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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
YMCA of the North Shore Inc

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
245 Cabot Street

City or town, state or province, country, and ZIP or foreign postal code  
Beverly, MA 01915

F Name and address of principal officer:  
KEVIN MCCARTHY  
245 Cabot Street  
Beverly, MA 01915

D Employer identification number  
04-2104913

E Telephone number  
(978) 922-0990

G Gross receipts \$ 38,815,003

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.NORTHSHOREYMCA.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1858

M State of legal domicile: MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
OUR YMCA WELCOMES ALL. WE STRENGTHEN COMMUNITIES, EDUCATE AND NURTURE CHILDREN, AND PROMOTE HEALTHY LIVING IN SPIRIT, MIND AND BODY.

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

3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 30

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 30

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) . . . . . 1,887

6 Total number of volunteers (estimate if necessary) . . . . . 172

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 0

7b Net unrelated business taxable income from Form 990-T, line 39 . . . . . 0

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 10,325,412

9 Program service revenue (Part VIII, line 2g) . . . . . 36,063,263

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 335,316

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 2,101,692

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 48,825,683

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 2,355,333

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 27,822,298

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶1,168,626

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 13,936,437

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 44,114,068

19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 4,711,615

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 104,009,682

21 Total liabilities (Part X, line 26) . . . . . 27,163,410

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 76,846,272

Part II Signature Block

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

Sign Here

Signature of officer

2021-05-13  
Date

KEVIN MCCARTHY CFO  
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01446126

Firm's name ▶ Daniel Dennis & Company LLP

Firm's EIN ▶ 04-2734675

Firm's address ▶ 990 Washington Street Suite 308A  
Dedham, MA 02026

Phone no. (617) 262-9898

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)

**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:

Our YMCA welcomes all. We strengthen communities, educate and nurture children, and promote healthy living in spirit, mind and body. Our strategic goals include providing youth and teen skill development, reversing the obesity epidemic, improving health outcomes for all community members, decreasing social isolation, and supporting basic needs for those with financial difficulties. Our 1,887-member employee team and 172-member volunteer team are committed to serving all in our communities. This commitment can be seen in the high quality of service we provide and our strong financial assistance program, through which over \$1,700,000 was distributed to over 6,700 children, adults and families who were unable to pay for Y membership and programs.

**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.

|           |                                                                                             |
|-----------|---------------------------------------------------------------------------------------------|
| <b>4a</b> | (Code: ) (Expenses \$ 17,552,226 including grants of \$ 1,077,498 ) (Revenue \$ 9,862,382 ) |
|           | See Additional Data                                                                         |

|           |                                                                                           |
|-----------|-------------------------------------------------------------------------------------------|
| <b>4b</b> | (Code: ) (Expenses \$ 14,697,933 including grants of \$ 654,344 ) (Revenue \$ 9,083,844 ) |
|           | See Additional Data                                                                       |

|           |                                                                                    |
|-----------|------------------------------------------------------------------------------------|
| <b>4c</b> | (Code: ) (Expenses \$ 1,548,566 including grants of \$ 0 ) (Revenue \$ 1,098,774 ) |
|           | See Additional Data                                                                |

|           |                                                     |
|-----------|-----------------------------------------------------|
| <b>4d</b> | Other program services (Describe in Schedule O.)    |
|           | (Expenses \$ including grants of \$ ) (Revenue \$ ) |

|           |                                                    |
|-----------|----------------------------------------------------|
| <b>4e</b> | <b>Total program service expenses</b> ▶ 33,798,725 |
|-----------|----------------------------------------------------|

**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)? If "Yes," complete Schedule A                                                                                                                   | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                  | <b>2</b> Yes   |    |
| <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? If "Yes," complete Schedule C, Part I                                                                                                                                                 | <b>3</b>       | No |
| <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? If "Yes," complete Schedule C, Part II                                                        | <b>4</b> Yes   |    |
| <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? If "Yes," complete Schedule C, Part III                                                                                                          | <b>5</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? If "Yes," complete Schedule D, Part I                                                                               | <b>6</b>       | No |
| <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? If "Yes," complete Schedule D, Part II                                                                                                                       | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                                                    | <b>8</b>       | No |
| <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? If "Yes," complete Schedule D, Part IV                                        | <b>9</b>       | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V                                               | <b>10</b> Yes  |    |
| <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? If "Yes," complete Schedule D, Part VI.                                                                                                                | <b>11a</b> Yes |    |
| <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? If "Yes," complete Schedule D, Part VII                                                                                                                                | <b>11b</b>     | No |
| <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? If "Yes," complete Schedule D, Part VIII                                                                                                                                | <b>11c</b>     | No |
| <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? If "Yes," complete Schedule D, Part IX                                                              | <b>11d</b> Yes |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                           | <b>11e</b> Yes |    |
| <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)? If "Yes," complete Schedule D, Part X  | <b>11f</b> Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                                                   | <b>12a</b>     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                 | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                   | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                        | <b>14a</b>     | No |
| <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? If "Yes," complete Schedule F, Parts I and IV                            | <b>14b</b>     | No |
| <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? If "Yes," complete Schedule F, Parts II and IV                                                                                                                                      | <b>15</b>      | No |
| <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? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                | <b>16</b>      | No |
| <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? If "Yes," complete Schedule G, Part I (see instructions)                                                                                                                       | <b>17</b>      | No |
| <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? If "Yes," complete Schedule G, Part II                                                                 | <b>18</b> Yes  |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                                                                | <b>19</b>      | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                                                        | <b>20a</b>     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                         | <b>20b</b>     |    |
| <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? If "Yes," complete Schedule I, Parts I and II                                                                                                                       | <b>21</b>      | No |

**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? If "Yes," complete Schedule I, Parts I and III . . . . .                                                                                                                                                                                         | <b>22</b>  | Yes |    |
| <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? If "Yes," complete Schedule J . . . . .                                                                                                                              | <b>23</b>  | Yes |    |
| <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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .                                                                                                    | <b>24a</b> | Yes |    |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                                                                                   | <b>24b</b> |     | No |
| <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? . . . . .                                                                                                                                                                                                                                        | <b>24c</b> |     | No |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                                                                                             | <b>24d</b> |     | No |
| <b>25a</b> | <b>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? If "Yes," complete Schedule L, Part I . . . . .                                                                                                                                                                 | <b>25a</b> |     | No |
| <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? If "Yes," complete Schedule L, Part I . . . . .                                                                                                               | <b>25b</b> |     | No |
| <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? If "Yes," complete Schedule L, Part II . . . . .                                                         | <b>26</b>  |     | No |
| <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? If "Yes," complete Schedule L, Part III . . . . . | <b>27</b>  |     | No |
| <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? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                              | <b>28a</b> | Yes |    |
| <b>b</b>   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                                                                                   | <b>28b</b> |     | No |
| <b>c</b>   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                                     | <b>28c</b> |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                                                                                                                                                          | <b>29</b>  | Yes |    |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                                                                                          | <b>30</b>  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .                                                                                                                                                                                                                                                                | <b>31</b>  |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .                                                                                                                                                                                                                                              | <b>32</b>  |     | No |
| <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? If "Yes," complete Schedule R, Part I . . . . .                                                                                                                                                                                              | <b>33</b>  | Yes |    |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .                                                                                                                                                                                                                                          | <b>34</b>  | Yes |    |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                     | <b>35a</b> | Yes |    |
| <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)? If "Yes," complete Schedule R, Part V, line 2 . . . . .                                                                                                                                                                 | <b>35b</b> | Yes |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .                                                                                                                                                                                                   | <b>36</b>  |     | No |
| <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? If "Yes," complete Schedule R, Part VI . . . . .                                                                                                                                                     | <b>37</b>  |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .                                                                                                                                                                                                | <b>38</b>  | Yes |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

|           |                                                                                                                                                                    | Yes       | No  |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .                                                                             | <b>1a</b> | 65  |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .                                                                          | <b>1b</b> | 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? . . . . . | <b>1c</b> | Yes |

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

Form **990** (2020)

**Part VI**

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

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

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                   |                                                                                                                                                                                                                     | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b>                                                                                                                                                                                                         | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                 | 30  |    |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |                                                                                                                                                                                                                     |     |    |
| <b>b</b>                                                                                                                                                                                                          | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | 30  |    |
| <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?                                               | Yes |    |
| <b>3</b>                                                                                                                                                                                                          | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | No |
| <b>4</b>                                                                                                                                                                                                          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    |     | No |
| <b>5</b>                                                                                                                                                                                                          | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          |     | No |
| <b>6</b>                                                                                                                                                                                                          | Did the organization have members or stockholders?                                                                                                                                                                  |     | No |
| <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?                                                                  | Yes |    |
| <b>7b</b>                                                                                                                                                                                                         | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           |     | No |
| <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?                                                                                                                                                                                                 | Yes |    |
| <b>b</b>                                                                                                                                                                                                          | Each committee with authority to act on behalf of the governing body?                                                                                                                                               | Yes |    |
| <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 in Schedule O        |     | No |

**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?                                                                                                                                                                                                                           | Yes |    |
| <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?                                                                   | Yes |    |
| <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?                                                                                                                                                                  | Yes |    |
| <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                                                                                                                                                                                                      | Yes |    |
| <b>b</b>                                                                            | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | Yes |    |
| <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                                                                                                                                           | Yes |    |
| <b>13</b>                                                                           | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | Yes |    |
| <b>14</b>                                                                           | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | Yes |    |
| <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                                                                                                                                                                                                                       | Yes |    |
| <b>b</b>                                                                            | Other officers or key employees of the organization                                                                                                                                                                                                                                          | Yes |    |
| 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?                                                                                                                                        | Yes |    |
| <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? | Yes |    |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed: MA , NH

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ►KEVIN MCCARTHY 245 CABOT STREET BEVERLY, MA 01915 (978) 922-0990

## 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 ☐

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

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

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

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

[illegible]

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| See Additional Data Table                                      |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-Total</b>                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              |        | 1,981,500                                                            | 0                                                                         | 216,451                                                                                       |

**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 **▶ 16**

|                                                                                                                                                                                                                                              | Yes   | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                        | 3 Yes |    |
| <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> | 4 Yes |    |
| <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>                       | 5     | No |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                                            | (B)<br>Description of services      | (C)<br>Compensation |
|-----------------------------------------------------------------------------|-------------------------------------|---------------------|
| Cummings Properties<br>200 West Cummings Park<br>Woburn, MA 01801           | Building Lease                      | 136,466             |
| Overlook Cabot LLC<br>5 Briscoe Street<br>Suite 2<br>Beverly, MA 01915      | Building Rental                     | 127,143             |
| Mahi Mahi Cruises and Charters LLC<br>24 Congress Street<br>Salem, MA 01970 | Transportation                      | 107,800             |
| See Part VII 1a(49)<br>16 SUMMIT AVE<br>ROCKPORT, MA 01966                  | Real Estate Consulting and Advising |                     |

**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 **▶ 4**



Part VIII Statement of Revenue

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

|                                                                    |                                                                                                                                                 |                                                                                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |         |  |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|---------|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts          | 1a                                                                                                                                              | Federated campaigns . . .                                                            | 1a                   | 72,865                                             |                                         |                                                                    |         |  |
|                                                                    | b                                                                                                                                               | Membership dues . . .                                                                | 1b                   | 0                                                  |                                         |                                                                    |         |  |
|                                                                    | c                                                                                                                                               | Fundraising events . . .                                                             | 1c                   | 67,276                                             |                                         |                                                                    |         |  |
|                                                                    | d                                                                                                                                               | Related organizations                                                                | 1d                   | 0                                                  |                                         |                                                                    |         |  |
|                                                                    | e                                                                                                                                               | Government grants (contributions)                                                    | 1e                   | 8,053,575                                          |                                         |                                                                    |         |  |
|                                                                    | f                                                                                                                                               | All other contributions, gifts, grants,<br>and similar amounts not included<br>above | 1f                   | 8,344,381                                          |                                         |                                                                    |         |  |
|                                                                    | g                                                                                                                                               | Noncash contributions included in<br>lines 1a - 1f:\$                                | 1g                   | 67,276                                             |                                         |                                                                    |         |  |
|                                                                    | h Total. Add lines 1a-1f . . . . . ▶                                                                                                            |                                                                                      |                      | 16,538,097                                         |                                         |                                                                    |         |  |
| Program Service Revenue                                            |                                                                                                                                                 |                                                                                      | Business Code        |                                                    |                                         |                                                                    |         |  |
|                                                                    | 2a                                                                                                                                              | Membership Revenue                                                                   |                      | 7,850,334                                          | 7,850,334                               |                                                                    |         |  |
|                                                                    | b                                                                                                                                               | Childcare Revenue -- Infant/Toddler/Preschool                                        |                      | 4,602,325                                          | 4,602,325                               |                                                                    |         |  |
|                                                                    | c                                                                                                                                               | Childcare Revenue -- School Age                                                      |                      | 2,441,760                                          | 2,441,760                               |                                                                    |         |  |
|                                                                    | d                                                                                                                                               | Day Camp Revenue                                                                     |                      | 1,757,664                                          | 1,757,664                               |                                                                    |         |  |
|                                                                    | e                                                                                                                                               | Resident Camp Revenue                                                                |                      | 0                                                  | 0                                       |                                                                    |         |  |
|                                                                    | f                                                                                                                                               | All other program service revenue.                                                   |                      | 2,294,143                                          | 2,294,143                               | 0                                                                  |         |  |
| g Total. Add lines 2a-2f. . . . . ▶                                |                                                                                                                                                 |                                                                                      | 18,946,226           |                                                    |                                         |                                                                    |         |  |
| Other Revenue                                                      | 3 Investment income (including dividends, interest, and other<br>similar amounts) . . . . . ▶                                                   |                                                                                      |                      | 355,957                                            |                                         | 355,957                                                            |         |  |
|                                                                    | 4 Income from investment of tax-exempt bond proceeds ▶                                                                                          |                                                                                      |                      |                                                    |                                         |                                                                    |         |  |
|                                                                    | 5 Royalties . . . . . ▶                                                                                                                         |                                                                                      |                      |                                                    |                                         |                                                                    |         |  |
|                                                                    | 6a                                                                                                                                              | Gross rents                                                                          | (i) Real             | (ii) Personal                                      |                                         |                                                                    |         |  |
|                                                                    |                                                                                                                                                 |                                                                                      | 6a                   | 715,113                                            |                                         |                                                                    |         |  |
|                                                                    |                                                                                                                                                 |                                                                                      | b                    | Less: rental<br>expenses                           | 6b                                      | 654,017                                                            |         |  |
|                                                                    |                                                                                                                                                 |                                                                                      | c                    | Rental income<br>or (loss)                         | 6c                                      | 61,096                                                             | 0       |  |
|                                                                    | d Net rental income or (loss) . . . . . ▶                                                                                                       |                                                                                      |                      | 61,096                                             | 0                                       | 0                                                                  | 61,096  |  |
|                                                                    | 7a                                                                                                                                              | Gross amount<br>from sales of<br>assets other<br>than inventory                      | (i) Securities       | (ii) Other                                         |                                         |                                                                    |         |  |
|                                                                    |                                                                                                                                                 |                                                                                      | 7a                   |                                                    |                                         |                                                                    |         |  |
|                                                                    |                                                                                                                                                 |                                                                                      | b                    | Less: cost or<br>other basis and<br>sales expenses | 7b                                      |                                                                    |         |  |
|                                                                    |                                                                                                                                                 |                                                                                      | c                    | Gain or (loss)                                     | 7c                                      | 0                                                                  | 0       |  |
|                                                                    | d Net gain or (loss) . . . . . ▶                                                                                                                |                                                                                      |                      |                                                    |                                         |                                                                    |         |  |
|                                                                    | 8a Gross income from fundraising events<br>(not including \$ 19,016 of<br>contributions reported on line 1c).<br>See Part IV, line 18 . . . . . |                                                                                      | 8a                   | 1,155,621                                          |                                         |                                                                    |         |  |
|                                                                    | b Less: direct expenses . . . . .                                                                                                               |                                                                                      | 8b                   | 248,395                                            |                                         |                                                                    |         |  |
|                                                                    | c Net income or (loss) from fundraising events . . . ▶                                                                                          |                                                                                      |                      | 907,226                                            |                                         | 0                                                                  | 907,226 |  |
|                                                                    | 9a Gross income from gaming activities.<br>See Part IV, line 19 . . . . .                                                                       |                                                                                      | 9a                   |                                                    |                                         |                                                                    |         |  |
| b Less: direct expenses . . . . .                                  |                                                                                                                                                 | 9b                                                                                   |                      |                                                    |                                         |                                                                    |         |  |
| c Net income or (loss) from gaming activities . . . ▶              |                                                                                                                                                 |                                                                                      |                      |                                                    |                                         |                                                                    |         |  |
| 10a Gross sales of inventory, less<br>returns and allowances . . . |                                                                                                                                                 | 10a                                                                                  |                      |                                                    |                                         |                                                                    |         |  |
| b Less: cost of goods sold . . .                                   |                                                                                                                                                 | 10b                                                                                  |                      |                                                    |                                         |                                                                    |         |  |
| c Net income or (loss) from sales of inventory . . . ▶             |                                                                                                                                                 |                                                                                      |                      |                                                    |                                         |                                                                    |         |  |
| Miscellaneous Revenue                                              |                                                                                                                                                 | Business Code                                                                        |                      |                                                    |                                         |                                                                    |         |  |
| 11a Housing Management Fees                                        |                                                                                                                                                 | 900099                                                                               | 218,294              | 218,294                                            |                                         |                                                                    |         |  |
| b Housing Admin/Custodial Fees                                     |                                                                                                                                                 | 900099                                                                               | 769,181              | 769,181                                            |                                         |                                                                    |         |  |
| c Resale Income                                                    |                                                                                                                                                 | 900099                                                                               | 5,215                |                                                    |                                         | 5,215                                                              |         |  |
| d All other revenue . . . . .                                      |                                                                                                                                                 |                                                                                      | 111,299              | 111,299                                            | 0                                       | 0                                                                  |         |  |
| e Total. Add lines 11a-11d . . . . . ▶                             |                                                                                                                                                 |                                                                                      | 1,103,989            |                                                    |                                         |                                                                    |         |  |
| 12 Total revenue. See instructions . . . . . ▶                     |                                                                                                                                                 |                                                                                      | 37,912,591           | 20,045,000                                         | 0                                       | 1,329,494                                                          |         |  |

**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 ☐

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>                                                                                                                                                                | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                                                                                                              | 0                            | 0                                      |                                               |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                                                         | 1,731,842                    | 1,731,842                              |                                               |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .                                                                                                   | 0                            | 0                                      |                                               |                                    |
| <b>4</b> Benefits paid to or for members . . . . .                                                                                                                                                                                                   | 0                            | 0                                      |                                               |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                          | 1,282,885                    | 1,198,136                              | 54,994                                        | 29,755                             |
| <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 . . . . .                                                                                                                                                                                                          | 16,977,495                   | 15,560,732                             | 814,750                                       | 602,013                            |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .                                                                                                                               | 757,967                      | 688,765                                | 54,725                                        | 14,477                             |
| <b>9</b> Other employee benefits . . . . .                                                                                                                                                                                                           | 2,546,577                    | 2,376,519                              | 104,772                                       | 65,286                             |
| <b>10</b> Payroll taxes . . . . .                                                                                                                                                                                                                    | 1,411,734                    | 1,301,285                              | 61,576                                        | 48,873                             |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                         |                              |                                        |                                               |                                    |
| <b>a</b> Management . . . . .                                                                                                                                                                                                                        |                              |                                        |                                               |                                    |
| <b>b</b> Legal . . . . .                                                                                                                                                                                                                             | 6,840                        | 6,156                                  | 684                                           |                                    |
| <b>c</b> Accounting . . . . .                                                                                                                                                                                                                        | 52,495                       | 47,245                                 | 5,250                                         |                                    |
| <b>d</b> Lobbying . . . . .                                                                                                                                                                                                                          |                              |                                        |                                               |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                     |                              |                                        |                                               |                                    |
| <b>f</b> Investment management fees . . . . .                                                                                                                                                                                                        |                              |                                        |                                               |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)                                                                                                                                 | 1,635,425                    | 1,300,473                              | 49,408                                        | 285,544                            |
| <b>12</b> Advertising and promotion . . . . .                                                                                                                                                                                                        | 165,684                      | 133,998                                | 31,236                                        | 450                                |
| <b>13</b> Office expenses . . . . .                                                                                                                                                                                                                  | 383,060                      | 314,435                                | 37,028                                        | 31,597                             |
| <b>14</b> Information technology . . . . .                                                                                                                                                                                                           |                              |                                        |                                               |                                    |
| <b>15</b> Royalties . . . . .                                                                                                                                                                                                                        |                              |                                        |                                               |                                    |
| <b>16</b> Occupancy . . . . .                                                                                                                                                                                                                        | 2,151,232                    | 2,147,185                              | 2,649                                         | 1,398                              |
| <b>17</b> Travel . . . . .                                                                                                                                                                                                                           |                              |                                        |                                               |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                   |                              |                                        |                                               |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .                                                                                                                                                                                           | 48,180                       | 44,966                                 | 2,868                                         | 346                                |
| <b>20</b> Interest . . . . .                                                                                                                                                                                                                         | 458,553                      | 451,370                                | 1,318                                         | 5,865                              |
| <b>21</b> Payments to affiliates . . . . .                                                                                                                                                                                                           | 0                            | 0                                      | 0                                             | 0                                  |
| <b>22</b> Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                        | 2,944,209                    | 2,943,284                              |                                               | 925                                |
| <b>23</b> Insurance . . . . .                                                                                                                                                                                                                        | 593,307                      | 578,652                                | 13,494                                        | 1,161                              |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                          |                              |                                        |                                               |                                    |
| <b>a</b> Program                                                                                                                                                                                                                                     | 693,361                      | 690,073                                | 3,091                                         | 197                                |
| <b>b</b> Bank and Other Fees                                                                                                                                                                                                                         | 359,162                      | 321,840                                | 9,498                                         | 27,824                             |
| <b>c</b> Dues and Certs                                                                                                                                                                                                                              | 364,699                      | 345,353                                | 19,346                                        |                                    |
| <b>d</b> Transportation                                                                                                                                                                                                                              | 244,771                      | 244,045                                | 726                                           |                                    |
| <b>e</b> All other expenses                                                                                                                                                                                                                          | 1,448,418                    | 1,372,371                              | 23,132                                        | 52,915                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                         | 36,257,896                   | 33,798,725                             | 1,290,545                                     | 1,168,626                          |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |                                        |                                               |                                    |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

|                                    |                                                                                                                                      |                                                                                                                                                                                                                      |             | (A)<br>Beginning of year |             | (B)<br>End of year |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|-------------|--------------------|
| <b>Assets</b>                      | <b>1</b>                                                                                                                             | Cash—non-interest-bearing . . . . .                                                                                                                                                                                  |             | 4,555,588                | <b>1</b>    | 5,190,304          |
|                                    | <b>2</b>                                                                                                                             | Savings and temporary cash investments . . . . .                                                                                                                                                                     |             | 728,022                  | <b>2</b>    | 0                  |
|                                    | <b>3</b>                                                                                                                             | Pledges and grants receivable, net . . . . .                                                                                                                                                                         |             | 5,122,879                | <b>3</b>    | 3,028,565          |
|                                    | <b>4</b>                                                                                                                             | Accounts receivable, net . . . . .                                                                                                                                                                                   |             | 1,240,623                | <b>4</b>    | 1,110,443          |
|                                    | <b>5</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 . . . . . |             | 0                        | <b>5</b>    | 0                  |
|                                    | <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) . . . . .                                                          |             | 0                        | <b>6</b>    | 0                  |
|                                    | <b>7</b>                                                                                                                             | Notes and loans receivable, net . . . . .                                                                                                                                                                            |             | 14,016,853               | <b>7</b>    | 14,745,105         |
|                                    | <b>8</b>                                                                                                                             | Inventories for sale or use . . . . .                                                                                                                                                                                |             |                          | <b>8</b>    |                    |
|                                    | <b>9</b>                                                                                                                             | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                      |             | 572,191                  | <b>9</b>    | 450,555            |
|                                    | <b>10a</b>                                                                                                                           | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                  | <b>10a</b>  | 95,486,311               |             |                    |
|                                    | <b>b</b>                                                                                                                             | Less: accumulated depreciation                                                                                                                                                                                       | <b>10b</b>  | 39,292,989               |             |                    |
|                                    | <b>11</b>                                                                                                                            | Investments—publicly traded securities . . . . .                                                                                                                                                                     |             | 13,241,315               | <b>11</b>   | 15,282,401         |
|                                    | <b>12</b>                                                                                                                            | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                         |             | 0                        | <b>12</b>   |                    |
|                                    | <b>13</b>                                                                                                                            | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                          |             | 0                        | <b>13</b>   |                    |
|                                    | <b>14</b>                                                                                                                            | Intangible assets . . . . .                                                                                                                                                                                          |             |                          | <b>14</b>   |                    |
|                                    | <b>15</b>                                                                                                                            | Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                         |             | 6,203,517                | <b>15</b>   | 10,967,527         |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .                                                           |                                                                                                                                                                                                                      | 104,009,682 | <b>16</b>                | 106,968,222 |                    |
| <b>Liabilities</b>                 | <b>17</b>                                                                                                                            | Accounts payable and accrued expenses . . . . .                                                                                                                                                                      |             | 1,967,365                | <b>17</b>   | 2,737,577          |
|                                    | <b>18</b>                                                                                                                            | Grants payable . . . . .                                                                                                                                                                                             |             |                          | <b>18</b>   |                    |
|                                    | <b>19</b>                                                                                                                            | Deferred revenue . . . . .                                                                                                                                                                                           |             | 1,215,051                | <b>19</b>   | 574,278            |
|                                    | <b>20</b>                                                                                                                            | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                |             | 18,605,932               | <b>20</b>   | 24,966,362         |
|                                    | <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 . . . . . |             | 0                        | <b>22</b>   | 0                  |
|                                    | <b>23</b>                                                                                                                            | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                             |             | 5,245,423                | <b>23</b>   | 10,374,626         |
|                                    | <b>24</b>                                                                                                                            | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                               |             | 0                        | <b>24</b>   | 0                  |
|                                    | <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                                              |             | 129,639                  | <b>25</b>   | 144,883            |
| <b>26</b>                          | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                          |                                                                                                                                                                                                                      | 27,163,410  | <b>26</b>                | 38,797,726  |                    |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b> |                                                                                                                                                                                                                      |             |                          |             |                    |
|                                    | <b>27</b>                                                                                                                            | Net assets without donor restrictions . . . . .                                                                                                                                                                      |             | 57,235,969               | <b>27</b>   | 45,015,071         |
|                                    | <b>28</b>                                                                                                                            | Net assets with donor restrictions . . . . .                                                                                                                                                                         |             | 19,610,303               | <b>28</b>   | 23,155,425         |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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>                                                                                                                            | <b>Total net assets or fund balances</b> . . . . .                                                                                                                                                                   |             | 76,846,272               | <b>32</b>   | 68,170,496         |
| <b>33</b>                          | <b>Total liabilities and net assets/fund balances</b> . . . . .                                                                      |                                                                                                                                                                                                                      | 104,009,682 | <b>33</b>                | 106,968,222 |                    |

**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>  | 37,912,591  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 36,257,896  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 1,654,695   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 76,846,272  |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  | 897,905     |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |             |
| <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 in Schedule O)                                           | <b>9</b>  | -11,228,376 |
| <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> | 68,170,496  |

**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 _____<br>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?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                     | Yes |    |
| <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?                                                                                                                                                                                                                                                                  | Yes |    |
| <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 in Schedule O and describe any steps taken to undergo such audits.                                                                                                                                                                                                      | Yes |    |

# Additional Data

**Software ID:** 20011424  
**Software Version:** 2020v4.0  
**EIN:** 04-2104913  
**Name:** YMCA of the North Shore Inc

Form 990 (2020)

**Form 990, Part III, Line 4a:**

Youth Development - At the Y, we believe that all kids have amazing potential. Values and skills learned early are vital building blocks for life. Young people deserve an opportunity to discover who they are and what they can achieve. From the youngest in our child care programs to the teens in our leadership development initiatives, the Y gives kids and teens a safe place to belong, building confidence and learning positive behaviors grounded in our core values of caring, honesty, respect, and responsibility. Childcare - As the region's largest provider of high-quality affordable childcare, we support the healthy development of approximately 1,000 children each day. At our 40+ childcare centers, we focus on nurturing children by providing a safe and healthy place to learn foundational skills; develop healthy, trusting relationships; and build self-reliance through the Y values of caring, honesty, respect and responsibility. Our full-day and partial-day childcare programs for infants through middle school children enable parents and guardians to go to work knowing their children are in a safe, learning environment. The YMCA provided more than \$715,000 in financial assistance and more than one in three children received subsidized childcare. Camp - Our Y provides day camp experiences that fill each summer day with friendships and memories that last a lifetime. Approximately 2,000 children enjoyed camp adventures, and the YMCA provided approximately \$280,000 in financial assistance to one in four children attending camp. Approximately \$190,000 of camp was provided at no cost to the more than 120 children that participated in our summer learning loss prevention program. Youth Services - Our Y program including our teen centers, youth sports, competitive swimming and gymnastics, adventure, and theater programming offer a range of experiences that enrich cognitive, social, physical and emotional growth. The Y served more than 1,300 children in our youth sports programs. Approximately \$110,000 of financial assistance provided made participation possible for more than one in four of the young people we engage.

## **Form 990, Part III, Line 4b:**

Healthy Living - At the Y, we believe that being healthy means more than simply being physically active. It is about maintaining a balanced spirit, mind and body. The Y is a leading voice on health and well-being issues, a leader in fighting chronic disease, and committed to empowering people to lead fuller lives. We bring families closer together, promote healthy living, and foster connections through fitness, sports, fun and shared interests. As a result, millions of youth, adults and families receive the support, guidance and resources they need to become and stay healthy. Membership and Fitness - The YMCA served over 45,000 members from in and around the North Shore region of Massachusetts. The organization's full-service facility in Plaistow, New Hampshire served more than 2,200 members. The YMCA provided more than \$620,000 in financial assistance to those children, adults and families who were unable to pay for membership. More than \$260,000 of memberships were provided at no cost to the approximately 1,600 individuals that participated in our Corner Stone program supporting cancer survivors and their families. Aquatics - Our Y is a leading voice in community water safety. We teach young children to swim, certify lifeguards to protect our region's beaches, and provide health and wellness programs to ensure adult well-being. Approximately 900 children participated in our swim lessons.

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## **Form 990, Part III, Line 4c:**

Social Responsibility - At the Y, we believe that when we work together, we move individuals, families and communities forward. Since 1858, our Y has responded to society's most pressing needs by developing innovative, community-based solutions and uniting people from all walks of life to participate in and work for positive social change. Whether advocating for healthy food options for underserved communities, or giving people an affordable place to live, the Y is committed to empowering people with the resources and support needed to live healthy, connected and secure lives. Residence - Our Y provides affordable housing facilities in Beverly, Ipswich, Cape Ann, and Haverhill. Approximately 500 children and adults are provided a safe, affordable and clean space to call home.

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| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| Brandon Ruggieri<br>1st Vice Chair                                                                                                            | 2.0<br>.....                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Courtney Kagan<br>Secretary/Clerk                                                                                                             | 2.0<br>.....                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Jennifer Buras<br>Chair                                                                                                                       | 2.0<br>.....                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Kim Meader<br>Treasurer                                                                                                                       | 2.0<br>.....                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Robert Eastman<br>Assistant Treasurer                                                                                                         | 2.0<br>.....                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Sheila Burke<br>2nd Vice Chair                                                                                                                | 2.0<br>.....                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Thomas Alexander<br>Counselor                                                                                                                 | 2.0<br>.....                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| William Leaver<br>Past Chair                                                                                                                  | 2.0<br>.....                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Bob Scott<br>Trustee Member                                                                                                                   | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Braden Monaco<br>Board Member                                                                                                                 | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |



| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| Brendan Nolan<br>Board Member                                                                                                                 | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Caleb Loring III<br>Trustee Member                                                                                                            | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Carol Townsend<br>Board Member                                                                                                                | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| David McKechnie<br>Board Member                                                                                                               | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Denald Doonan<br>Board Member                                                                                                                 | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Diane Connolly<br>Board Member                                                                                                                | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Glen Macleod<br>Trustee Member                                                                                                                | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Greg Chin<br>Board Member                                                                                                                     | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Heaton Robertson<br>Trustee Member                                                                                                            | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Jeanne Lambkin<br>Board Member                                                                                                                | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| Jeff Loeb<br>Board Member                                                                                                                     | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Jenn Mayo<br>Trustee Member                                                                                                                   | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Joan Fredericks<br>Board Member                                                                                                               | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Judy Gimik<br>Board Member                                                                                                                    | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Larrisa Lucas<br>Board Member                                                                                                                 | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Lynne Marlor<br>Board Member                                                                                                                  | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Marianne Smith<br>Board Member                                                                                                                | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Maureen Trefry<br>Trustee Member                                                                                                              | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Mike Wheeler<br>Board Member                                                                                                                  | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Nancy Warner<br>Board Member                                                                                                                  | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| Pam Demetroulakis<br>Board Member                                                                                                             | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Peter Richardson<br>Board Member                                                                                                              | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Richard Carlson<br>Trustee Member                                                                                                             | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Stephen Barrand<br>Board Member                                                                                                               | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Stephen Feron<br>Board Member                                                                                                                 | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Steven Kapfhammer<br>Board Member                                                                                                             | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Terry Beaton<br>Board Member                                                                                                                  | 2.0<br>.....                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| Chris Lovasco<br>CEO                                                                                                                          | 40.0<br>.....                                                                              |                                                                                                           |                       | X       |              |                              |        | 366,709                                                              | 0                                                                         | 40,230                                                                                        |
| Kevin McCarthy<br>CFO                                                                                                                         | 40.0<br>.....                                                                              |                                                                                                           |                       | X       |              |                              |        | 208,842                                                              | 0                                                                         | 35,013                                                                                        |
| Marjorie Cregg<br>Chief Advancement Officer                                                                                                   | 40.0<br>.....                                                                              |                                                                                                           |                       |         | X            |                              |        | 172,975                                                              | 0                                                                         | 13,838                                                                                        |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| Scott Hitchcock<br>COO                                                                                                                        | 40.0<br>.....                                                                              |                                                                                                           |                       |         | X            |                              |        | 214,817                                                              | 0                                                                         | 23,635                                                                                        |
| Susannah Robinson<br>Chief Talent Officer                                                                                                     | 35.0<br>.....                                                                              |                                                                                                           |                       |         | X            |                              |        | 176,104                                                              | 0                                                                         | 30,723                                                                                        |
| Darlene Moulton<br>Director of Risk Management                                                                                                | 40.0<br>.....                                                                              |                                                                                                           |                       |         |              | X                            |        | 114,607                                                              | 0                                                                         | 15,672                                                                                        |
| Gerald Mackillop<br>Executive Director                                                                                                        | 40.0<br>.....                                                                              |                                                                                                           |                       |         |              | X                            |        | 157,640                                                              | 0                                                                         | 12,611                                                                                        |
| Jane Stark<br>Director of Development                                                                                                         | 40.0<br>.....                                                                              |                                                                                                           |                       |         |              | X                            |        | 127,166                                                              | 0                                                                         | 10,173                                                                                        |
| Judith Cronin<br>Executive Director                                                                                                           | 40.0<br>.....                                                                              |                                                                                                           |                       |         |              | X                            |        | 152,350                                                              | 0                                                                         | 12,188                                                                                        |
| Laura Snyder<br>Controller                                                                                                                    | 40.0<br>.....                                                                              |                                                                                                           |                       |         |              | X                            |        | 116,572                                                              | 0                                                                         | 22,368                                                                                        |
| John J Meany<br>Former CEO                                                                                                                    | 35.0<br>.....                                                                              |                                                                                                           |                       |         |              |                              | X      | 173,718                                                              | 0                                                                         | 0                                                                                             |

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
YMCA of the North Shore Inc

Employer identification number  
04-2104913

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

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

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

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

Part II

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

| Section A. Public Support |                                                                                                                                                                                                          |          |          |          |          |          |           |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
|                           | Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                         | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1                         | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .                                                                                                  |          |          |          |          |          |           |
| 2                         | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .                                                                                                   |          |          |          |          |          |           |
| 3                         | The value of services or facilities furnished by a governmental unit to the organization without charge..                                                                                                |          |          |          |          |          |           |
| 4                         | <b>Total.</b> Add lines 1 through 3                                                                                                                                                                      |          |          |          |          |          |           |
| 5                         | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . |          |          |          |          |          |           |
| 6                         | <b>Public support.</b> Subtract line 5 from line 4.                                                                                                                                                      |          |          |          |          |          |           |

| Section B. Total Support                         |                                                                                                                                                                                                                                  |          |          |          |          |          |           |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in) ► |                                                                                                                                                                                                                                  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7                                                | Amounts from line 4. . .                                                                                                                                                                                                         |          |          |          |          |          |           |
| 8                                                | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties and<br>income from similar sources. . . .                                                                                   |          |          |          |          |          |           |
| 9                                                | Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on. . .                                                                                                                    |          |          |          |          |          |           |
| 10                                               | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.). . .                                                                                                                       |          |          |          |          |          |           |
| 11                                               | <b>Total support.</b> Add lines 7 through<br>10                                                                                                                                                                                  |          |          |          |          |          |           |
| 12                                               | Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                                                        |          |          |          |          | 12       |           |
| 13                                               | <b>First 5 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<br>this box and <b>stop here</b> . . . . . ► <input type="checkbox"/> |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage |                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 14                                                  | Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                                                              | 14 |
| 15                                                  | Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                                                     | 15 |
| 16a                                                 | <b>33 1/3% support test—2020.</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 type="checkbox"/>                                                                                                                                                                             |    |
| b                                                   | <b>33 1/3% support test—2019.</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"/>                                                                                                                                                                        |    |
| 17a                                                 | <b>10%-facts-and-circumstances test—2020.</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—2019.</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"/> |    |
| 18                                                  | <b>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<br>(or fiscal year beginning in) ►                                                                                                                                  | (a) 2016   | (b) 2017   | (c) 2018   | (d) 2019   | (e) 2020   | (f) Total   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                       | 9,230,899  | 10,500,070 | 9,602,017  | 10,325,412 | 16,538,097 | 56,196,495  |
| <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 | 32,126,712 | 33,990,887 | 35,828,307 | 36,063,263 | 18,946,226 | 156,955,395 |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |            |            |            |            |            | 0           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |            |            |            |            |            | 0           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |            |            |            |            |            | 0           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             | 41,357,611 | 44,490,957 | 45,430,324 | 46,388,675 | 35,484,323 | 213,151,890 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                | 338,228    | 341,267    | 160,953    | 136,370    | 162,857    | 1,139,675   |
| <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.          | 0          | 0          | 0          | 0          | 0          | 0           |
| <b>c</b> Add lines 7a and 7b.                                                                                                                                                     | 338,228    | 341,267    | 160,953    | 136,370    | 162,857    | 1,139,675   |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |            |            |            |            |            | 212,012,215 |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                                        | (a) 2016   | (b) 2017   | (c) 2018   | (d) 2019   | (e) 2020   | (f) Total   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| <b>9</b> Amounts from line 6.                                                                                                                                                                                           | 41,357,611 | 44,490,957 | 45,430,324 | 46,388,675 | 35,484,323 | 213,151,890 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                               | 1,305,186  | 1,313,160  | 1,094,928  | 1,191,680  | 1,071,070  | 5,976,024   |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                                                                                                       |            |            |            |            |            | 0           |
| <b>c</b> Add lines 10a and 10b.                                                                                                                                                                                         | 1,305,186  | 1,313,160  | 1,094,928  | 1,191,680  | 1,071,070  | 5,976,024   |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.                                                                                  |            |            |            |            |            | 0           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                                               | 1,058,655  | 1,259,853  | 1,193,184  | 1,113,205  | 1,103,990  | 5,728,887   |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                                                                                                | 43,721,452 | 47,063,970 | 47,718,436 | 48,693,560 | 37,659,383 | 224,856,801 |
| <b>14 First 5 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>15</b> Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | 94.29 % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15                      | <b>16</b> | 92.09 % |

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

|                                                                                                              |           |        |
|--------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | 3 %    |
| <b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17                        | <b>18</b> | 2.72 % |

- 19a 33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>                                                                                                                                                                                                                    |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                                 |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <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 <b>Part VI</b> when and how the organization made the determination.</i>                                                                                                                                                                                                                                                               |     |    |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                        |     |    |
| <b>3c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>                                                                                                                                                                                                                                                                                                                                            |     |    |
| <b>4a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                            |     |    |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <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 <b>Part VI</b> 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>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, 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>5a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>b</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>5b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>5c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <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 <b>Part VI</b>.</i>                                                              |     |    |
| <b>6</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>                                                                                                                                                                                                 |     |    |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <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>8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <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 <b>Part VI</b>.</i>                                                                                                                                                                                                                                         |     |    |
| <b>9a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <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 <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>9b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <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 <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                   |     |    |
| <b>9c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <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 line 10b below.</i>                                                                                                                                                                                                                                                         |     |    |
| <b>10a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |
| <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>                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>10b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |



Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the officers, 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? 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. |     |    |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.                                                                                                                                                                                                                                                                                        |     |    |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| 2 Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |
| b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                          |  |  |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.                                                                                                                                                                                                                                                                                                               |  |  |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.                                                                                                                                                                                                                                                                                   |  |  |

|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                          |                |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|
| <b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>                                                                                                                                                                                                                 |                                                                                                                                                                                                          |                |                                |
| <b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in Part VI</i> ). <b>See instructions.</b> 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<br>(optional) |
| <b>1</b>                                                                                                                                                                                                                                                                                                     | Net short-term capital gain                                                                                                                                                                              | <b>1</b>       |                                |
| <b>2</b>                                                                                                                                                                                                                                                                                                     | Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>       |                                |
| <b>3</b>                                                                                                                                                                                                                                                                                                     | Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>       |                                |
| <b>4</b>                                                                                                                                                                                                                                                                                                     | Add lines 1 through 3                                                                                                                                                                                    | <b>4</b>       |                                |
| <b>5</b>                                                                                                                                                                                                                                                                                                     | Depreciation and depletion                                                                                                                                                                               | <b>5</b>       |                                |
| <b>6</b>                                                                                                                                                                                                                                                                                                     | 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) | <b>6</b>       |                                |
| <b>7</b>                                                                                                                                                                                                                                                                                                     | Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>       |                                |
| <b>8</b>                                                                                                                                                                                                                                                                                                     | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                       | <b>8</b>       |                                |
| <b>Section B - Minimum Asset Amount</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>                                                                                                                                                                                                                                                                                                     | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):                                                                          | <b>1</b>       |                                |
| <b>a</b>                                                                                                                                                                                                                                                                                                     | Average monthly value of securities                                                                                                                                                                      | <b>1a</b>      |                                |
| <b>b</b>                                                                                                                                                                                                                                                                                                     | Average monthly cash balances                                                                                                                                                                            | <b>1b</b>      |                                |
| <b>c</b>                                                                                                                                                                                                                                                                                                     | Fair market value of other non-exempt-use assets                                                                                                                                                         | <b>1c</b>      |                                |
| <b>d</b>                                                                                                                                                                                                                                                                                                     | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                  | <b>1d</b>      |                                |
| <b>e</b>                                                                                                                                                                                                                                                                                                     | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                                                                                           |                |                                |
| <b>2</b>                                                                                                                                                                                                                                                                                                     | Acquisition indebtedness applicable to non-exempt use assets                                                                                                                                             | <b>2</b>       |                                |
| <b>3</b>                                                                                                                                                                                                                                                                                                     | Subtract line 2 from line 1d                                                                                                                                                                             | <b>3</b>       |                                |
| <b>4</b>                                                                                                                                                                                                                                                                                                     | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                                                                                           | <b>4</b>       |                                |
| <b>5</b>                                                                                                                                                                                                                                                                                                     | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | <b>5</b>       |                                |
| <b>6</b>                                                                                                                                                                                                                                                                                                     | Multiply line 5 by 0.035                                                                                                                                                                                 | <b>6</b>       |                                |
| <b>7</b>                                                                                                                                                                                                                                                                                                     | Recoveries of prior-year distributions                                                                                                                                                                   | <b>7</b>       |                                |
| <b>8</b>                                                                                                                                                                                                                                                                                                     | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                       | <b>8</b>       |                                |
| <b>Section C - Distributable Amount</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |                | Current Year                   |
| <b>1</b>                                                                                                                                                                                                                                                                                                     | Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                                                    | <b>1</b>       |                                |
| <b>2</b>                                                                                                                                                                                                                                                                                                     | Enter 85% of line 1                                                                                                                                                                                      | <b>2</b>       |                                |
| <b>3</b>                                                                                                                                                                                                                                                                                                     | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                                                   | <b>3</b>       |                                |
| <b>4</b>                                                                                                                                                                                                                                                                                                     | Enter greater of line 2 or line 3                                                                                                                                                                        | <b>4</b>       |                                |
| <b>5</b>                                                                                                                                                                                                                                                                                                     | Income tax imposed in prior year                                                                                                                                                                         | <b>5</b>       |                                |
| <b>6</b>                                                                                                                                                                                                                                                                                                     | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                                                             | <b>6</b>       |                                |
| <b>7</b>                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |                |                                |

**Part V**

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

| Section D - Distributions                                                                                                                                          |           | Current Year |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                                     | <b>1</b>  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity                     | <b>2</b>  |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                                     | <b>3</b>  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                                 | <b>4</b>  |              |
| <b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in <b>Part VI</b></i> )                                                    | <b>5</b>  |              |
| <b>6</b> Other distributions ( <i>describe in <b>Part VI</b></i> ). See instructions                                                                               | <b>6</b>  |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.                                                                                                        | <b>7</b>  |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in <b>Part VI</b></i> ). See instructions | <b>8</b>  |              |
| <b>9</b> Distributable amount for 2020 from Section C, line 6                                                                                                      | <b>9</b>  |              |
| <b>10</b> Line 8 amount divided by Line 9 amount                                                                                                                   | <b>10</b> |              |

| Section E - Distribution Allocations<br>(see instructions)                                                                                                                                            | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2020 | (iii)<br>Distributable<br>Amount for 2020 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| <b>1</b> Distributable amount for 2020 from Section C, line 6                                                                                                                                         |                             |                                        |                                           |
| <b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in <b>Part VI</b></i> ). See instructions.                                                       |                             |                                        |                                           |
| <b>3</b> Excess distributions carryover, if any, to 2020:                                                                                                                                             |                             |                                        |                                           |
| <b>a</b> From 2015. . . . .                                                                                                                                                                           |                             |                                        |                                           |
| <b>b</b> From 2016. . . . .                                                                                                                                                                           |                             |                                        |                                           |
| <b>c</b> From 2017. . . . .                                                                                                                                                                           |                             |                                        |                                           |
| <b>d</b> From 2018. . . . .                                                                                                                                                                           |                             |                                        |                                           |
| <b>e</b> From 2019. . . . .                                                                                                                                                                           |                             |                                        |                                           |
| <b>f Total</b> of lines 3a through e                                                                                                                                                                  |                             |                                        |                                           |
| <b>g</b> Applied to underdistributions of prior years                                                                                                                                                 |                             |                                        |                                           |
| <b>h</b> Applied to 2020 distributable amount                                                                                                                                                         |                             |                                        |                                           |
| <b>i</b> Carryover from 2015 not applied (see instructions)                                                                                                                                           |                             |                                        |                                           |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                                       |                             |                                        |                                           |
| <b>4</b> Distributions for 2020 from Section D, line 7:<br>\$                                                                                                                                         |                             |                                        |                                           |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                                                 |                             |                                        |                                           |
| <b>b</b> Applied to 2020 distributable amount                                                                                                                                                         |                             |                                        |                                           |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                             |                             |                                        |                                           |
| <b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions. |                             |                                        |                                           |
| <b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.                        |                             |                                        |                                           |
| <b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.                                                                                                                                 |                             |                                        |                                           |
| <b>8</b> Breakdown of line 7:                                                                                                                                                                         |                             |                                        |                                           |
| <b>a</b> Excess from 2016. . . . .                                                                                                                                                                    |                             |                                        |                                           |
| <b>b</b> Excess from 2017. . . . .                                                                                                                                                                    |                             |                                        |                                           |
| <b>c</b> Excess from 2018. . . . .                                                                                                                                                                    |                             |                                        |                                           |
| <b>d</b> Excess from 2019. . . . .                                                                                                                                                                    |                             |                                        |                                           |
| <b>e</b> Excess from 2020. . . . .                                                                                                                                                                    |                             |                                        |                                           |

**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).

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|                                     |

**990 Schedule A, Supplemental Information**

| Return Reference                              | Explanation                                                                                                                                                         |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule A, Part III, Line 12<br>Other Income | DESCRIPTION - OTHER INCOME, COLUMN A - 1058655.0, COLUMN B - 1259853.0, COLUMN C - 1193184<br>.0, COLUMN D - 1113205.0, COLUMN E - 1103990.0, COLUMN F - 5728887.0; |

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

|                                                         |                                              |
|---------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>YMCA of the North Shore Inc | Employer identification number<br>04-2104913 |
|---------------------------------------------------------|----------------------------------------------|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 1        |             |         |                                                                       |                                                                                                                                              |
| 2        |             |         |                                                                       |                                                                                                                                              |
| 3        |             |         |                                                                       |                                                                                                                                              |
| 4        |             |         |                                                                       |                                                                                                                                              |
| 5        |             |         |                                                                       |                                                                                                                                              |
| 6        |             |         |                                                                       |                                                                                                                                              |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)                                                              | (a) Filing organization's totals                                       | (b) Affiliated group totals |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots 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.                                                                  |                                                                        |                             |
| <b>If the amount on line 1e, column (a) or (b) is:</b>                                                                                                           | <b>The lobbying nontaxable amount is:</b>                              |                             |
| 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |                             |

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

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |           |
|---------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                         | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|           |                                                                                                                                                                                                                               | (a) |    | (b)    |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|           |                                                                                                                                                                                                                               | Yes | No | Amount |
| <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? .....                                                                                                                                                                                                             |     | No |        |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....                                                                                                                            |     | No |        |
| <b>c</b>  | Media advertisements? .....                                                                                                                                                                                                   |     | No |        |
| <b>d</b>  | Mailings to members, legislators, or the public? .....                                                                                                                                                                        |     | No |        |
| <b>e</b>  | Publications, or published or broadcast statements? .....                                                                                                                                                                     |     | No |        |
| <b>f</b>  | Grants to other organizations for lobbying purposes? .....                                                                                                                                                                    |     | No |        |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body? .....                                                                                                                             |     | No |        |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....                                                                                                                               |     | No |        |
| <b>i</b>  | Other activities? .....                                                                                                                                                                                                       | Yes |    | 8,242  |
| <b>j</b>  | Total. Add lines 1c through 1i .....                                                                                                                                                                                          |     |    | 8,242  |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....                                                                                                                           |     | No |        |
| <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 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 <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>                                                                                |           |  |
| <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.

| Return Reference                                                            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | THE YMCA OF THE NORTH SHORE, INC. IS A MEMBER OF THE ALLIANCE OF MASSACHUSETTS YMCAS, A PUBLIC POLICY AND ADVOCACY GROUP COMMITTED TO WORKING WITH YMCAS AND OTHER CHILD CARE AND HUMAN SERVICE ORGANIZATIONS IN THE COMMONWEALTH, CONCERNED WITH THE WELL BEING OF CHILDREN AND FAMILIES. THE YMCA OF THE NORTH SHORE, INC. ENGAGES A STRATEGIC MANAGEMENT AND PUBLIC AFFAIRS CONSULTANT TO ASSIST THE ORGANIZATION IN NAVIGATING REGULATORY AND FUNDING MATTERS PERTAINING TO YMCA SERVICES. |

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SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047  
**2020**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
YMCA of the North Shore Inc

Employer identification number  
04-2104913

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.

1

Total number at end of year . . . . .

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year . . . . .

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

(a)

Donor advised funds

(b)

Funds and other accounts

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply).  

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

a

Total number of conservation easements . . . . .

b

Total acreage restricted by conservation easements . . . . .

c

Number of conservation easements on a certified historic structure included in (a) . . . . .

d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .

Held at the End of the Year

2a

2b

2c

2d

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a

If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b

If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  

(i)

Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

(ii)

Assets included in Form 990, Part X . . . . . ► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:  

a

Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

b

Assets included in Form 990, Part X . . . . . ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2020



Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other .....

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

☐

Part V

Endowment Funds.

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

|                                                            | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     | 10,272,873       | 8,808,925      | 9,653,662          | 7,975,915            | 7,416,725           |
| b Contributions . . . . .                                  | 410,078          | 55,923         | 94,857             | 842,861              | 116,252             |
| c Net investment earnings, gains, and losses               | 1,127,010        | 1,734,242      | -605,164           | 1,178,768            | 672,105             |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . | 337,000          | 311,331        | 316,188            | 326,391              | 212,537             |
| f Administrative expenses . . . . .                        | 18,053           | 14,886         | 18,242             | 17,491               | 16,630              |
| g End of year balance . . . . .                            | 11,454,908       | 10,272,873     | 8,808,925          | 9,653,662            | 7,975,915           |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶ 70.8 %

b

Permanent endowment ▶ 0 %

c

Term endowment ▶ 29.2 %

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:

(i) Unrelated organizations . . . . .

3a(i)

Yes

No

(ii) Related organizations . . . . .

3a(ii)

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

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

| Description of property                                                                                   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                         |                                      | 5,315,313                       |                              | 5,315,313      |
| b Buildings . . . . .                                                                                     |                                      | 80,848,870                      | 33,310,887                   | 47,537,983     |
| c Leasehold improvements                                                                                  |                                      | 0                               | 0                            | 0              |
| d Equipment . . . . .                                                                                     |                                      | 8,674,845                       | 5,982,102                    | 2,692,743      |
| e Other . . . . .                                                                                         |                                      | 647,283                         | 0                            | 647,283        |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 56,193,322     |

Schedule D (Form 990) 2020

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

Part VIII

Investments—Program Related.

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

| (a) Description of investment                                       | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1)                                                                 |                |                                                              |
| (2)                                                                 |                |                                                              |
| (3)                                                                 |                |                                                              |
| (4)                                                                 |                |                                                              |
| (5)                                                                 |                |                                                              |
| (6)                                                                 |                |                                                              |
| (7)                                                                 |                |                                                              |
| (8)                                                                 |                |                                                              |
| (9)                                                                 |                |                                                              |
| (10)                                                                |                |                                                              |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶ |                |                                                              |

Part IX

Other Assets.

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

| (a) Description                                                               | (b) Book value |
|-------------------------------------------------------------------------------|----------------|
| (1) Assets Limited to Use                                                     | 291,672        |
| (2) Cash Restricted for Property and Equipment                                | 6,383,843      |
| (3) Investments in Beneficial Trusts                                          | 1,208,811      |
| (4) Cash Surrender Value of Insurance Contract                                | 1,127,340      |
| (5) Investment in Affiliate                                                   | 23,295         |
| (6) Split Interest Agreement                                                  | 1,932,566      |
| (7)                                                                           |                |
| (8)                                                                           |                |
| (9)                                                                           |                |
| (10)                                                                          |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶ | 10,967,527     |

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) Capital Lease Obligations                                       | 48,378         |
| (3) Tenant Security Deposits                                        | 14,584         |
| (4) Due to Affiliate                                                | 17,876         |
| (5) Other Long-Term Debt                                            | 64,045         |
| (5)                                                                 |                |
| (6)                                                                 |                |
| (7)                                                                 |                |
| (8)                                                                 |                |
| (9)                                                                 |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 144,883        |

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

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

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

|          |                                                                                                          |           |           |  |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  |  |
| <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> |           |  |
| <b>b</b> | Donated services and use of facilities . . . . .                                                         | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                                | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                             |           |           |  |
| <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> |  |
| <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>  |  |

**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>  |  |
| <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> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                           |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                      |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |           |  |
| <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> |  |
| <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>  |  |

**Part XIII Supplemental Information**

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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

**Additional Data**

**Software ID:** 20011424  
**Software Version:** 2020v4.0  
**EIN:** 04-2104913  
**Name:** YMCA of the North Shore Inc

**Supplemental Information**

| Return Reference                                               | Explanation                                           |
|----------------------------------------------------------------|-------------------------------------------------------|
| Schedule D, Part V, Line 4<br>Intended uses of endowment funds | THE FUNDS ARE FOR THE OPERATIONS OF THE ORGANIZATION. |

**Supplemental Information**

| Return Reference                                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | <p>The Organization follows 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 financial statements. It also provides guidance on de-recognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition. All tax exempt entities are subject to review and audit by federal, state and other applicable agencies. Such agencies may review the tax ability of unrelated business income, or the qualification of the tax-exempt entity under the Internal Revenue Code and applicable state statutes. Management believes that the Organization has no material uncertainties in income taxes. The Organization is no longer subject to income tax examinations by the U.S. Federal, State, or local tax authorities for the years before 2017. The Organizations tax returns for 2017, 2018 and 2019 are subject to examination.</p> |



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

| Revenue         |                                                                                    | (a) Event #1                   | (b) Event #2                                | (c) Other events           | (d) Total events                |
|-----------------|------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|----------------------------|---------------------------------|
|                 |                                                                                    | <u>Auction</u><br>(event type) | <u>NSY Road Race Series</u><br>(event type) | <u>9</u><br>(total number) | (add col. (a) through col. (c)) |
| Revenue         | <b>1</b> Gross receipts . . . . .                                                  | 974,167                        | 16,771                                      | 171,639                    | 1,162,577                       |
|                 | <b>2</b> Less: Contributions . . . . .                                             | 19,016                         |                                             |                            | 19,016                          |
|                 | <b>3</b> Gross income (line 1 minus line 2) . . . . .                              | 955,151                        | 16,771                                      | 171,639                    | 1,143,561                       |
|                 |                                                                                    |                                |                                             |                            |                                 |
| Direct Expenses | <b>4</b> Cash prizes . . . . .                                                     |                                |                                             |                            |                                 |
|                 | <b>5</b> Noncash prizes . . . . .                                                  | 801                            | 5,475                                       | 2,450                      | 8,726                           |
|                 | <b>6</b> Rent/facility costs . . . . .                                             |                                |                                             | 36,775                     | 36,775                          |
|                 | <b>7</b> Food and beverages . . . . .                                              | 42,582                         |                                             | 3,180                      | 45,762                          |
|                 | <b>8</b> Entertainment . . . . .                                                   | 65,101                         |                                             |                            | 65,101                          |
|                 | <b>9</b> Other direct expenses . . . . .                                           | 81,643                         | 7,613                                       | 3,098                      | 92,354                          |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ►  |                                |                                             |                            | 248,718                         |
|                 | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ► |                                |                                             |                            | 894,843                         |

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

| Revenue         |                                                                                         | (a) Bingo                                                           | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming                                                    | (d) Total gaming (add col.(a) through col.(c)) |
|-----------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|
|                 |                                                                                         |                                                                     |                                                                     |                                                                     |                                                |
| Revenue         | <b>1</b> Gross revenue . . . . .                                                        |                                                                     |                                                                     |                                                                     |                                                |
|                 | <b>2</b> Cash prizes . . . . .                                                          |                                                                     |                                                                     |                                                                     |                                                |
|                 | <b>3</b> Noncash prizes . . . . .                                                       |                                                                     |                                                                     |                                                                     |                                                |
|                 | <b>4</b> Rent/facility costs . . . . .                                                  |                                                                     |                                                                     |                                                                     |                                                |
|                 | <b>5</b> Other direct expenses . . . . .                                                |                                                                     |                                                                     |                                                                     |                                                |
| Direct Expenses | <b>6</b> Volunteer labor . . . . .                                                      | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



|            |                                                                                                                                                                                          |                              |                                                          |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------|
| <b>11</b>  | Does the organization conduct gaming activities with nonmembers? . . . . .                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No                              |
| <b>12</b>  | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No                              |
| <b>13</b>  | Indicate the percentage of gaming activity conducted in:                                                                                                                                 |                              |                                                          |
| <b>a</b>   | The organization's facility . . . . .                                                                                                                                                    | <b>13a</b>                   | %                                                        |
| <b>b</b>   | An outside facility . . . . .                                                                                                                                                            | <b>13b</b>                   | %                                                        |
| <b>14</b>  | Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                                                        |                              |                                                          |
|            | Name ► .....                                                                                                                                                                             |                              |                                                          |
|            | Address ► .....                                                                                                                                                                          |                              |                                                          |
| <b>15a</b> | Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No                              |
| <b>b</b>   | If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....                             |                              |                                                          |
| <b>c</b>   | If "Yes," enter name and address of the third party:                                                                                                                                     |                              |                                                          |
|            | Name ► .....                                                                                                                                                                             |                              |                                                          |
|            | Address ► .....                                                                                                                                                                          |                              |                                                          |
| <b>16</b>  | Gaming manager information:                                                                                                                                                              |                              |                                                          |
|            | Name ► .....                                                                                                                                                                             |                              |                                                          |
|            | Gaming manager compensation ► \$ .....                                                                                                                                                   |                              |                                                          |
|            | Description of services provided ► .....                                                                                                                                                 |                              |                                                          |
|            | <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor                                                              |                              |                                                          |
| <b>17</b>  | Mandatory distributions:                                                                                                                                                                 |                              |                                                          |
| <b>a</b>   | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .                                     |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b>   | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ ..... |                              |                                                          |

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2020

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
YMCA of the North Shore Inc

Employer identification number

04-2104913

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (2)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (3)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (4)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (5)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (6)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (7)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (8)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (9)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (10)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (11)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (12)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| (1) Scholarships                | 4395                     | 625,877                  |                                  | FMV                                                   | Membership Program                    |
| (2) Scholarships                | 513                      | 283,635                  |                                  | FMV                                                   | Camp and Specialty Program            |
| (3) Scholarships                | 238                      | 539,891                  |                                  | FMV                                                   | Infant and Toddler                    |
| (4) Scholarships                | 459                      | 170,196                  |                                  | FMV                                                   | School Age Childcare                  |
| (5) Scholarships                | 1105                     | 112,243                  |                                  | FMV                                                   | Specialty Programming                 |
| (5)                             |                          |                          |                                  |                                                       |                                       |
| (6)                             |                          |                          |                                  |                                                       |                                       |
| (7)                             |                          |                          |                                  |                                                       |                                       |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference                                                            | Explanation                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule I, Part I, Line 2<br>Procedures for monitoring use of grant funds. | THE YMCA OFFERS FINANCIAL ASSISTANCE BASED ON FAMILY HOUSEHOLD INCOME, ENSURING THAT HELP IS OFFERED WHERE MOST NEEDED. THIS INCLUDES COLLECTING PAY STUB INFORMATION, HOURS WORKED AND OTHER DOCUMENTATION TO VERIFY LEGAL RESIDENCE. |

|                                                         |                                                                                                                                                                                                                                                                                                                           |                                              |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Schedule J<br>(Form 990)                                | Compensation Information                                                                                                                                                                                                                                                                                                  | OMB No. 1545-0047                            |
|                                                         |                                                                                                                                                                                                                                                                                                                           | 2020                                         |
|                                                         |                                                                                                                                                                                                                                                                                                                           | Open to Public Inspection                    |
| Department of the Treasury<br>Internal Revenue Service  | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees<br>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.<br>▶ Attach to Form 990.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. |                                              |
| Name of the organization<br>YMCA of the North Shore Inc |                                                                                                                                                                                                                                                                                                                           | Employer identification number<br>04-2104913 |

| Part I Questions Regarding Compensation                                                                                                                                                                                                                                                                                              |                                                                                     | Yes | No  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----|-----|
| <b>1a</b> 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 idemnification 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 (e.g., maid, chauffeur, chef)            |     |     |
| <b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain                                                                                                      |                                                                                     | 1b  |     |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?                                                                                                          |                                                                                     | 2   |     |
| <b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. |                                                                                     |     |     |
| <input checked="" type="checkbox"/> Compensation committee                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Written employment contract                                |     |     |
| <input type="checkbox"/> Independent compensation consultant                                                                                                                                                                                                                                                                         | <input checked="" 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 |     |     |
| <b>4</b> 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:                                                                                                                                                                        |                                                                                     |     |     |
| <b>a</b> Receive a severance payment or change-of-control payment?                                                                                                                                                                                                                                                                   |                                                                                     | 4a  | No  |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                       |                                                                                     | 4b  | No  |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?                                                                                                                                                                                                                                          |                                                                                     | 4c  | No  |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                        |                                                                                     |     |     |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>                                                                                                                                                                                                                                              |                                                                                     |     |     |
| <b>5</b> 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:                                                                                                                                                                            |                                                                                     |     |     |
| <b>a</b> The organization?                                                                                                                                                                                                                                                                                                           |                                                                                     | 5a  | No  |
| <b>b</b> Any related organization?                                                                                                                                                                                                                                                                                                   |                                                                                     | 5b  | No  |
| If "Yes," on line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                    |                                                                                     |     |     |
| <b>6</b> 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:                                                                                                                                                                        |                                                                                     |     |     |
| <b>a</b> The organization?                                                                                                                                                                                                                                                                                                           |                                                                                     | 6a  | No  |
| <b>b</b> Any related organization?                                                                                                                                                                                                                                                                                                   |                                                                                     | 6b  | No  |
| If "Yes," on line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                    |                                                                                     |     |     |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.                                                                                                                                            |                                                                                     | 7   | Yes |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.                                                                                                |                                                                                     | 8   | No  |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                    |                                                                                     | 9   |     |

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

Schedule J (Form 990) 2020

**Part III**   **Supplemental Information**

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

| Return Reference                              | Explanation                                                                                                                     |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Schedule J, Part I, Line 7 Non-fixed payments | BONUS PAYMENTS ARE PERFORMANCE BASED AND AT THE DISCRETION OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND MANAGEMENT. |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
YMCA of the North Shore Inc

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number  
04-2104913

| Part I Bond Issues |                                          |                |             |                 |                 |                                                            |              |    |                         |    |                    |    |
|--------------------|------------------------------------------|----------------|-------------|-----------------|-----------------|------------------------------------------------------------|--------------|----|-------------------------|----|--------------------|----|
| (a) Issuer name    |                                          | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose                                 | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pool financing |    |
|                    |                                          |                |             |                 |                 |                                                            | Yes          | No | Yes                     | No | Yes                | No |
| A                  | Massachusetts Development Finance Agency | 04-3431814     | 000000000   | 02-29-2012      | 11,626,039      | Separate Prior 2009 Issue into Series A & B                |              | X  |                         | X  |                    | X  |
| B                  | Massachusetts Development Finance Agency | 04-3431814     | 000000000   | 02-29-2012      | 5,000,000       | Separate Prior 2009 Issue into Series A & B                |              | X  |                         | X  |                    | X  |
| C                  | Massachusetts Development Finance Agency | 04-3431814     | 000000000   | 01-01-2016      | 6,150,000       | Construct Outdoor Splash Park at Ipswich, MA YMCA Facility |              | X  |                         | X  |                    | X  |
| D                  | Massachusetts Development Finance Agency | 04-3431814     | 000000000   | 05-01-2017      | 8,559,000       | Series 2017A - Refinance existing series 2009A & B         |              | X  |                         | X  |                    | X  |

| Part II |                                                                                                                                                    | Proceeds   |    |           |    |           |    |           |    |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|-----------|----|-----------|----|-----------|----|
|         |                                                                                                                                                    | A          |    | B         |    | C         |    | D         |    |
| 1       | Amount of bonds retired . . . . .                                                                                                                  | 11,626,039 |    | 5,000,000 |    | 867,789   |    | 567,583   |    |
| 2       | Amount of bonds legally defeased . . . . .                                                                                                         | 0          |    | 0         |    | 0         |    | 0         |    |
| 3       | Total proceeds of issue . . . . .                                                                                                                  | 11,626,039 |    | 5,000,000 |    | 6,150,000 |    | 8,559,000 |    |
| 4       | Gross proceeds in reserve funds . . . . .                                                                                                          | 0          |    | 0         |    | 0         |    | 0         |    |
| 5       | Capitalized interest from proceeds . . . . .                                                                                                       | 0          |    | 0         |    | 0         |    | 0         |    |
| 6       | Proceeds in refunding escrows . . . . .                                                                                                            | 11,626,039 |    | 5,000,000 |    | 0         |    | 0         |    |
| 7       | Issuance costs from proceeds . . . . .                                                                                                             | 0          |    | 0         |    | 77,577    |    | 59,672    |    |
| 8       | Credit enhancement from proceeds . . . . .                                                                                                         | 0          |    | 0         |    | 0         |    | 0         |    |
| 9       | Working capital expenditures from proceeds . . . . .                                                                                               | 0          |    | 0         |    | 0         |    | 0         |    |
| 10      | Capital expenditures from proceeds . . . . .                                                                                                       | 0          |    | 0         |    | 4,124,622 |    | 0         |    |
| 11      | Other spent proceeds . . . . .                                                                                                                     | 0          |    | 0         |    | 1,947,801 |    | 8,559,000 |    |
| 12      | Other unspent proceeds . . . . .                                                                                                                   | 0          |    | 0         |    | 0         |    | 0         |    |
| 13      | Year of substantial completion . . . . .                                                                                                           | 2012       |    | 2012      |    | 2016      |    | 2017      |    |
|         |                                                                                                                                                    | Yes        | No | Yes       | No | Yes       | No | Yes       | No |
| 14      | Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)? . . . . . |            | X  |           | X  |           | X  |           | X  |
| 15      | Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)? . . . . .  |            | X  |           | X  |           | X  |           | X  |
| 16      | Has the final allocation of proceeds been made? . . . . .                                                                                          | X          |    | X         |    | X         |    | X         |    |
| 17      | Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .                                   | X          |    | X         |    | X         |    | X         |    |

| Part III Private Business Use |                                                                                                                                      |     |    |     |    |     |    |     |    |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|                               |                                                                                                                                      | A   |    | B   |    | C   |    | D   |    |
|                               |                                                                                                                                      | Yes | No | Yes | No | Yes | No | Yes | No |
| 1                             | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . . |     | X  |     | X  |     | X  |     | X  |
| 2                             | Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .                        | X   |    | X   |    | X   |    | X   |    |

**Part III Private Business Use** (Continued)

|                                                                                                                                                                                                                                                         | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|                                                                                                                                                                                                                                                         | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .                                                                                                                    | X          |           | X          |           | X          |           | X          |           |
| <b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?                                                             |            | X         |            | X         |            | X         |            | X         |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .                                                                                                                                 |            | X         |            | X         |            | X         |            | X         |
| <b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?                                                                         |            |           |            |           |            |           |            |           |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .                                                                      | 0.5 %      |           | 0.5 %      |           | 0.5 %      |           | 0.5 %      |           |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . | 0 %        |           |            |           |            |           |            |           |
| <b>6</b> Total of lines 4 and 5 . . . . .                                                                                                                                                                                                               | 0.5 %      |           | 0.5 %      |           | 0.5 %      |           | 0.5 %      |           |
| <b>7</b> Does the bond issue meet the private security or payment test? . . . .                                                                                                                                                                         |            | X         |            | X         |            | X         |            | X         |
| <b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .                                                              |            | X         |            | X         |            | X         |            | X         |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .                                                                                                                                                   |            |           |            |           |            |           |            |           |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .                                                                                                                            |            |           |            |           |            |           |            |           |
| <b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .                           |            | X         |            | X         |            | X         |            | X         |

**Part IV Arbitrage**

|                                                                                                                               | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|-------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|                                                                                                                               | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . |            | X         |            | X         |            | X         |            | X         |
| <b>2</b> If "No" to line 1, did the following apply? . . . .                                                                  |            |           |            |           |            |           |            |           |
| <b>a</b> Rebate not due yet? . . . . .                                                                                        |            | X         |            | X         |            | X         |            | X         |
| <b>b</b> Exception to rebate? . . . . .                                                                                       | X          |           | X          |           | X          |           | X          |           |
| <b>c</b> No rebate due? . . . . .                                                                                             |            | X         |            | X         |            | X         |            | X         |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .                               |            |           |            |           |            |           |            |           |
| <b>3</b> Is the bond issue a variable rate issue? . . . . .                                                                   | X          |           | X          |           | X          |           | X          |           |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?      |            | X         |            | X         |            | X         |            | X         |
| <b>b</b> Name of provider . . . . .                                                                                           |            |           |            |           |            |           |            |           |
| <b>c</b> Term of hedge . . . . .                                                                                              |            |           |            |           |            |           |            |           |
| <b>d</b> Was the hedge superintegrated? . . . . .                                                                             |            |           |            |           |            |           |            |           |
| <b>e</b> Was the hedge terminated? . . . . .                                                                                  |            |           |            |           |            |           |            |           |



**Part IV Arbitrage** (Continued)

|                                                                                                                  | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|                                                                                                                  | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?                                |            | X         |            | X         |            | X         |            | X         |
| <b>b</b> Name of provider . . . . .                                                                              |            |           |            |           |            |           |            |           |
| <b>c</b> Term of GIC . . . . .                                                                                   |            |           |            |           |            |           |            |           |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .   |            |           |            |           |            |           |            |           |
| <b>6</b> Were any gross proceeds invested beyond an available temporary period?                                  |            | X         |            | X         |            | X         |            | X         |
| <b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . |            | X         |            | X         |            | X         |            | X         |

**Part V Procedures To Undertake Corrective Action**

|                                                                                                                                                                                                                                                                  | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|                                                                                                                                                                                                                                                                  | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? |            | X         |            | X         |            | X         |            | X         |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instructions).

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
YMCA of the North Shore Inc

Employer identification number  
04-2104913

| Part I Bond Issues                         |                |             |                 |                 |                                                                                |              |    |                         |    |                    |    |
|--------------------------------------------|----------------|-------------|-----------------|-----------------|--------------------------------------------------------------------------------|--------------|----|-------------------------|----|--------------------|----|
| (a) Issuer name                            | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose                                                     | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pool financing |    |
|                                            |                |             |                 |                 |                                                                                | Yes          | No | Yes                     | No | Yes                | No |
| A Massachusetts Development Finance Agency | 04-3431814     | 000000000   | 05-01-2017      | 6,300,000       | Series 2017B - Facility expansion and new education center at Beverly, MA YMCA |              | X  |                         | X  |                    | X  |
| B Massachusetts Development Finance Agency | 04-3431814     | 000000000   | 07-30-2019      | 13,000,000      | Series 2019; Construction of Glen T. MacLeod Cape Ann YMCA in Gloucester, MA   |              | X  |                         | X  |                    | X  |

| Part II |                                                                                                                                                    | Proceeds |  |           |    |            |    |     |    |     |    |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|-----------|----|------------|----|-----|----|-----|----|
|         |                                                                                                                                                    |          |  | A         |    | B          |    | C   |    | D   |    |
| 1       | Amount of bonds retired . . . . .                                                                                                                  |          |  | 355,646   |    | 0          |    |     |    |     |    |
| 2       | Amount of bonds legally defeased . . . . .                                                                                                         |          |  | 0         |    | 0          |    |     |    |     |    |
| 3       | Total proceeds of issue . . . . .                                                                                                                  |          |  | 6,300,000 |    | 13,000,000 |    |     |    |     |    |
| 4       | Gross proceeds in reserve funds . . . . .                                                                                                          |          |  | 0         |    | 0          |    |     |    |     |    |
| 5       | Capitalized interest from proceeds . . . . .                                                                                                       |          |  | 0         |    | 0          |    |     |    |     |    |
| 6       | Proceeds in refunding escrows . . . . .                                                                                                            |          |  | 0         |    | 0          |    |     |    |     |    |
| 7       | Issuance costs from proceeds . . . . .                                                                                                             |          |  | 42,552    |    | 711,600    |    |     |    |     |    |
| 8       | Credit enhancement from proceeds . . . . .                                                                                                         |          |  | 0         |    | 0          |    |     |    |     |    |
| 9       | Working capital expenditures from proceeds . . . . .                                                                                               |          |  | 0         |    | 0          |    |     |    |     |    |
| 10      | Capital expenditures from proceeds . . . . .                                                                                                       |          |  | 6,300,000 |    | 6,155,958  |    |     |    |     |    |
| 11      | Other spent proceeds . . . . .                                                                                                                     |          |  | 0         |    | 0          |    |     |    |     |    |
| 12      | Other unspent proceeds . . . . .                                                                                                                   |          |  | 0         |    | 6,132,442  |    |     |    |     |    |
| 13      | Year of substantial completion . . . . .                                                                                                           |          |  | 2017      |    | 2020       |    |     |    |     |    |
|         |                                                                                                                                                    |          |  | Yes       | No | Yes        | No | Yes | No | Yes | No |
| 14      | Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)? . . . . . |          |  |           | X  |            | X  |     |    |     |    |
| 15      | Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)? . . . . .  |          |  |           | X  |            | X  |     |    |     |    |
| 16      | Has the final allocation of proceeds been made? . . . . .                                                                                          |          |  | X         |    |            | X  |     |    |     |    |
| 17      | Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .                                   |          |  | X         |    | X          |    |     |    |     |    |

| Part III Private Business Use |                                                                                                                                      |     |    |     |    |     |    |     |    |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|                               |                                                                                                                                      | A   |    | B   |    | C   |    | D   |    |
|                               |                                                                                                                                      | Yes | No | Yes | No | Yes | No | Yes | No |
| 1                             | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . . |     | X  |     | X  |     |    |     |    |
| 2                             | Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .                        | X   |    | X   |    |     |    |     |    |

Part III

Private Business Use (Continued)

|           |                                                                                                                                                                                                                                                  | A     |    | B     |    | C   |    | D   |    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-------|----|-----|----|-----|----|
|           |                                                                                                                                                                                                                                                  | Yes   | No | Yes   | No | Yes | No | Yes | No |
| <b>3a</b> | Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .                                                                                                                       | X     |    | X     |    |     |    |     |    |
| <b>b</b>  | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?                                                               |       | X  |       | X  |     |    |     |    |
| <b>c</b>  | Are there any research agreements that may result in private business use of bond-financed property? . . . . .                                                                                                                                   |       | X  |       | X  |     |    |     |    |
| <b>d</b>  | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?                                                                           |       |    |       |    |     |    |     |    |
| <b>4</b>  | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶                                                                      | 0.5 % |    | 0.5 % |    |     |    |     |    |
| <b>5</b>  | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶ |       |    |       |    |     |    |     |    |
| <b>6</b>  | Total of lines 4 and 5 . . . . .                                                                                                                                                                                                                 | 0.5 % |    | 0.5 % |    |     |    |     |    |
| <b>7</b>  | Does the bond issue meet the private security or payment test? . . .                                                                                                                                                                             |       | X  |       | X  |     |    |     |    |
| <b>8a</b> | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .                                                                 |       | X  |       | X  |     |    |     |    |
| <b>b</b>  | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .                                                                                                                                                     |       |    |       |    |     |    |     |    |
| <b>c</b>  | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .                                                                                                                              |       |    |       |    |     |    |     |    |
| <b>9</b>  | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .                             |       | X  |       | X  |     |    |     |    |

Part IV

Arbitrage

|           |                                                                                                                    | A   |    | B   |    | C   |    | D   |    |
|-----------|--------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|           |                                                                                                                    | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b>  | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . |     | X  |     | X  |     |    |     |    |
| <b>2</b>  | If "No" to line 1, did the following apply? . . . .                                                                |     |    |     |    |     |    |     |    |
| <b>a</b>  | Rebate not due yet? . . . . .                                                                                      |     | X  |     | X  |     |    |     |    |
| <b>b</b>  | Exception to rebate? . . . . .                                                                                     | X   |    | X   |    |     |    |     |    |
| <b>c</b>  | No rebate due? . . . . .                                                                                           |     | X  |     | X  |     |    |     |    |
|           | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .                    |     |    |     |    |     |    |     |    |
| <b>3</b>  | Is the bond issue a variable rate issue? . . . . .                                                                 | X   |    | X   |    |     |    |     |    |
| <b>4a</b> | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?     |     | X  |     | X  |     |    |     |    |
| <b>b</b>  | Name of provider . . . . .                                                                                         |     |    |     |    |     |    |     |    |
| <b>c</b>  | Term of hedge . . . . .                                                                                            |     |    |     |    |     |    |     |    |
| <b>d</b>  | Was the hedge superintegrated? . . . . .                                                                           |     |    |     |    |     |    |     |    |
| <b>e</b>  | Was the hedge terminated? . . . . .                                                                                |     |    |     |    |     |    |     |    |

**Part IV Arbitrage** (Continued)

|                                                                                                                | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|----------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|                                                                                                                | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?                              |            | X         |            | X         |            |           |            |           |
| <b>b</b> Name of provider . . . . .                                                                            |            |           |            |           |            |           |            |           |
| <b>c</b> Term of GIC . . . . .                                                                                 |            |           |            |           |            |           |            |           |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . . |            |           |            |           |            |           |            |           |
| <b>6</b> Were any gross proceeds invested beyond an available temporary period?                                |            | X         |            | X         |            |           |            |           |
| <b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . |            | X         |            | X         |            |           |            |           |

**Part V Procedures To Undertake Corrective Action**

|                                                                                                                                                                                                                                                                  | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|                                                                                                                                                                                                                                                                  | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? |            | X         |            | X         |            |           |            |           |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instructions).

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ 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

2020

Open to Public Inspection

Name of the organization  
YMCA of the North Shore Inc

Employer identification number  
04-2104913

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|---|---------------------------------|---------------------------------------------------------------|--------------------------------|----------------|----|
|   |                                 |                                                               |                                | Yes            | No |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |
|   |                                 |                                                               |                                |                |    |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

Total . . . . . ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |
|                               |                                                                 |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                | Yes                                     | No |
| (1) John J Meany              | Former CEO                                                      | 173,718                   | Consulting Services            |                                         | No |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |

**Part V Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
►Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
YMCA of the North Shore Inc

Employer identification number  
04-2104913

Part I

Types of Property

|                                                                            | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art—Works of art . . . . .                                               |                               |                                                        |                                                                                       |                                                              |
| 2 Art—Historical treasures . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 3 Art—Fractional interests . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 4 Books and publications . . . . .                                         |                               |                                                        |                                                                                       |                                                              |
| 5 Clothing and household<br>goods . . . . .                                |                               |                                                        |                                                                                       |                                                              |
| 6 Cars and other vehicles . . . . .                                        |                               |                                                        |                                                                                       |                                                              |
| 7 Boats and planes . . . . .                                               |                               |                                                        |                                                                                       |                                                              |
| 8 Intellectual property . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 9 Securities—Publicly traded . . . . .                                     | X                             | 7                                                      | 34,226                                                                                | Market value                                                 |
| 10 Securities—Closely held stock . . . . .                                 |                               |                                                        |                                                                                       |                                                              |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                               |                                                        |                                                                                       |                                                              |
| 12 Securities—Miscellaneous . . . . .                                      |                               |                                                        |                                                                                       |                                                              |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |                                                        |                                                                                       |                                                              |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                               |                                                        |                                                                                       |                                                              |
| 15 Real estate—Residential . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 16 Real estate—Commercial . . . . .                                        |                               |                                                        |                                                                                       |                                                              |
| 17 Real estate—Other . . . . .                                             |                               |                                                        |                                                                                       |                                                              |
| 18 Collectibles . . . . .                                                  |                               |                                                        |                                                                                       |                                                              |
| 19 Food inventory . . . . .                                                |                               |                                                        |                                                                                       |                                                              |
| 20 Drugs and medical supplies . . . . .                                    |                               |                                                        |                                                                                       |                                                              |
| 21 Taxidermy . . . . .                                                     |                               |                                                        |                                                                                       |                                                              |
| 22 Historical artifacts . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 23 Scientific specimens . . . . .                                          |                               |                                                        |                                                                                       |                                                              |
| 24 Archeological artifacts . . . . .                                       |                               |                                                        |                                                                                       |                                                              |
| 25 Other ► ( <u>Auction Items</u> )                                        | X                             | 44                                                     | 19,016                                                                                | Market value                                                 |
| Equipment                                                                  | X                             | 8                                                      | 14,034                                                                                | Market value                                                 |
| 26 Other ► ( <u>and Gift Cards</u> )                                       |                               |                                                        |                                                                                       |                                                              |
| 27 Other ► ( <u>                    </u> )                                 |                               |                                                        |                                                                                       |                                                              |
| 28 Other ► ( <u>                    </u> )                                 |                               |                                                        |                                                                                       |                                                              |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

No

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2020)

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

| Return Reference                                                                | Explanation                                                                                                                                                               |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule M, Part I Explanations of reporting method for number of contributions | Other - Auction Items Number of Items Contributed Securities - Publicly traded - Number of Items Contributed Other - Equipment and Gift Cards Number of Items Contributed |



|                                           |                                                                                                                                                                                                                                                                                                                                        |                 |  |                     |                                                                                                                                                                                                                                              |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| efile GRAPHIC print - DO NOT PROCESS      |                                                                                                                                                                                                                                                                                                                                        | As Filed Data - |  | DLN: 93493133034941 |                                                                                                                                                                                                                                              |
| <b>SCHEDULE O</b><br>(Form 990 or 990-EZ) | <b>Supplemental Information to Form 990 or 990-EZ</b><br>Complete to provide information for responses to specific questions on<br>Form 990 or 990-EZ or to provide any additional information.<br>► Attach to Form 990 or 990-EZ.<br>► Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information. |                 |  |                     | OMB No. 1545-0047<br><br><div style="font-size: 2em; font-weight: bold; margin: 10px 0;">2020</div> <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">Open to Public Inspection</div> |
|                                           | Department of the Treasury<br>Name of the organization<br>YMCA of the North Shore Inc                                                                                                                                                                                                                                                  |                 |  |                     | <b>Employer identification number</b><br><br>04-2104913                                                                                                                                                                                      |
|                                           |                                                                                                                                                                                                                                                                                                                                        |                 |  |                     |                                                                                                                                                                                                                                              |

### 990 Schedule O, Supplemental Information

| Return Reference                                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part III, Line 3 Significant changes in program services | <p>The outbreak of COVID-19 has caused disruption in operations. In an effort to minimize the spread of COVID-19 and at the mandate of State and local governments, the YMCA, in March 2020, closed its facilities to membership and suspended all in-person programs, aside from emergency childcare services for essential workers. The YMCA furloughed a portion of its employees, applied for and received a loan under the Paycheck Protection Program of the CARES Act (see Note 25) and utilized \$2,500,000 of its available lines of credit in order to manage cash flow and meet expenditures as they came due. As of December 31, 2020, the draw on the line of credit was fully repaid. Facilities were reopened at limited capacity and offerings in July 2020 in accordance with State and local guidelines. Subsequent changes to State and local guidelines have been followed. As of the date of this report, State-mandated limits on building capacity and programming restrictions remain in place. The continued limitations may adversely impact the demand for membership and programming, capacity to fundraise operating and capital contributions and the ability of the YMCA to conduct its operations and/or the cost of operations. The YMCA will continue to work to develop solutions and strategies for addressing these financial and operational challenges, though the outcome of these matters cannot be determined at this time.</p> |

# 990 Schedule O, Supplemental Information

| Return Reference                                                                      | Explanation                                                                |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Form 990, Part VI, Line 2<br>Family/business relationships amongst interested persons | Board Members (Stephen Feron and Brandon Ruggieri) - Business relationship |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                                           | Explanation                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>7a Members<br>or<br>stockholders<br>electing<br>members of<br>governing<br>body | EACH LOCAL BOARD OF DIRECTORS SHALL ELECT ONE MEMBER TO SIT ON THE BOARD OF DIRECTORS. ELECTION OF SAID REPRESENTATIVE DIRECTORS SHALL BE CONDUCTED IN THE TIME AND MANNER SPECIFIED IN THE WRITTEN POLICY OF EACH LOCAL BOARD OF DIRECTORS. THE NSY SHALL CONDUCT ANNUAL ELECTIONS TO ELECT THE AT-LARGE DIRECTORS WHO SHALL SERVE UNTIL THE FOLLOWING ANNUAL ELECTION. |

## 990 Schedule O, Supplemental Information

| Return Reference                                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | THE FORM 990 IS REVIEWED BY THE BOARD TREASURER/CHAIRMAN OF THE FINANCE COMMITTEE, CHAIRMAN OF THE AUDIT COMMITTEE, CFO AND CEO, PRIOR TO FILING FINAL ELECTRONICALLY WITH THE IRS. THIS REVIEW INCLUDED CHANGES IN THE FORM 990 COMPARED TO LAST YEAR AND VERIFICATION OF ACCURACY IN STATEMENTS AND MISSION OF THE ORGANIZATION. IN ADDITION, A COPY OF FORM 990 IS REVIEWED AND ELECTRONICALLY COMMUNICATED TO THE ENTIRE BOARD PRIOR TO FILING. |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>12c Conflict<br>of interest<br>policy | AN INTERESTED PARTY IS UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KNOWN OR REASONABLY SHOULD BE KNOWN. AN INTERESTED PARTY SHALL COMPLETE THE QUESTIONNAIRE FULLY AND COMPLETELY DISCLOSE THE MATERIAL FACTS ABOUT ANY POTENTIAL CONFLICTS OF INTEREST. THE DISCLOSURE STATEMENT AND AFFIRMATION OF THE COMPLIANCE SHALL BE SUBMITTED UPON HIS/HER ASSOCIATION WITH THE YMCA OF THE NORTH SHORE, AND SHALL BE FILED WHENEVER A POTENTIAL CONFLICT ARISES. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                                                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>15a Process<br>to establish<br>compensation<br>of top<br>management<br>official | THE CEO'S COMPENSATION IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE, A SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THIS OCCURS DURING THE EVALUATION PROCESS. THIS PROCESS WAS LAST COMPLETED IN QUARTER 2 OF 2020. THE COMPENSATION OF OTHER KEY EMPLOYEES IS REVIEWED ANNUALLY BY THE CEO DURING THE EVALUATION PROCESS. THIS WAS LAST COMPLETED IN QUARTER 2 OF 2020. |

## 990 Schedule O, Supplemental Information

| Return Reference                                                      | Explanation                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 19 Required documents available to the public | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND AUDITED FINANCIAL STATEMENTS AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE AND UPON REQUEST . THE FORM 990 IS ALSO MADE AVAILABLE VIA THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE AND GUIDESTAR WEBSITE. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                       | Explanation                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VIII, Line<br>2f Other<br>Program<br>Service<br>Revenue | Other Program Revenue - Total Revenue: 2294143, Related or Exempt Function Revenue: 229414<br>3, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514<br>: ; Residence Revenue - Total Revenue: 0, Related or Exempt Function Revenue: 0, Unrelated<br>Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; |



**990 Schedule O, Supplemental Information**

| Return<br>Reference                                                   | Explanation                                                                                                                                                                           |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VIII, Line<br>11d Other<br>Miscellaneous<br>Revenue | All Other Revenue - Total Revenue: 111299, Related or Exempt Function Revenue: 111299, Unr<br>elated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                                                                      | Explanation                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part XI, Line<br>9 Other<br>changes in<br>net assets or<br>fund<br>balances | Change in Cash Surrender Value - 155421; Change in Beneficial Interest in Perpetual Trusts - 147894; Change in the Value of CRUT - 93779; Gain on Disposal of Fixed Assets - 2252; Gain on Sale/Acquisition - 408473; Grant Expense for Contribution to Fuller Schoolhouse Road - -12036195; |

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

2020

Open to Public Inspection

Name of the organization  
YMCA of the North Shore Inc

Employer identification number  
04-2104913

| Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. |                         |                                                  |                     |                           |                                  |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                                       | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
| (1) WADLEIGH HOUSE LLC<br>81 WINTER STREET<br>HAVERHILL, MA 01830                                                         | LOW INCOME HOUSING      | MA                                               | 161,213             | 2,705,627                 | YMCA OF THE NORTH SHORE INC      |
| (2) CABOT HOUSING LLC<br>245 Cabot Street<br>Beverly, MA 01915<br>85-3582993                                              | LOW INCOME HOUSING      | MA                                               | 0                   | 4,661,273                 | YMCA of the North Shore Inc      |
|                                                                                                                           |                         |                                                  |                     |                           |                                  |
|                                                                                                                           |                         |                                                  |                     |                           |                                  |
|                                                                                                                           |                         |                                                  |                     |                           |                                  |
|                                                                                                                           |                         |                                                  |                     |                           |                                  |

| 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)<br>Name, address, and EIN of related organization                                                                                                                                                                  | (b)<br>Primary activity                         | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|                                                                                                                                                                                                                        |                                                 |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1) YNS AFFORDABLE HOUSING INC<br>245 CABOT<br><br>BEVERLY, MA 01915<br>27-4406835                                                                                                                                     | LOW INCOME HOUSING                              | MA                                               | 501(c)(2)                  |                                                     | YMCA OF THE NORTH SHORE INC      | Yes                                          |    |
| (2) FULLER SCHOOLHOUSE ROAD INC<br>7 GLOUCESTER CROSSING ROAD<br><br>GLOUCESTER, MA 01930<br>83-4381864                                                                                                                | TO ACQUIRE, DEVELOP AND LEASE THE CAPE ANN YMCA | MA                                               | 501(c)(3)                  | Type I                                              | YMCA OF THE NORTH SHORE INC      | Yes                                          |    |
|                                                                                                                                                                                                                        |                                                 |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                        |                                                 |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                        |                                                 |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                        |                                                 |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                        |                                                 |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                        |                                                 |                                                  |                            |                                                     |                                  |                                              |    |

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

| (a)<br>Name, address, and EIN of<br>related organization                                      | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|-----------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                                               |                         |                                                                 |                                        |                                                                                                            |                                 |                                          | Yes                                     | No |                                                                            | Yes                                       | No |                                |
| <b>(1)</b> WINTER STREET HOUSING LP<br>81 Winter Street<br>Haverhill, MA 01830<br>20-1677719  | LOW INCOME<br>HOUSING   | MA                                                              | NA                                     | Related                                                                                                    | -28                             | -281                                     |                                         | No |                                                                            |                                           |    | 0.01 %                         |
| <b>(2)</b> POWDER HOUSE VILLAGE LP<br>112 County Road<br>Ipswich, MA 01938<br>27-0195040      | LOW INCOME<br>HOUSING   | MA                                                              | NA                                     | Related                                                                                                    | -29                             | -4,614                                   |                                         | No |                                                                            |                                           |    | 0 %                            |
| <b>(3)</b> HOLCROFT PARK HOMES ONE LP<br>96 Lafayette Street<br>Salem, MA 01970<br>27-3773984 | LOW INCOME<br>HOUSING   | MA                                                              | NA                                     | Related                                                                                                    | -884                            | 9,180                                    |                                         | No |                                                                            |                                           |    | 0 %                            |
| <b>(4)</b> HOLCROFT PARK HOMES TWO LP<br>96 Lafayette Street<br>Salem, MA 01970<br>26-4724156 | LOW INCOME<br>HOUSING   | MA                                                              | NA                                     | Related                                                                                                    | -951                            | 17,281                                   |                                         | No |                                                                            |                                           |    | 0 %                            |
| <b>(5)</b> CABOT STREET HOMES LP<br>245 Cabot Street<br>Beverly, MA 01915<br>04-3751123       | LOW INCOME<br>HOUSING   | MA                                                              | NA                                     | Related                                                                                                    | -560                            | -6,687                                   |                                         | No |                                                                            |                                           |    | 0 %                            |
| <b>(6)</b> HOLCROFT PHASE 2 GP LLC<br>96 Lafayette Street<br>Salem, MA 01970<br>45-4420055    | LOW INCOME<br>HOUSING   | MA                                                              | NA                                     | Related                                                                                                    | -663                            | 20,408                                   |                                         | No |                                                                            |                                           |    | 0.51 %                         |
|                                                                                               |                         |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |

**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)<br>Name, address, and EIN of<br>related organization                                              | (b)<br>Primary activity                                | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|-----------------------------------------------------|----|
|                                                                                                       |                                                        |                                                           |                                     |                                                        |                                 |                                       |                                | Yes                                                 | No |
| <b>(1)</b> HOLCROFT PARK HOMES ONE GP INC<br>102 LAFAYETTE STREET<br>SALEM, MA 01970<br>27-3755656    | PROVISION OF LOW INCOME<br>HOUSING                     | MA                                                        | NA                                  | C Corporation                                          | -664                            | -6,648                                | 49 %                           |                                                     | No |
| <b>(2)</b> WINTER STREET HOUSING CORPORATION<br>81 WINTER STREET<br>HAVERHILL, MA 01830<br>20-1677719 | PROVISION OF LOW INCOME<br>HOUSING                     | MA                                                        | NA                                  | C Corporation                                          | -3,842                          | -17,821                               | 100 %                          |                                                     | No |
| <b>(3)</b> POWDER HOUSE VILLAGE GP INC<br>245 CABOT STREET<br>BEVERLY, MA 01915<br>27-0195040         | PROVISION OF LOW INCOME<br>HOUSING                     | MA                                                        | NA                                  | C Corporation                                          | -1,512                          | -15,403                               | 100 %                          |                                                     | No |
| <b>(4)</b> CABOT STREET HOMES GP INC<br>102 LAFAYETTE STREET<br>SALEM, MA 01970<br>26-3750951         | PROVISION OF LOW INCOME<br>HOUSING                     | MA                                                        | NA                                  | C Corporation                                          | -414                            | -33,556                               | 30 %                           |                                                     | No |
| <b>(5)</b> ANNIE F OBER PERPETUAL TRUST                                                               | BENEFICIAL INTEREST IN<br>PERPETUAL TRUST              | MA                                                        | N/A                                 | Trust                                                  | 33,782                          | 278,113                               | 50 %                           |                                                     |    |
| <b>(6)</b> DEBORAH THOMAS PERPETUAL TRUST                                                             | BENEFICIAL INTEREST IN<br>PERPETUAL TRUST              | MA                                                        | N/A                                 | Trust                                                  | 18,251                          | 140,829                               | 67 %                           |                                                     |    |
| <b>(7)</b> COOLIDGE CHARITABLE REMAINDER UNITRUST                                                     | BENEFICIARY OF THE<br>CHARITABLE REMAINDER<br>UNITRUST | MA                                                        | N/A                                 | Trust                                                  | 98,817                          | 1,805,487                             |                                |                                                     |    |

**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 <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . . | <b>1a</b> Yes |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .                                                             | <b>1b</b> Yes |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .                                                           | <b>1c</b>     | No |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .                                                                  | <b>1d</b> Yes |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .                                                                         | <b>1e</b>     | No |
| <b>f</b> Dividends from related organization(s) . . . . .                                                                                      | <b>1f</b>     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .                                                                                   | <b>1g</b>     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .                                                                             | <b>1h</b>     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .                                                                             | <b>1i</b>     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .                                                  | <b>1j</b>     | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .                                                | <b>1k</b> Yes |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .                              | <b>1l</b> Yes |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .                               | <b>1m</b>     | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .                               | <b>1n</b>     | No |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .                                                                      | <b>1o</b>     | No |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .                                                                  | <b>1p</b>     | No |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .                                                                  | <b>1q</b> Yes |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .                                                               | <b>1r</b>     | No |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .                                                             | <b>1s</b>     | No |

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

See Additional Data Table

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII** **Supplemental Information**

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

Additional Data

Software ID: 20011424  
Software Version: 2020v4.0  
EIN: 04-2104913  
Name: YMCA of the North Shore Inc

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a)<br>Name, address, and EIN of<br>related organization                                   | (b)<br>Primary activity                                | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                            |                                                        |                                                           |                                     |                                                        |                                 |                                       |                                | Yes                                                    | No |
| HOLCROFT PARK HOMES ONE GP INC<br>102 LAFAYETTE STREET<br>SALEM, MA 01970<br>27-3755656    | PROVISION OF LOW<br>INCOME HOUSING                     | MA                                                        | NA                                  | C Corporation                                          | -664                            | -6,648                                | 49 %                           |                                                        | No |
| WINTER STREET HOUSING CORPORATION<br>81 WINTER STREET<br>HAVERHILL, MA 01830<br>20-1677719 | PRIOVISION OF LOW<br>INCOME HOUSING                    | MA                                                        | NA                                  | C Corporation                                          | -3,842                          | -17,821                               | 100 %                          |                                                        | No |
| POWDER HOUSE VILLAGE GP INC<br>245 CABOT STREET<br>BEVERLY, MA 01915<br>27-0195040         | PROVISION OF LOW<br>INCOME HOUSING                     | MA                                                        | NA                                  | C Corporation                                          | -1,512                          | -15,403                               | 100 %                          |                                                        | No |
| CABOT STREET HOMES GP INC<br>102 LAFAYETTE STREET<br>SALEM, MA 01970<br>26-3750951         | PROVISION OF LOW<br>INCOME HOUSING                     | MA                                                        | NA                                  | C Corporation                                          | -414                            | -33,556                               | 30 %                           |                                                        | No |
| ANNIE F OBER PERPETUAL TRUST                                                               | BENEFICIAL INTEREST<br>IN PERPETUAL TRUST              | MA                                                        | N/A                                 | Trust                                                  | 33,782                          | 278,113                               | 50 %                           |                                                        |    |
| DEBORAH THOMAS PERPETUAL TRUST                                                             | BENEFICIAL INTEREST<br>IN PERPETUAL TRUST              | MA                                                        | N/A                                 | Trust                                                  | 18,251                          | 140,829                               | 67 %                           |                                                        |    |
| COOLIDGE CHARITABLE REMAINDER<br>UNITRUST                                                  | BENEFICIARY OF THE<br>CHARITABLE<br>REMAINDER UNITRUST | MA                                                        | N/A                                 | Trust                                                  | 98,817                          | 1,805,487                             |                                |                                                        |    |



**Form 990, Schedule R, Part V - Transactions With Related Organizations**

| <b>(a)</b><br>Name of related organization | <b>(b)</b><br>Transaction<br>type(a-s) | <b>(c)</b><br>Amount Involved | <b>(d)</b><br>Method of determining amount involved |
|--------------------------------------------|----------------------------------------|-------------------------------|-----------------------------------------------------|
| Fuller Schoolhouse Road Inc                | B                                      | 12,036,195                    | Value of Contribution                               |
| Holcroft Park Homes One LP                 | D                                      | 268,662                       | Value of loan issuance                              |
| Holcroft Park Homes Two LP                 | D                                      | 488,900                       | Value of loan issuance                              |
| YNS Affordable Housing Inc                 | D                                      | 173,000                       | Value of loan issuance                              |
| Cabot Street Homes LP                      | Q                                      | 84,171                        | Reimbursement of costs incurred                     |
| Holcroft Park Homes One LP                 | Q                                      | 88,770                        | Reimbursement of costs incurred                     |
| Holcroft Park Homes Two LP                 | Q                                      | 93,370                        | Reimbursement of costs incurred                     |
| Powder House Village LP                    | Q                                      | 98,109                        | Reimbursement of costs incurred                     |
| Winter Street Housing LP                   | Q                                      | 132,331                       | Reimbursement of costs incurred                     |
| YNS Affordable Housing Inc                 | Q                                      | 205,753                       | Reimbursement of costs incurred                     |