRANSACTIONAMOUNT INVOLVED

24B: GROUND LEASE

\$125,220

PROCEDURE FOLLOWED

CLARENDON RESIDENCES, LLC ENTERED INTO AN AMENDED AND RESTATED GROUND LEASE WITH YWCA OF BOSTON, INC. EFFECTIVE JULY 2003, EXPIRING IN 99 YEARS. CLARENDON RESIDENCES, LLC IS REQUIRED TO PAY BASIC RENT OF \$120,000 ANNUALLY, TO THE EXTENT OF AVAILABLE CASH FLOW AS DEFINED IN THE AGREEMENT. PAYMENTS ARE DUE ANNUALLY ON OR BEFORE APRIL 1, OF THE FOLLOWING YEAR. ANY BASIC RENT THAT IS DEFERRED DUE TO CASH FLOW CONSTRAINTS SHALL ACCRUE INTEREST AT 4.17% PER YEAR, COMPOUNDED ANNUALLY. ACCRUED GROUND LEASE COSTS PLUS INTEREST TOTALED \$183,949 AT DECEMBER 31, 2019. THE ENTIRE AMOUNT OF DEFERRED RENT, WITH ACCRUED INTEREST, IS DUE DECEMBER 30, 2033.

FORM PC

PAGE 6 LINE 24

STATEMENT 4

NAME

CLARENDON RESIDENCES, LLC  
140 CLARENDON STREET  
BOSTON, MA 02116

NATURE OF TRANSACTIONAMOUNT INVOLVED

24B, 24G: COMMERCIAL LEASE

\$97,565

PROCEDURE FOLLOWED

CLARENDON RESIDENCES, LLC ENTERED INTO A LONG TERM LEASE OF APPROXIMATELY 5,135 SQUARE FEET OF COMMERCIAL SPACE WITH THE YWCA OF BOSTON, WHICH COMMENCED ON JANUARY 1, 2009 AND EXPIRED ON AUGUST 31, 2015. THE LEASE HAS BEEN AMENDED EFFECTIVE JANUARY 1, 2016 AND EXPIRES ON DECEMBER 31, 2023. THE TOTAL RENTAL EXPENSE PAID DURING 2019 UNDER THIS AGREEMENT AMOUNTED TO \$97,565.



NAME

CLARENDON RESIDENCES, LLC  
140 CLARENDON STREET  
BOSTON, MA 02116

NATURE OF TRANSACTION

AMOUNT INVOLVED

24B: RENT AND TAXES

\$71,283

PROCEDURE FOLLOWED

AS OF DECEMBER 31, 2019, YWCA OWED \$71,283 FOR RENT AND TAXES TO CLARENDON RESIDENCES, LLC.

NAME

CLARENDON RESIDENCES, LLC  
140 CLARENDON STREET  
BOSTON, MA 02116

NATURE OF TRANSACTIONAMOUNT INVOLVED

24D, 24F: PURCHASE MONEY NOTE

\$5,668,740

PROCEDURE FOLLOWED

ON JULY 1, 2003, IN CONNECTION WITH THE PURCHASE OF THE BUILDING LOCATED AT 140 CLARENDON STREET IN BOSTON, MASSACHUSETTS BY CLARENDON RESIDENCES, LLC, THE YWCA (THE SELLER) TOOK BACK A PURCHASE MONEY NOTE IN THE AMOUNT OF \$8,400,000. THE INTEREST RATE IS 4.09% PER ANNUM, ACCRUING MONTHLY. PAYMENTS OF PRINCIPAL AND INTEREST ARE DUE ANNUALLY FROM CASH FLOW, AS DEFINED. UNPAID PRINCIPAL AND INTEREST ARE DUE ON THE MATURITY DATE, DECEMBER 2033. AS OF DECEMBER 31, 2019, ACCRUED INTEREST TOTALED \$5,668,740. THE NOTE AND INTEREST HAVE NOT BEEN RECORDED FOR FINANCIAL STATEMENT PURPOSES.

UNDER GAAP, THE BUILDING IS REPORTED AT THE YWCA'S COST NET OF ACCUMULATED DEPRECIATION AT THE DATE OF TRANSFER, AS CLARENDON RESIDENCES, LLC IS RELATED PARTY UNDER THE CONTROL OF THE YWCA.

THE YWCA HAS ENTERED INTO THE FOLLOWING AGREEMENTS WITH CLARENDON RESIDENCES, LLC, WHICH HAVE BEEN ELIMINATED UPON CONSOLIDATION.

FORM PC

PAGE 6 LINE 24

STATEMENT 4

NAME

CLARENDON RESIDENCES, LLC  
140 CLARENDON STREET  
BOSTON, MA 02116

NATURE OF TRANSACTIONAMOUNT INVOLVED

24D, 24F: DEVELOPMENT FEE PAYABLE

\$1,653,438

PROCEDURE FOLLOWED

SPONSOR FUNDING IS BEING PROVIDED BY THE YWCA IN THE FORM OF A DEFERRED DEVELOPER FEE NOTE IN THE AMOUNT OF \$3,000,000. THE OUTSTANDING BALANCE OF THE DEFERRED DEVELOPER FEE WAS \$1,653,438 AT DECEMBER 31, 2019. THE NOTE IS NON-INTEREST BEARING AND IS PAYABLE NO LATER THAN THE TENTH ANNIVERSARY OF THE COMPLETION DATE. ANNUAL PAYMENTS ARE DUE FROM CASH FLOW. IN ADDITION, YWCA WAS REIMBURSED FOR OVERHEAD IN THE AMOUNT OF \$1,250,000 DURING THE DEVELOPMENT STAGE OF THE PROJECT.

FORM PC

PAGE 6 LINE 24

STATEMENT 4

NAME

CLARENDON RESIDENCES, LLC  
 140 CLARENDON STREET  
 BOSTON, MA 02116

NATURE OF TRANSACTIONAMOUNT INVOLVED

24D, 24F: NOTES PAYABLE

\$3,526,075

PROCEDURE FOLLOWED

ADDITIONAL FINANCING IS BEING PROVIDED BY THE YWCA THROUGH THE SPONSOR NOTE. AS OF DECEMBER 31, 2019, \$2,564,825 HAS BEEN ADVANCED UNDER THE NOTE. THIS NOTE BEARS INTEREST AT 0.1%, COMPOUNDED ANNUALLY. PAYMENTS OF PRINCIPAL AND INTEREST ARE DUE FROM CASH FLOW. UNPAID PRINCIPAL AND INTEREST ARE DUE ON THE MATURITY DATE, DECEMBER 2033.

SPONSOR FUNDING IS BEING PROVIDED BY THE YWCA IN THE FORM OF A \$500,000 NEIGHBORHOOD HOUSING TRUST LOAN. THIS NOTE BEARS INTEREST AT 0.1% PER ANNUM. AS OF DECEMBER 31, 2019, \$500,000 HAS BEEN DRAWN AGAINST THE NOTE. INTEREST BEGAN ACCRUING ON THE DATE OF THE FIRST DRAW. PAYMENTS OF PRINCIPAL AND INTEREST ARE DUE ANNUALLY FROM CASH FLOW, AS DEFINED. UNPAID PRINCIPAL AND INTEREST ARE DUE ON THE MATURITY DATE, DECEMBER 2033.

SPONSOR FUNDING IS BEING PROVIDED BY THE YWCA IN THE FORM OF A \$461,250 MCKINNEY FUND LOAN, THE ENTIRE BALANCE OF WHICH WAS DRAWN AS OF DECEMBER 31, 2018. THIS NOTE BEARS INTEREST DURING THE CONSTRUCTION PERIOD EQUAL TO THE AFR AT THE TIME OF EACH DRAW. AT COMPLETION, THE RATE WAS FIXED TO A BLENDED WEIGHTED AVERAGE OF THE RATES FROM THE CONSTRUCTION PERIOD (2.34%), COMPOUNDED ANNUALLY. PAYMENTS OF PRINCIPAL AND INTEREST ARE DUE ANNUALLY FROM CASH FLOW, AS DEFINED. UNPAID PRINCIPAL AND INTEREST ARE DUE ON THE MATURITY DATE, DECEMBER 2033.

FORM PC

PAGE 6 LINE 24

STATEMENT 4

NAME

CLARENDON RESIDENCES, LLC  
140 CLARENDON STREET  
BOSTON, MA 02116

NATURE OF TRANSACTION

24D, 24F: MANAGEMENT CONTRACT

AMOUNT INVOLVED

\$116,199

PROCEDURE FOLLOWED

THE YWCA HAD A CONTRACT TO PROVIDE MANAGEMENT SERVICES TO CLARENDON RESIDENCES, LLC FOR A MONTHLY FEE OF 6% OF GROSS REVENUE. THE YWCA RESCINDED PAYMENT OF THE FEE FOR 2007 THROUGH 2009. EFFECTIVE JANUARY 1, 2008, CLARENDON RESIDENCES, LLC ENTERED INTO A MANAGEMENT CONTRACT WITH AN UNRELATED MANAGEMENT COMPANY FOR A FEE OF 4.5% OF REVENUES RECEIVED. EFFECTIVE JANUARY 1, 2010, THE YWCA BEGAN CHARGING A FEE EQUAL TO 1.5% OF GROSS REVENUE, FOR A TOTAL AMOUNT OF \$116,199 AT DECEMBER 31, 2019. AS DECEMBER 31, 2019, THE ACCRUAL BALANCE WAS \$7,054.

FORM PC

PAGE 6 LINE 24

STATEMENT 4

NAME

THE YWCA FINA HOUSE, LLC  
38 LAWRENCE STREET  
LAWRENCE, MA 01840

NATURE OF TRANSACTIONAMOUNT INVOLVED

24E: YWCA FINA HOUSE, LLC

\$1 PER SHARE

PROCEDURE FOLLOWED

THE YWCA FINA HOUSE, LLC WAS CREATED BY THE YWCA OF GREATER LAWRENCE TO DEVELOP 24 UNITS OF AFFORDABLE HOUSING IN LAWRENCE, MASSACHUSETTS. DURING 2005, THE ASSOCIATION PURCHASED A 21% INTEREST IN YWCA FINA HOUSE, INC., THE MANAGING MEMBER OF YWCA FINA HOUSE, LLC. DURING 2019, THE ASSOCIATION SOLD ITS ENTIRE INTEREST IN YWCA FINA HOUSE, INC. TO YWCA OF GREATER LAWRENCE. AS OF DECEMBER 31, 2018, THE ASSOCIATION HELD 21 SHARES OF COMMON STOCK AT A FAIR VALUE OF APPROXIMATELY \$1 PER SHARE.

## NAME

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THE YWCA CLARENDON, INC.  
140 CLARENDON STREET  
BOSTON, MA 02116

---

NATURE OF TRANSACTION

---

AMOUNT INVOLVED

24E: THE YWCA CLARENDON, INC.

\$1,246,075

---

PROCEDURE FOLLOWED

YWCA OF BOSTON, INC. OWNS 79% OF YWCA CLARENDON, INC., A TAXABLE ENTITY. THE TOTAL INVESTMENT AS OF YEAR ENDED DECEMBER 31, 2019 IS \$1,246,075. YWCA CLARENDON, INC. OWNS .01% OF CLARENDON RESIDENCES, LLC. YWCA CLARENDON, INC. ACTS AS THE MANAGING MEMBER OF CLARENDON RESIDENCES, LLC. THE TRANSACTIONS BETWEEN CLARENDON RESIDENCES, LLC AND YWCA OF BOSTON, INC. WERE REPORTED ABOVE.

NAME

---

RELATED PARTY COMPENSATION

NATURE OF TRANSACTION

AMOUNT INVOLVED

24H: SEE FORM 990, PART VII, SECTION A.

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PROCEDURE FOLLOWED



**Signature Required**

**Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: JESSICA ZANDER

Title: CFO

Name of Preparer: RSM US LLP

Address 80 CITY SQUARE

City BOSTON State MA ZIP Code 02129-3742

Phone Number 617-912-9000

**Schedule A-1  
Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

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Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): \_\_\_\_\_

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Schedule A-1 ctd.**  
**Solicitation Activities During Fiscal Year Covered By This Report**

Identify the individuals who will have final responsibility for the charity's custody of contributions:

**ELIZABETH CHANDLER**

Name and Title: PRESIDENT & CEO

Address 140 CLARENDON STREET

City BOSTON State MA ZIP Code 02116

**ANNE CLUTZ**

Name and Title: CDO

Address 140 CLARENDON STREET

City BOSTON State MA ZIP Code 02116

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

**ELIZABETH CHANDLER**

Name and Title: PRESIDENT & CEO

Address 140 CLARENDON STREET

City BOSTON State MA ZIP Code 02116

**JESSICA ZANDER**

Name and Title: VP & CFO

Address 140 CLARENDON STREET

City BOSTON State MA ZIP Code 02116

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Schedule A-2**  
**Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

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Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): \_\_\_\_\_

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Schedule A-2 ctd.**  
**Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

Identify the individuals who will have final responsibility for the charity's custody of contributions:

**ELIZABETH CHANDLER**

Name and Title: PRESIDENT & CEO

Address 140 CLARENDON STREET,

City BOSTON State MA ZIP Code 02116

**ANNE CLUTZ**

Name and Title: CDO

Address 140 CLARENDON STREET,

City BOSTON State MA ZIP Code 02116

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

**ELIZABETH CHANDLER**

Name and Title: PRESIDENT & CEO

Address 140 CLARENDON STREET,

City BOSTON State MA ZIP Code 02116

**JESSICA ZANDER**

Name and Title: VP & CFO

Address 140 CLARENDON STREET,

City BOSTON State MA ZIP Code 02116

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Certification by Organization**

*Two different signatures required.* Signers must be organization president or other authorized officer or trustee.

**Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: **JESSICA ZANDER** \_\_\_\_\_

Title: **CFO** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Schedule RO**

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. ( If you have more than five Related Organizations, please attach a list.)

Name: <b>YWCA CLARENDON, INC.</b>		Primary purpose or activity: <b>PROPERTY MANAGEMENT</b>		
FYE  06/30/19	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

**Schedule RO ctd.**

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation ( *see instructions*). Use additional lines below to itemize by compensation source.

Name: <b>ELIZABETH CHANDLER</b>		Title: <b>PRESIDENT &amp; CEO</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
<b>YWCA OF BOSTON, INC.</b>	<b>188,793.</b>	<b>13,430.</b>	

Name: <b>ANNE CLUTZ</b>		Title: <b>CDO</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
<b>YWCA OF BOSTON, INC.</b>	<b>145,626.</b>	<b>25,562.</b>	

Name: <b>JESSICA ZANDER</b>		Title: <b>CFO</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
<b>YWCA OF BOSTON, INC.</b>	<b>136,874.</b>	<b>27,416.</b>	

Name: <b>KEMARAH SIKA</b>		Title: <b>VP PROGRAMS</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
<b>YWCA OF BOSTON, INC.</b>	<b>106,443.</b>	<b>2,920.</b>	

Name: <b>KATHYRN HENDERSON</b>		Title: <b>VP OF STRATEGIC PARTNERSHIPS</b>	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation
<b>YWCA OF BOSTON, INC.</b>	<b>87,705.</b>	<b>10,564.</b>	

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?  Yes  No



# TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM M-990T

FOR THE YEAR ENDING

DECEMBER 31, 2019

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**PREPARED FOR:**

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF  
BOSTON, INC.  
140 CLARENDON STREET  
BOSTON, MA 02116

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**PREPARED BY:**

RSM US LLP  
80 CITY SQUARE  
BOSTON, MA 02129-3742

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**TO BE SIGNED AND DATED BY:**

THE AUTHORIZED INDIVIDUAL(S).

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**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT		0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

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**OVERPAYMENT:**

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

MASS. DEPARTMENT OF REVENUE  
P.O. BOX 7067  
BOSTON, MA 02204

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**RETURN MUST BE MAILED ON OR BEFORE:**

DECEMBER 15, 2020

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**SPECIAL INSTRUCTIONS:**



**Massachusetts Department of Revenue  
Form M-990T  
Unrelated Business Income Tax Return**

**2019**

For calendar year 2019 or taxable period beginning **JANUARY 1, 2019** and ending **DECEMBER 31, 2019**

Most corporate excise taxpayers, including tax-exempt corporations and trusts, are subject to the electronic filing requirements. See Technical Information Release 16-9.

Name of company **YOUNG WOMEN'S CHRISTIAN ASSOCI** Federal Identification number **04-2103548**

Mailing address **140 CLARENDON STREET**

City/Town **BOSTON** State **MA** ZIP **02116** Phone number **(617) 585-5420**

Name of treasurer **SUZANNE ABAIR** Fill in if a Taxpayer Disclosure Statement is enclosed

Fill in if  Amended return (see "Amended return" in instructions)  Federal amendment  Federal audit  Final return

Exempt under IRC section (fill in one only)  
 501  408(e)  408A  529(a)  220(e)  530(a)

Organization type (fill in one only)  
 501(c) corporation  501(c) trust  401(a) trust  Other

**Excise calculation.** Use whole dollar method.

1	Unrelated business taxable income (from U.S. Form 990T, line 39)	▶	1	<input type="text"/>
2	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	▶	2	<input type="text"/>
3	Section 168(k) "bonus" depreciation adjustment	▶	3	<input type="text"/>
4	Section 31I and 31K intangible expense add back adjustment	▶	4	<input type="text"/>
5	Federal NOL add back adjustment (See instructions)	▶	5	<input type="text" value="12,172."/>
6	Section 31J and 31K interest expense add back adjustment	▶	6	<input type="text"/>
7	Reserved for future use	▶	7	<input type="text"/>
8	Abandoned Building Renovation deduction ..... Total cost <input type="text"/> x .10 =	▶	8	<input type="text"/>
9	Other adjustments, including research and development expenses (enclose explanation)	▶	9	<input type="text"/>
10	Income subject to apportionment. See instructions	▶	10	<input type="text" value="12,172."/>
11	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	▶	11	<input type="text" value="1.000000"/>
12	Multiply line 10 by line 11	▶	12	<input type="text" value="12,172."/>
13	Income not subject to apportionment	▶	13	<input type="text"/>
14	Add lines 12 and 13	▶	14	<input type="text" value="12,172."/>
15	Certified Massachusetts solar or wind power deduction	▶	15	<input type="text"/>
16	Taxable income before net operating loss deduction	▶	16	<input type="text" value="12,172."/>

**Declaration**

**Under penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.**

Signature of appropriate corporate officer (see instructions) \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Signature of paid preparer \_\_\_\_\_ Date \_\_\_\_\_ Employer Identification number **42-0714325** Address **BOSTON, MA 02129-3742**

If you are signing as an authorized delegate of the appropriate corporate officer, check here  and enclose Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Mail to: **Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.**



Name of company  
**YOUNG WOMEN ' S CHRISTIAN ASSOCIA** Federal Identification number  
**04-2103548**

**Excise calculation** (cont'd.)

17	Loss carryover deduction (from Schedule NOL)	▶ 17	<input type="text" value="12,172."/>
18	Taxable income. Subtract line 17 from line 16	▶ 18	<input type="text"/>
19	Multiply line 18 by .08	▶ 19	<input type="text"/>
20	Credit recapture (enclose Schedule CRS) and/or additional tax on installment sales. See instructions	▶ 20	<input type="text"/>
21	Excise due before credits. Add lines 19 and 20	▶ 21	<input type="text"/>

**Credits.** Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return.

22	Total credits. Enclose Schedule CMS	▶ 22	<input type="text"/>
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**Excise after credits**

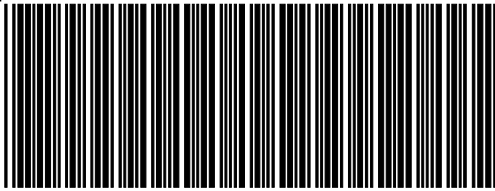
23	Excise due before voluntary contributions. Subtract line 22 from line 21. Not less than "0"	▶ 23	<input type="text" value="0."/>
24	Voluntary contribution for endangered wildlife conservation	▶ 24	<input type="text"/>
25	Total excise plus voluntary contribution. Add lines 23 and 24	▶ 25	<input type="text" value="0."/>

**Payments**

26	2018 overpayment applied to 2019 estimated tax	▶ 26	<input type="text"/>
27	2019 Massachusetts estimated tax payments (do not include amount in line 26)	▶ 27	<input type="text"/>
28	Payment made with extension	▶ 28	<input type="text"/>
29	Payment with original return. Use only if amending a return	▶ 29	<input type="text"/>
30	Pass-through entity withholding Payer Identification number	▶ 30	<input type="text"/>
31	Total refundable credits. Enclose Schedule CMS	▶ 31	<input type="text"/>
32	Total payments. Add lines 26 through 31	▶ 32	<input type="text"/>

**Refund or balance due**

33	Amount overpaid. Subtract line 25 from line 32	▶ 33	<input type="text"/>
34	Amount overpaid to be credited to 2020 estimated tax	▶ 34	<input type="text"/>
35	Amount overpaid to be refunded. Subtract line 34 from line 33	▶ 35	<input type="text"/>
36	Balance due. Subtract line 32 from line 25	▶ 36	<input type="text"/>
37a	M-2220 penalty	▶ 37a	<input type="text"/>
37b	Other penalties	▶ 37b	<input type="text"/>
37	Total penalty. Add lines 37a and 37b	▶ 37	<input type="text"/>
38	Interest on unpaid balance	▶ 38	<input type="text"/>
39	Total payment due at time of filing	▶ 39	<input type="text"/>



**2019 Schedule NOL**

MA19639011039



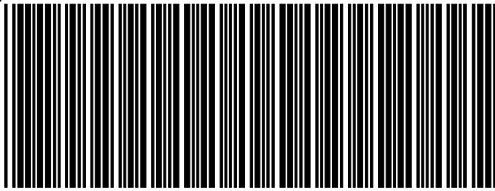
Year beginning 01012019 Ending 12302019

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC. 042103548

Date of most recent ownership change

- 1. Corporation's total income allocated or apportioned in Massachusetts for the year 1 12172
- 2. Fill in if the amount of NOL available for any year below is different from the NOL remaining as shown on last year's tax return  
Explain difference (see instructions)
- 3. List the available losses by tax year end

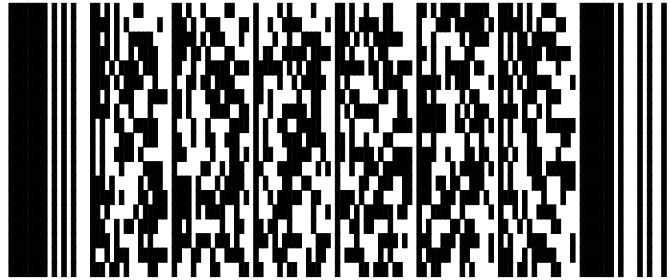
Period end date	Post apportionment NOL available	NOL used or shared	Remaining NOL
12312015	9289	9289	
12312016	7652	2883	4769
12312017	33093		33093
12312018	34529		34529



**2019 Schedule NOL, pg. 2**

MA19639021039

042103548



4. Total NOL available	4	84563
5. Total NOL used or shared this year	5	12172
6. Total NOL not used	6	72391
7. Total NOL expired (if applicable)	7	
8. Total NOL available for carryover to future years	8	72391
Complete if filing Form 355U		
9. Amount of NOL used by member against its own income (not shared)	9	

THE FURTHER CONSOLIDATED APPROPRIATIONS ACT, 2020, P.L. 116-94, H.R. 1865, WAS SIGNED INTO LAW BY THE PRESIDENT OF THE UNITED STATES ON FRIDAY, DECEMBER 20, 2019. DIVISION Q, TITLE III, SECTION 302 OF THE BILL REPEALED IRC SECTION 512(A)(7), THE SECTION TAXING QUALIFIED TRANSPORTATION FRINGE BENEFITS. THE REPEAL IS RETROACTIVE TO THE DATE OF ENACTMENT. IRC SECTION 512(A)(7) WAS ENACTED ON DECEMBER 22, 2017, AS PART OF THE TAX CUTS AND JOBS ACT. YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF BOSTON, INC. REPORTED \$17,895 OF DISALLOWED FRINGE BENEFITS ON ITS 2018 FORM 990-T, LINE 34 AS ORIGINALLY FILED, RESULTING IN A TOTAL UNRELATED BUSINESS TAXABLE LOSS BEFORE SPECIFIC DEDUCTION OF \$16,634 ON LINE 36 OF THE 2018 FORM 990-T. THIS TOTAL UNRELATED BUSINESS TAXABLE LOSS IS ALLOCATED 100% TO MA. WITH THE REPEAL OF IRC SECTION 512(A)(7), THE DISALLOWED FRINGE BENEFITS AMOUNT IS REDUCED TO \$0 AND THE NET UNRELATED BUSINESS TAXABLE LOSS SHOULD BE \$34,529 FOR TAX YEAR 2018. THE TOTAL NET OPERATING LOSSES CARRIED OVER FROM PRIOR YEARS AVAILABLE FOR 2019 IS THEREFORE ADJUSTED TO \$84,563. PLEASE SEE 2019 SCH. NOL.