

CITY CLERK
GLOUCESTER, MA
2020 OCT 16 AM 8:00



GLOUCESTER CITY COUNCIL
Budget & Finance Committee Meeting
Thursday, October 22, 2020 – 5:30 p.m.
REMOTE MEETING

Consistent with the Governor's orders suspending certain provisions of the Open Meeting Law and banning gatherings of more than 25 people, this meeting will be conducted by remote participation to the greatest extent possible. The public may not physically attend this meeting but every effort will be made to allow the public to view and listen to the meeting in real-time. Persons who wish to do so are invited to view the meeting at:

Join from Computer, Smart Device: <https://gloucester-ma-gov.zoom.us/j/81458763269>
Join via Phone: 1-312-626-6799 or 1-929-205-6099
Meeting ID: 814 5876 3269

Please visit <http://gloucester-ma.gov/remote-public-meetings> for instructions and guidance on how to join a remote meeting

AGENDA

Individual items from committee reports may be consolidated into a consent agenda

1. Memorandum from Grants Administrator re: request to accept Affordable Housing Trust's recommendation to fund \$200,000 to the YMCA of the North Shore for an affordable housing development project at Middle Street #71 (Cont. from 10/8/2020)
2. Memorandum from Veterans Services Director re: request acceptance of donations totaling \$2,100
3. Memorandum, Grant Application & Checklist from the Public Health Director re: request acceptance of a 9-month extension on the Substance Abuse Prevention Collaborative Grant in the amount of \$75,000
4. Memorandum, Grant Application & Checklist from the Public Health Director re: request acceptance of a 9-month extension on the Massachusetts Opiate Abuse Prevention Collaborative Grant in the amount of \$75,000
5. Special Budgetary Transfer Request (#2021-SBT-1) from the Fire Department
6. Special Budgetary Transfer Request (#2021-SBT-2) from the Mayor
7. Memorandum from Community Development Director re: Community Preservation Committee Off-cycle funding recommendation of \$80,000 to support the Stage Fort Park Advisory Committee's landscape construction design project
8. Memorandum, Grant Application & Checklist from the Police Chief re: request acceptance of the FY21 State 911 Support & Incentive Grant in the amount of \$102,983

9. Memo from City Auditor regarding accounts having expenditures which exceed their authorization & Auditor's Report and other related business

COMMITTEE
Chair, Councilor Melissa Cox
Vice Chair, Councilor Scott Memhard
Councilor John McCarthy

CC: Mayor Theken; Vanessa Krawczyk; Kenny Costa; John Dunn; Jaimie Corliss; Adam Curcuro; Karin Carroll; Chief Smith; Jill Cahill; Chief Conley

The listing of matters is those reasonably anticipated by the Chair which may be discussed at the meeting. Not all items listed may be discussed & other items not listed may also be brought up for discussion to the extent permitted by law. Items may be taken out of order.

City Hall Annex
Three Pond Road
Gloucester, MA 01930



Jaimie Corliss
Grants Administrator
978-325-5239

CITY OF GLOUCESTER
Community Development Department

MEMORANDUM

TO: Mayor Sefatia Romeo Theken
FROM: Jaimie Corliss, Grants Administrator
CC: Jill Cahill, Community Development Director; Affordable Housing Trust File
RE: Affordable Housing Trust Funding Recommendation for 71 Middle Street
DATE: September 15, 2020

The Affordable Housing Trust has voted to recommend funding in the amount of \$200,000.00 to the YMCA of the North Shore for an affordable housing development project located at 71 Middle Street.

The Board of Trustees requests that you forward this recommendation to the City Council for its review and appropriation. Trustees or Jaimie Corliss will be available to answer any questions.

Attached are:

1. Memo from AHT Vice-Chair Mike Luster
2. YMCA of the North Shore's Application for Funding



**Gloucester Affordable Housing Trust
Gloucester Community Development Department
3 Pond Road
Gloucester, MA 01930**

September 9, 2020

Christopher Lovasco, President & CEO
YMCA of the North Shore
254 Cabot Street
Beverly, MA 01915

Re: 71 Middle Street, Gloucester Project

Mr. Lovasco,

We want to thank you along with Ms. Mizrahi and Ms. Kolodziej for the presentation at the City of Gloucester Affordable Housing Trust meeting on Thursday, August 13, 2020. The members of the Trust found the presentation to be well thought out and clearly presented.

At that meeting the members of the Trust reviewed the YMCA of the North Shore's application for support of the project in the amount of \$250,000. The trust voted and unanimously approved the appropriation of \$200,000 to be applied to the above-referenced project for the construction of 44 one-bedroom, affordable apartments for seniors. The Trust's approval is contingent on YMCA of the North Shore and affiliated organizations giving preference, to the fullest extent allowed by law, to residents of Gloucester.

Sincerely,

Mike Luster

Mike Luster (Sep 11, 2020 08:45 EDT)

Michael J. Luster
Vice-Chairman
City of Gloucester Affordable Housing Trust



**YMCA of the North Shore
Application for Funding
Submitted to
City of Gloucester
Affordable Housing Trust Fund**

**71 Middle Street
Senior Affordable Housing Project**





Affordable Housing Trust Fund
Community Development Department
3 Pond Road
Gloucester, MA 01930

1. Organization: YMCA of the North Shore
2. Project Title: 71 Middle Street
Address: 245 Cabot Street
City: Beverly Zip: 01915
Telephone: (978) 564-3061 Fax: (978) 922-7602
Federal Tax Identification #: 04-2104913
Contact Person/Title: Christopher Lovasco, President and CEO
Email: lovascoc@northshoreymca.org
3. Amount of Funding Requesting: \$250,000
4. Type of Activity: Creation of Affordable Housing (New Construction)
5. Attachments:
 - A. Program Description & Community Need / City Benefit
 - B. Project Floor Plans and Elevations
 - C. Project Team
 - D. Housing Opportunity Sites Map
 - E. Letter from Mayor Romeo Theken
 - F. Project Budget
 - G. Property Deed
 - H. Organizational / Financial Information

- 1. Organization:** YMCA of the North Shore
- 2. Program/Project Title:** 71 Middle Street (44 units of senior affordable housing)
- 3. Program/Project Description:**

- a. Narrative description of the program/project - Describe clearly the proposed program/project - what the program/project is about.

The project site is currently the home of the Cape Ann YMCA. The YMCA of the North Shore the ("Y") is constructing a new Cape Ann YMCA facility on School House Road/Gloucester Crossing Road in Gloucester. Once the new facility opens, the Y will move all of its operations there and the building at 71 Middle Street will be vacant. The Y intends to demolish this building and build 44 one-bedroom apartments for seniors at this site.

One hundred percent of the units will be affordable. Twenty-six units (approximately 60%) will be restricted to seniors with household incomes no greater than 60% of Area Median Income and 18 units (approximately 40%) will be restricted to those with income at or below 30% AMI. The YMCA will work with the Commonwealth to secure project-based operating subsidies for as many units in the development as possible which will allow more lower-income seniors to be able to live in the new facility.

The new construction building will have a partially underground parking level with three floors of residential above. The garage level also contains an outdoor space with seating and gardens for the residents. The architect has incorporated the Senior Design Guidelines from the Massachusetts Department of Housing and Community Development as well as items discussed with City staff during an initial meeting. The design and elevations of the proposed building are shown on the attached set of plans.

The project site is located in downtown Gloucester (one street north of Main Street) and is within walking distance of City Hall, numerous shops and restaurants. The Rose Baker Senior Center is an 8-minute walk or 0.4 miles from the project.

In addition to affordable housing, the project will offer a robust menu of supportive services to seniors. An on-site Resident Service Coordinator will connect the seniors to resources, help them in applying for benefits (Social Security, V.A., food stamps etc.) as well as plan social events for the residents. The Y will also offer memberships and transportation to its new facility where the seniors will be able to participate in health and wellness and community activities. The Y has also been talking with The Rose Baker Senior Center and SeniorCare, Inc. to provide additional services. SeniorCare, Inc., is a federally designated Area Agency on Aging (AAA) in Gloucester. It assists seniors with arranging Meals on Wheels, home care, money management, transportation to medical appointments, and linking seniors to volunteer opportunities in the community among other services. Our plan is to also connect with Element Care, a PACE (Program of All-inclusive Care for the Elderly) center in Gloucester for those seniors who want to live in the community but need enough assistance to qualify for nursing home care. The PACE center provides complete medical care, including medication administration, physical exams, and physical therapy along with dental, vision, and hearing care. Element Care also runs an

Adult Day Health Center that offers a day filled with social activities along with exercise and doctor consultations. Together, these three organizations will offer a tiered system of care to meet the needs of most, if not all, of the seniors who will reside at 71 Middle Street, with Element Care serving those that need the most care to remain living at home and the Rose Baker Senior Center for those who can most easily live independently but are looking for more social enrichment. Services from SeniorCare, Inc. would capture those that fall in the middle.

- b. **Need Statement - Describe the nature and extent of the needs that your proposed program/project is seeking to address. Please explain the source or basis of your information or estimates or attach the document that contains information or data about the need (e.g. focus groups; surveys; studies; cost estimates);**

According to Gloucester's Housing Production Plan, affordable housing is one of the biggest challenges facing residents of Gloucester, especially for those age 62 and older. More than half of those this age are housing cost burdened, meaning they spend more than 30% of their income on housing, and 33% are severely cost burdened spending more than 50% of their income on housing.

The Gloucester Housing Authority (GHA)'s recently released 5-Year Plan identifies a critical need for the production of more one-bedroom units for seniors. There are currently 289 local elderly (most with incomes under 30% of Area Median Income) on GHA's waitlist for one-bedroom apartments. The GHA has informed us that they have limited one-bedroom units and that, in some cases, there are seniors who are over-housed in two- and three-bedroom apartments now that their children have grown up and moved out. Creating more one-bedroom units will help meet the needs of those on the waitlist and will open up some housing for families needing GHA's larger units.

The tremendous need for affordable senior housing is not only demonstrated by GHA's extensive waitlist, but also the waitlist at Central Grammar Apartments at 10 Dale Street, which is one block from 71 Middle Street. Central Grammar Apartments has 78 units of housing for residents age 62 and older. Currently, there are 120 seniors on their waitlist, which has grown from 50 people in prior years.

Moreover, demand for senior housing will only continue to increase as seniors are projected to soon be the largest segment of Gloucester's population. According to Metropolitan Area Planning Council's population and housing demand projections in the Gloucester Housing Production Plan, by 2030, 58% of the City's households will be age 60 or older.

- c. **Program/Project Goals - Describe briefly your proposed goal(s) and target clientele relative to the need you identified in the Need Statement.**

Our goal is to provide affordable housing targeted to low and very-low income residents age 62 years and older. Our other goal is to pair this housing with strong supportive services for these seniors.

d. Intended Beneficiaries:

Number of Gloucester residents:

The project will serve at least 44 up to a maximum of 88 low- and very-low income persons age 62 and older with a 70% preference for Gloucester residents (the maximum allowed by regulation).

Data on number of persons eligible for this program/project

According to Gloucester's Housing Production Plan, there are approximately 1,783 households age 62 years and older that are both low-income and housing cost-burdened.

According to a market study performed for Harbor Village, the highest demand for units would be for one-bedroom units. While Harbor Village is not age restricted, the information drawn from this study is still helpful. Assuming the Harbor Village units are complete, the available units in all properties in the primary market area only equals 4.72% of population that is income-eligible for those units. This means that there is a great need and that many are cost burdened in their current housing arrangements right now. This is likely magnified for seniors with very fixed incomes. It also appears from compiling data that Gloucester has a higher proportion of seniors than in the surrounding primary market area. We have contracted for a full market study which will be completed towards the end of September.

e. Program/Project Schedule

August/September	Discussions with City staff Community Outreach
September	Receive Project Eligibility Letter from DHCD Submit Comprehensive Permit Application to Zoning Board of Appeals
October	Pre-Application for Funding submitted to DHCD
November/December	Comprehensive Permit Approved by ZBA
January 2021	Full Application for Funding submitted to DHCD
May 2021	DHCD Funding awards announced
February 2022	Construction Start (assuming a DHCD award at first round)
April 2023	Construction Complete
July 2023	Full Lease-Up

f. **Personnel who will be involved in the program**

Please see attached list of project team members.

g. **Specific accomplishments expected from the program.**

The project expects to accomplish providing affordable housing to at least 44 low-and very-low income seniors and provide them with connections to supportive services in the community to increase their quality of life and help them to remain living independently.

4. Community Benefit

Please explain how this program/project furthers the city's goals and priorities. Explain how this program/project serves the city and its low and moderate-income residents. Identify who will specifically benefit from this program/project: the targeted residents or neighborhood, the numbers of persons who will be served, and the service provided. Please provide data that will substantiate the priority.

This project will add 44 units to the City's affordable housing stock. These units can be counted on the Subsidized Housing Inventory and will contribute to Gloucester's goal of reaching 10% affordability.

The Gloucester Housing Authority's 5-Year Plan identifies the need for new housing opportunities for the elderly, 1-bedroom households, and households making less than 30%, 50% and 60% of AMI. This project will address the needs of very low- and low-income senior households. One hundred percent of the one-bedroom housing units will be restricted to seniors with household incomes no greater than 60% of Area Median Income, including at least 40% of the units will be restricted to those with very low income (at or below 30% AMI).

In addition, 71 Middle Street will accomplish the first two goals set forth in Gloucester's Housing Production Plan from 2017, which were to:

Goal 1: Create opportunities to develop a diverse and affordable housing stock to meet the needs of a changing demographic profile in the city.

Goal 2: Encourage affordable housing development.

Under Goal 1, the Housing Production Plan, called for providing housing cost-burdened seniors with more housing options. This strategy also recommended coordinating with the Council on Aging, the Gloucester Housing Authority, and local senior advocates to help low-income seniors obtain the services and housing they need. We have done just that and plan to pair the housing at 71 Middle Street with services for these seniors. Please see Project Description for more details on services to be provided.

In addition, the Gloucester Downtown Market Analysis, identified 9 specific Housing Opportunity Sites for future development. The YMCA at 71 Middle Street was number one on this list of sites. Please see attached map.

Not only will the project benefit low and very-low income residents, but it will also benefit the neighborhood. This site will become vacant at the end of this year. Both the YMCA and the City do not want to see a vacant building in the downtown area so activating this site again is critical. The design for the new building is in harmony with this historic area unlike the building that is currently on site. The proposed aesthetic of brick, cementitious panel siding and storefront windows compliments the typical first floor more commercial look of the neighborhood. The clapboard siding, double hung windows and mansard roof on the upper floors speaks to the residential aspect of the building. The primary visible corner has more detailed architectural elements in order to activate the corner and create a pleasing view at that intersection. In addition, the design allows for open space at the site that doesn't currently exist, a nice patio space for the residents at 71 Middle Street which in light of our current Covid world is critical to physical and mental health.

5. Program/Project Budget

- a. Please complete ATTACHMENT A PROGRAM/PROJECT BUDGET.

Please see attached.

- b. Provide information regarding other funding sources that the organization has attempted to secure funding from relative to the proposed program/project.

We have applied for the City of Gloucester Community Preservation Act funding and intend to apply to the North Shore HOME consortium for funding. We will also be submitting an application to the Department of Housing and Community Development (DHCD) for soft funds and 9% Low Income Housing Tax Credits. We anticipate that the pre-application will be due to DHCD in October and a full application due in January 2021. DHCD requires a commitment of local funds.

Please also see an attached letter from the Mayor supporting our request of City of Gloucester funding of \$1,000,000. We anticipate that this may need to come in steps.

- c. Please explain what other sources of funding will be used for this activity, as well as expected volunteer hours.

The project will also have a mortgage of approximately \$3,226,500.

6. Management and Organizational Information - Please see attached.

- a. Budget - Annual
- b. Articles of Incorporation (Office of Secretary of State)
- c. Annual Report (Form PC from the Mass Office of the Attorney General - Division of Public Charities)
- d. Copy of your Return of Organization Exempt From Income Tax (Form 990 for 501c3's)
- e. List of other funding sources for the year 2020 (Federal, State and Local).

71 Middle Street
Photographs of Existing Building (Cape Ann YMCA)

Front



Side



Rear



C. PROJECT TEAM

71 Middle Street
Project Team Members

YMCA of the North Shore

Chris Lovasco, President & CEO
lovascoc@northshoreymca.org
978-564-3061

Kevin McCarthy, CFO
mccarthyk@northshoreymca.org
978-564-3074

Tim Flaherty, Executive Director,
Cape Ann YMCA
flahertyt@northshoreymca.org
978-559-3001

Kathy Churchill, Director of Housing
churchillk@northshoreymca.org

Jamie McGrath, Assist. Finance Director
mcgrathj@northshoreymca.org

Pete Avila, Executive Director Facilities
avilap@northshoreymca.org

Development Consultant

Tara Mizrahi, Vice-President
TMizrahi@affirmativeinvestments.com
(617) 367-4300 Ext. 2

Jennifer Kolodziej, Assoc. Project Manager
JKolodziej@affirmativeinvestments.com
(617) 367-4300 Ext. 4

Affirmative Investments, Inc
33 Union Street, 2nd Floor
Boston, MA 02108
www.affirmativeinvestments.com

Architect

Jen Hocherman, AIA, LEED AP
jen@svdesign.com
978-529-2298

Stefano Basso, AIA
stefano@svdesign.com
978-927-3745

SV Design
126 Dodge Street
Beverly, MA 01915
svdesign.com

Zoning Attorney

Deborah A. Eliason
deliason@eliasonlawoffice.com
(978)283-7432
Eliason Law Office
63 Middle Street
Gloucester, MA 01930
www.eliasonlawoffice.com

Civil Engineer

Charlie Wear
cwear@meridianassoc.com
Meridian Associates
500 Cummings Center, Suite 5950
Beverly, MA 01915
www.meridianassoc.com

Construction Manager

Bill Olsen, V.P. of Construction Operations
bolsen@windover.com
(978) 720-8257
Windover Construction
66 Cherry Hill Drive
Beverly, MA 01915
www.windover.com

D. HOUSING OPPORTUNITY SITES MAP

E. LETTER OF SUPPORT FROM MAYOR ROMEO THEKEN

City Hall
Nine Dale Avenue
Gloucester, MA 01930



TEL 978-281-9700
FAX 978-281-9738
stheken@gloucester-ma.gov

**CITY OF GLOUCESTER
OFFICE OF THE MAYOR**

March 16, 2018

Mr. Christopher Lovasco
Chief Executive Officer
YMCA of the North Shore
245 Cabot Street
Beverly, MA 01915

Dear Mr. Lovasco,

I write to you to express my strong support for the YMCA's proposed affordable housing project at 71 Middle Street in Gloucester and their efforts to secure funding.

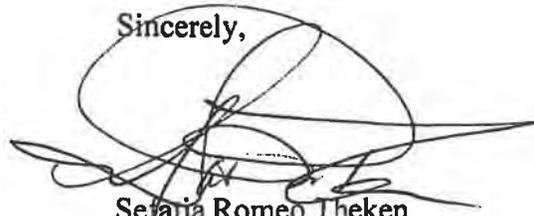
The City recently concluded a housing production plan and it forecasts an aging population with little opportunity for a younger generation to start families here. We are a working city with a working waterfront and we must be able to provide affordable housing for our workforce. This is a priority for me and my administration and we are working hard on it every single day. I strongly support 60% AMI (and lower) housing to meet the needs of our community, especially for veterans and seniors, and I have spoken to the Governor and Lieutenant Governor as well as legislative leaders on this issue. When we learned of the plans to convert the old YMCA at 71 Middle Street into affordable housing, we understood the incredible benefits it offered and we are eager to support it.

The YMCA has been an active member of the Gloucester community for decades; through their facilities and their programs, they make a real difference in people's lives. They have been here for us, now it is our turn to be here for them. Accordingly, my administration will actively support the YMCA as they work to acquire the necessary funding for the project at 71 Middle Street. We will waive some of the building fees for construction of the building, we will support a rider for project funding in the housing bill before the legislature, we will support substantial funding for the project from the City's Community Preservation Committee and the City's Affordable Housing Trust Fund, and we will support project funding from home grants and housing development pipeline grants. We recognize that financial support from the host community is a critical component to a successful affordable housing project. While it is too early to commit to a specific figure, we pledge our best efforts to obtain at least one million dollars of such local support for the proposed YMCA/71 Middle Street project.

Mr. Christopher Lovasco
March 16, 2018
Page 2

This proposed project is important to the City of Gloucester and I look forward to its successful completion.

Sincerely,

A handwritten signature in black ink, appearing to read 'Setaria Romeo Theken', written over a large, faint circular watermark or stamp.

Setaria Romeo Theken
Mayor

cc: Mr. Peter Gourdeau, Windover Construction
Mr. Jack Meany, YMCA of the North Shore

F. PROJECT BUDGET

G. PROPERTY DEED

8
10
PINO & SHEA
46 Middle St.
Gloucester, MA.
01930

PROPERTY ADDRESS: 71 Middle Street, Gloucester, MA 01930
GRANTEE'S ADDRESS: Same

TRINITY CONGREGATIONAL CHURCH, a Massachusetts not-for-profit religious corporation located at 70 Middle Street, Gloucester, Essex County, Massachusetts, for nominal consideration paid, releases to the BEVERLY REGIONAL YOUNG MEN'S CHRISTIAN ASSOCIATION, a Massachusetts not-for-profit corporation, having its principal offices at 245 Cabot Street, Beverly, Massachusetts, all its right, title and interest in and to a parcel of land located on Middle Street in said Gloucester, as more particularly described in a deed from George R. Bradford to The Young Men's Christian Association of Gloucester, Massachusetts, dated January 18, 1900, and recorded with the Essex South District Registry of Deeds in Book 1600, Page 112. See also Essex Probate Docket No. 97E0023-GC1.

Meaning and intending that title be vested in the Grantor in fee simple absolute.

WITNESS the hand and seal of Judy L. Bacon, of
Trinity Congregational Church, this 17th day of July, 1997.
Trinity Congregational Church

By Judy L. Bacon
Its Clerk

COMMONWEALTH OF MASSACHUSETTS

Essex, ss. July 17, 1997

Then personally appeared the above-named Judy L. Bacon and acknowledged the foregoing instrument to be the free act and deed of the Trinity Congregational Church, before me,

Jeanne Ferrault
Notary Public Jeanne Ferrault
My commission expires: 09-21-01

TRINITY CONGREGATIONAL CHURCH

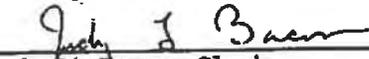
Clerk's Certificate

The undersigned, being the duly elected and acting Clerk of Trinity Congregational Church (the "Church"), hereby certifies the following is a true copy of a vote duly adopted at a special congregational meeting of the Church held on June 29, 1997:

VOTED: That the Church release all its right, title and interest in the land at 71 Middle Street, Gloucester, MA, to the Beverly Regional Young Men's Christian Association; and that Judy L. Bacon, Clerk of the Church, is authorized and directed, as the act and in the name and behalf of said Church to sign, seal, acknowledge and deliver a deed to said premises and to take all other action and sign all other documents which she, in her sole discretion, deems necessary or desirable to effectuate the purposes of this vote.

I further certify that the vote has not been rescinded, altered or amended in any respect and that as of the date hereof is still in full force and effect.

WITNESS the hand and seal of the Trinity Congregational Church this 19th day of July, 1997.



Judy L. Bacon, Clerk

H. ORGANIZATIONAL / FINANCIAL INFORMATION

	2020
YMCA of the North Shore, Inc.	Budget
Contributions	478,276
Annual Campaign	1,020,001
Special Events	1,392,246
Grants and Donor-Restricted Funds Expended	684,091
Investment Income	349,558
Contributed Income	3,924,171
Government Contracts - Childcare	5,036,521
Government Contracts - Camp	783,268
Government Contracts - Program	309,224
Childcare Fees	14,703,723
Membership	14,912,702
Program	3,530,887
Program - Teams	1,738,894
Camp	3,134,921
Residence	186,695
Rental, Usage Fees, and Other income	849,871
Financial Assistance	(2,546,661)
Miscellaneous Income	30,000
Earned Income	42,670,044
Income	46,594,216
Salaries & Wages	24,583,220
Employee Benefits	2,936,715
Payroll Taxes	1,950,397
Professional Services	2,926,674
Supplies	1,546,342
Grant-Funded Supplies	52,900
Telecommunications	296,348
Fundraising	636,344
Maintenance	1,095,939
Building Rentals	729,993
Insurance	738,236
Utilities	1,726,433
Equipment	1,018,260
Marketing	270,595
Transportation	458,739
Staff Development	301,206
Membership Dues	535,221
Other	241,441
Operational Expenses	42,045,005
Depreciation & Amortization	2,954,110
Debt Service	917,758
Management Designated Expenses	3,871,868
Expenses	45,916,873
Total Net Surplus (Deficit) to Budget	676,693

FEDERAL IDENTIFICATION NO. 04-2105877

FEDERAL IDENTIFICATION NO. 04-2104092

FEDERAL IDENTIFICATION NO. 04-2104913

1-10-1984

Fee: \$35.00 000005126

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

061
021

ARTICLES OF ~~CONSOLIDATION~~ / *MERGER (General Laws, Chapter 180, Section 10) Domestic and Domestic Corporations

~~Consolidation~~ / *merger of

(M) BEVERLY REGIONAL YOUNG MEN'S CHRISTIAN
ASSOCIATION, MARBLEHEAD/SWAMPSCOTT
YOUNG MEN'S CHRISTIAN ASSOCIATION,

and

(S) SALEM YOUNG MEN'S CHRISTIAN ASSOCIATION

the constituent corporations, into
SALEM YOUNG MEN'S CHRISTIAN ASSOCIATION

*one of the constituent corporations / ~~XXXXXXXXXX~~

The undersigned officers of each of the constituent corporations certify under the penalties of perjury as follows:

1. The agreement of ~~consolidation~~ / *merger was duly adopted in accordance and compliance with the requirements of General Laws, Chapter 180, Section 10.
2. That if any of the constituent corporations constitutes a public charity, then the resulting or surviving corporation shall be a public charity.
3. The resulting or surviving corporation shall furnish a copy of the agreement of ~~consolidation~~ / *merger to any of its members or to any person who was a stockholder or member of any constituent corporation upon written request and without charge.
4. The effective date of the ~~XXXXXXXXXX~~ / *merger determined pursuant to the agreement of ~~consolidation~~ / *merger shall be the date approved and filed by the Secretary of the Commonwealth. If a later effective date is desired, specify such date which shall not be more than *thirty days* after the date of filing:
January 1, 1999

5. (For a merger)
(a) The following amendments to the Articles of Organization of the *surviving* corporation have been effected pursuant to the agreement of merger: The name of the corporation shall be changed to:
YMCA of the North Shore, Inc.

Examiner

C
P
M
R.A.

(For a consolidation)

(b) The purpose of the *resulting* corporation is to engage in the following activities:

N/A

** (c) The resulting corporation may have one or more classes of members. If it does, the designation of such class or classes, the manner of election or appointment, the duration of membership and the qualification and rights, including voting rights, of the members of each class, may be set forth in the bylaws of the corporation or may be set forth below:

N/As

** (d) Other lawful provisions, if any, for the conduct and regulation of the business and affairs of the resulting corporation, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the corporation, or of its directors or members, or of any class of members, are as follows:

N/A

6. The information contained in Item 6 is *not a permanent* part of the Articles of Organization of the *resulting / *surviving corporation.

(a) The street address of the *resulting / *surviving corporation in Massachusetts is: *(post office boxes are not acceptable)*

245 Cabot Street
Boston, MA 02142

PETITION TO THE SECRETARY OF THE COMMONWEALTH
PURSUANT TO GENERAL LAWS, CHAPTER 180
SECTION 7A FOR APPROVAL OF ARTICLES OF MERGER

1. The Beverly Regional Young Men's Christian Association and the Marblehead/Swampscott Young Men's Christian Association (the "Petitioners"), being corporations organized under the provisions of the predecessor of Chapter 180 of the Massachusetts General Laws ("Chapter 180"), desire to merge into the Salem Young Men's Christian Association. The Beverly Regional Young Men's Christian Association, the Marblehead/Swampscott Young Men's Christian Association, and the Salem Young Men's Christian Association are the "Constituent Corporations", pursuant to an Agreement of Merger by and among the Constituent Corporations dated December 22, 1998 ("Agreement of Merger").

2. The Petitioners are unable to comply with Section 10 of Chapter 180 requiring that said merger be approved by a vote of two-thirds of its members. The reasons for the Petitioners' inability to comply with that provision of said Section 10, together with a summary of the history of the organization of the Constituent Corporations are set forth below.

3. The Beverly Young Men's Christian Association was organized in 1896. The Marblehead/Swampscott Young Men's Christian Association was organized in 1888. The Salem Young Men's Christian Association was organized in 1858. Each of the Constituent Corporations was organized under the appropriate predecessor chapters to Chapter 180 and are presently subject to the provisions of Chapter 180.

4. None of the Constituent Corporations have ever issued capital stock and all have operated throughout their existence as membership organizations. Each of the Constituent Corporations has successfully qualified as a non-profit organization under Section 501(c)(3) of the Internal Revenue Code, as amended.

5. Based on the most current lists available the membership of each of the Constituent Corporations is as follows:

a.	Beverly Regional YMCA	9,109
b.	Marblehead/Swampscott YMCA	1,040
c.	Salem YMCA	1,757

Copies of the respective membership lists are attached hereto.

6. The process leading up to the proposed merger by and among the Constituent Corporations has been ongoing for a period of approximately two years. Each of the Constituent Corporations was represented on a transition team throughout this process and the activities of the transition team were discussed at the individual

local newspapers serving the various communities. As an example, copies of the following are attached:

- a. Article which appeared in the Salem Evening News on July 23, 1998.
- b. Article which appeared in the Swampscott Reporter on August 6, 1998;
- c. Article which appeared in the Daily Evening Item on August 4, 1998;
- d. Article which appeared in the Salem Evening News on October 16, 1998; and
- e. Article which appeared in the Boston Sunday Globe on October 18, 1998.

7. The work of the transition team culminated in a recommendation for the merger which was presented at individual meetings of the Constituent Corporations held on October 8, 1998. Attached hereto are the votes taken at each of those meetings. Because of the complete and open process which led up to these meetings, there was minimal discussion and there was no opposition at any of the meetings and the votes that are attached were passed unanimously by those in attendance. The attendance was as follows:

- | | | |
|----|----------------------------|----|
| a. | Beverly YMCA | 65 |
| b. | Marblehead/Swampscott YMCA | 35 |
| c. | Salem YMCA | 49 |

8. Notice of the special meeting of each of the Constituent Corporations was duly called in accordance with the by-laws of each of the Constituent Corporation and posted in the usual and customary manner. Copies of said notices are attached hereto. At the special meeting it was voted that the By-Laws of each Constituent Corporation be amended so as to permit twenty-five (25) of its members to act on all business which may come before the meeting. In addition, those members of each of the Constituent Corporations most involved in the discussion of this merger, including the professional staff, encouraged members of the Constituent Corporations to attend this meeting.

9. The Agreement of Merger, ~~a copy of which is attached~~ hereto, provides that on the Effective Date (defined as the date on which the Secretary of State of the Commonwealth of Massachusetts accepts the attached Articles of Merger for filing or January 1, 1999), the Constituent Corporations will be merged into the Salem Young Men's Christian Association which name shall then be changed to the YMCA of the North Shore, Inc. (the "Surviving Corporation")

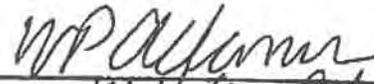
10. The initial directors and officers of the Surviving Corporation have been nominated and elected by each of the Constituent Corporations. A list of the officers and directors of the Surviving Corporation is attached hereto.

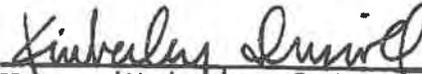
11. After diligent efforts, each of the Constituent Corporations has concluded that it is not possible to obtain a quorum of its members and therefore cannot comply with the provisions of Section 10 of Chapter 180 with respect to approving the Agreement of Merger herein described. Notwithstanding its inability to obtain a quorum, it should be noted that all of the members who attended the duly called meeting voted in favor of the proposal to approve the Agreement of Merger.

12. The Petitioner hereby respectfully requests that the Secretary of State of the Commonwealth of Massachusetts endorse his approval hereon and order that the Articles of Merger attached hereto be approved for filing and otherwise dealt with in accordance with Section 10 of Chapter 180.

30 WITNESS the execution hereof under penalties of perjury this day of December, 1998.


Name: Katherine Farricker
Title: President
Beverly Regional Young Men's
Christian Association


Name: William Adams
Title: President
Marblehead/Swampscott Young
Men's Christian Association


Name: Kimberley Driscoll
Title: President
Salem Young Men's Christian
Association

CERTIFICATE OF VOTE

BEVERLY REGIONAL YOUNG MEN'S CHRISTIAN ASSOCIATION

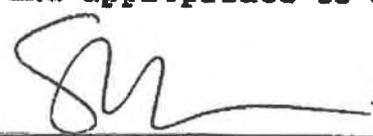
The undersigned hereby certify that at a Special Meeting of the Beverly Regional Young Men's Christian Association held on Thursday, October 8, 1998, at 7:00 P.M. at 245 Cabot Street, Beverly, Massachusetts, upon motions duly made and seconded, the following actions were voted:

VOTED: That the constitution and by-laws of the Association are hereby amended so that 25 members of the Association shall constitute a quorum for the purpose of all business which may come before the meeting and that a majority of those present and voting shall be a proper vote.

VOTED: That the constitution and by-laws of the Association are hereby amended so as to authorize and empower the Board of Directors by a majority vote to have complete merger authority of the Association.

VOTED: That the Board of Directors is specifically authorized to complete the merger of the Association with the Salem Young Men's Christian Association and the Marblehead/Swampscott Young Men's Christian Association, which merger is to be effective January 1, 1999.

VOTED: That the officers of the Association be and are hereby authorized to do all acts, including the execution of documents, deemed necessary and appropriate to carry the plan of merger into effect.



Name:
Title: Secretary

ATTEST:


Name:
Title: President



Marblehead/Swampscott YMCA

Building Strong Kids, Strong Families, Strong Communities

OFFICERS

- William P. Adams M.D.
President
- Russell Cushman
1st Vice President
- Deborah Nutt
2nd Vice President
- Karla M. Pingeton
Recording Secretary
- Rosemary L. Blank
Treasurer
- John B. Palmer
Assistant Treasurer
- Karl G. Spitzer, Esq.
Counselor
- J. Darrell Gallant
General Director

DIRECTORS

- Stephanie Andrews
- Cynthia Angelopoulos
- Cynthia H. Belhumeur
- Patricia Buckley
- Thomas H. Driscoll, Jr., Esq.
- Dieter Empacher
- Sheila Fitzgerald
- John H. Fletcher
- Robert H. Frey
- Paul D. Guertin
- C. Cutter Herlihy
- James A. Hunt
- Ellen M. Mckinnon
- Roberta Oakley
- Philip T. Pelletier
- David C. Quade
- Richard Robb
- Maura Costin Scalise
- Judith O. Trufant, Esq.
- Thadecous G. Weaver, Jr.

HONORARY DIRECTOR

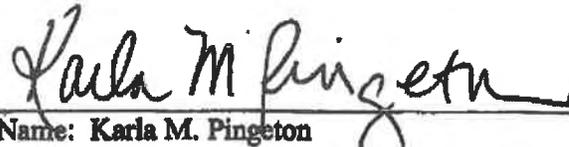
- Chester M. Sawtelle

CERTIFICATE OF VOTE

MARBLEHEAD/SWAMPSCOTT YOUNG MEN'S CHRISTIAN ASSOCIATION

The undersigned hereby certify that at a Special Meeting of the Marblehead/Swampscott Young Men's Christian Association held on Thursday, October 8, 1998, at 7:00 P.M. at 94 Pleasant Street, Marblehead, Massachusetts, upon motions duly made and seconded, the following actions were voted:

- VOTED:** That the constitution and by-laws of the Association are hereby amended so that 25 members of the Association shall constitute a quorum for the purpose of all business which may come before the meeting and that a majority of those present and voting shall be a proper vote.
- VOTED:** That the constitution and by-laws of the Association are hereby amended so as to authorize and empower the Board of Directors by a majority vote to have complete merger authority of the Association.
- VOTED:** That the Board of Directors is specifically authorized to complete the merger of the Association with the Salem Young Men's Christian Association and the Beverly Regional Young Men's Christian Association, which merger is to be effective January 1, 1999.
- VOTED:** That the officers of the Association be and are hereby authorized to do all acts, including the execution of documents, deemed necessary and appropriate to carry the plan of merger into effect.


 Name: Karla M. Pingeton
 Title: Secretary

ATTEST:





UNITED WAY

Certificate of Vote

Salem Young Men's Christian Association

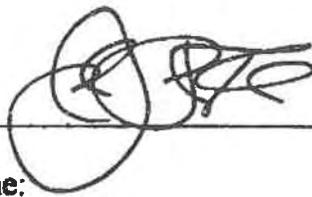
The undersigned hereby certify that at a Special Meeting of the Salem Young Men's Christian Association held on Thursday, October 8, 1998, at 7:00 pm at One Sewall Street, Salem, Massachusetts, upon motions duly made and seconded, the following actions were voted:

VOTED: That the constitution and by-laws of the Association are hereby amended so that 25 members of the Association shall constitute a quorum for the purpose of all business which may come before the meeting and that a majority of those present and voting shall be a proper vote.

VOTED: That the constitution and by-laws of the Association are hereby amended so as to authorize and empower the Board of Directors by a majority vote to have complete merger authority of the Association.

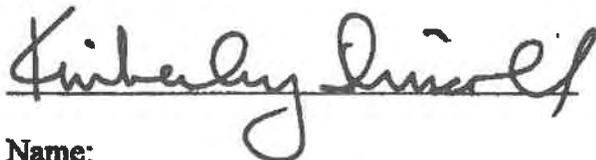
VOTED: That the Board of Directors is specifically authorized to complete the merger of the Association with the Beverly Regional Young Men's Christian Association and the Marblehead/Swampscott Young Men's Christian Association, which merger is to be effective January 1, 1999.

VOTED: That the officers of the Association be and are hereby authorized to do, all acts, including the execution of documents, deemed necessary and appropriate to carry the plan of merger into effect.


Name:

Title: Secretary

ATTEST:


Name:

Title: President

SALEM REGIONAL YOUNG MEN'S CHRISTIAN ASSOCIATION

Notice of Special Meeting

Pursuant to the constitution and by-laws of the Association this notice is being posted for purposes of notification that a special meeting of the Association will be held on Thursday, October 8, 1998, at 7:00 P.M. at 288 Essex Street, Salem, Massachusetts.

The purpose of this meeting shall be to vote on the following proposed actions:

1. To amend the constitution and by-laws of the Association so that 25 members of the Association shall constitute a quorum for the purpose of all business which may come before the meeting and that a majority of those present and voting shall be a proper vote.

2. To amend the constitution and by-laws of the Association so as to enable to Board of Directors by a majority vote to have complete merger authority of the Association.

3. To authorize the merger of the Association with the Beverly Young Men's Christian Association and the Marblehead/Swampscott Young Men's Christian Association.

4. That the officers of the Association be and they hereby are authorized to do all things necessary or appropriate to carry the plan of merger into effect.

**SALEM REGIONAL YOUNG MEN'S
CHRISTIAN ASSOCIATION**

BY: _____

Name:

Title: President

MARBLEHEAD/SWAMPSCOTT REGIONAL YOUNG MEN'S CHRISTIAN ASSOCIATION

Notice of Special Meeting

Pursuant to the constitution and by-laws of the Association this notice is being posted for purposes of notification that a special meeting of the Association will be held on Thursday, October 8, 1998, at 7:00 P.M. at 104 Pleasant Street, Marblehead, Massachusetts.

The purpose of this meeting shall be to vote on the following proposed actions:

1. To amend the constitution and by-laws of the Association so that 25 members of the Association shall constitute a quorum for the purpose of all business which may come before the meeting and that a majority of those present and voting shall be a proper vote.
2. To amend the constitution and by-laws of the Association so as to enable to Board of Directors by a majority vote to have complete merger authority of the Association.
3. To authorize the merger of the Association with the Beverly Young Men's Christian Association and the Salem Young Men's Christian Association.
4. That the officers of the Association be and they hereby are authorized to do all things necessary or appropriate to carry the plan of merger into effect.

**MARBLEHEAD/SWAMPSCOTT REGIONAL YOUNG
MEN'S CHRISTIAN ASSOCIATION**

BY: _____
Name:
Title: President

BEVERLY REGIONAL YOUNG MEN'S CHRISTIAN ASSOCIATION

Notice of Special Meeting

Pursuant to the constitution and by-laws of the Association this notice is being posted for purposes of notification that a special meeting of the Association will be held on Thursday, October 8, 1998, at 7:00 P.M. at 245 Cabot Street, Beverly, Massachusetts.

The purpose of this meeting shall be to vote on the following proposed actions:

1. To amend the constitution and by-laws of the Association so that 25 members of the Association shall constitute a quorum for the purpose of all business which may come before the meeting and that a majority of those present and voting shall be a proper vote.
2. To amend the constitution and by-laws of the Association so as to enable to Board of Directors by a majority vote to have complete merger authority of the Association.
3. To authorize the merger of the Association with the Salem Young Men's Christian Association and the Marblehead/Swampscott Young Men's Christian Association.
4. That the officers of the Association be and they hereby are authorized to do all things necessary or appropriate to carry the plan of merger into effect.

**BEVERLY REGIONAL YOUNG MEN'S
CHRISTIAN ASSOCIATION**

BY: _____
Name:
Title: President

NSY CORPORATE BOARD

Mr. Thomas Alexander
Alexander, Femino &
Lauranzano
1 School Street
Beverly, MA 01915

Mr. Stephen Archer
2 Dickinson Way
Beverly, MA 01915

Mr. Theodore Bidwell
7 Loading Place Rd.
Manchester, MA 01944

Ms. Paula Shorts
74 Cherry Street
Wenham, MA 01984

Ms. Susie Glessner
267 Argilla Road
Ipswich, MA 01938

Ms. Linda Harvey
45 School Street
Manchester, MA 01944

Mr. David Lawson
Beverly National Bank
240 Cabot Street
Beverly, MA 01915

Ms. Mimi Pruett
69 West Street
Beverly Farms, MA 01915

Mr. Joseph Lumino
Connolly Brothers
152 Conant Street
Beverly, MA 01915

Mr. George Lieser
39 Marmion Way
Rockport, MA 01966

Bill Howard, President
Beverly Cooperative Bank
254 Cabot Street
Beverly, MA 01915

Mr. James A. Hunt
56 Village Street
Marblehead, MA 01945

Mr. Karl Spitzer
Attorney at Law
199 Rosewood Dr, Suite 350
Danvers, MA 01923

Mr. C. Cutter Herlihy
6 William Road
Marblehead, MA 01945

Mr. Phil Pelletier
11 Brown Road
Swampscott, MA 01907

Mr. John H. Fletcher
34 Pearl Street
Marblehead, MA 01945

Ms. Judith O. Trufant
37 Winshaw Road
Swampscott, MA 01907

Dr. John Fisher
18 Hawthorne Boulevard
Salem, MA 01970

Mr. Leonard Owens
25 Beach Bluff Avenue
Swampscott, MA 01907

Ms. Betsy Merry
Hunneman Coldwell
7 1/2 Church St.
Salem, MA 01970

Joseph Gibbons, President
Salem Five Bank
210 Essex Street
Salem, MA 01970

Ms. Kim Driscoll
12 Charles Street
Salem, MA 01970

Peter Copelas, President
Heritage Cooperative Bk
71 Washington Street
Salem, MA 01970

Mr. Sumner Jones
Eastern Bank
217 Essex Street
Salem, MA 01970

Mr. Dudley Miller
802 Hale Street
Beverly Farms, MA
01915

Ms. Kate Farricker
135 Bridge St.
Manchester, MA 01940

Ms. Suzanne O'Brien
24 Grove Street
Essex, MA 01929

MSY CORPORATE BOARD (CONT)

Mr. David McKechnie
Bay State Financial Services
16 Middle Street
Gloucester, MA 01930

Mr. Allyson Preston
10 Beacon Street
Marblehead, MA 01945

Ms. Natalie Bloom
91 Ocean Avenue
Marblehead, MA 01945

Mr. Ron Dechene
Suburn International Inc.
Danvers Industrial Park
Electronics Avenue
Danvers, MA 01923

Mr. Bill Wasserman
193 Argilla Road
Ipswich, MA 01938

Mr. Jack Good
Beverly Hospital
85 Herrick Street
Beverly, MA 01915

Mr. Richard Robb
56 Pilgrim Road
Marblehead, MA 01945

Ms. Kelly Raskauskas
12 Allen Road
Swampscott, MA 01907

Ms. Marie Oedel
6 Curtis Street
Salem, MA 01970

Federal Identification
No. 04-2793409

FEDERAL IDENTIFICATION
NO. 04-2105878

FEDERAL IDENTIFICATION
NO. 04-2104913 **CS**
Fee: \$35.00

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Boston, Massachusetts 02108-1512

ARTICLES OF ~~*CONSOLIDATION*~~ / *MERGER (General Laws, Chapter 180, Section 10) Domestic and Domestic Corporations

~~*CONSOLIDATION*~~ / *merger of

YMCA of the North Shore, Inc.,

Northeast Family YMCA, Inc., 042105878

_____ and
The Trustees of the Haverhill
Young Men's Christian Association 042793409

the constituent corporations, into

YMCA of the North Shore, Inc. 042104913

*one of the constituent corporations / ~~*NEW CORPORATION*~~

The undersigned officers of each of the constituent corporations certify under the penalties of perjury as follows:

1. The agreement of ~~*consolidation*~~ / *merger was duly adopted in accordance and compliance with the requirements of General Laws, Chapter 180, Section 10.
2. That if any of the constituent corporations constitutes a public charity, then the resulting or surviving corporation shall be a public charity.
3. The resulting or surviving corporation shall furnish a copy of the agreement of ~~*consolidation*~~ / *merger to any of its members or to any person who was a stockholder or member of any constituent corporation upon written request and without charge.
4. The effective date of the ~~*consolidation*~~ / *merger determined pursuant to the agreement of ~~*consolidation*~~ / *merger shall be the date approved and filed by the Secretary of the Commonwealth. If a *later* effective date is desired, specify such date which shall not be more than *thirty days* after the date of filing: January 1, 2006

5. (For a merger)

(a) The following amendments to the Articles of Organization of the *surviving* corporation have been effected pursuant to the agreement of merger: None

Examiner

C
P
M
R.A.

(For a consolidation)

(b) The purpose of the *resulting* corporation is to engage in the following activities:

N/A

** (c) The resulting corporation may have one or more classes of members. If it does, the designation of such class or classes, the manner of election or appointment, the duration of membership and the qualification and rights, including voting rights, of the members of each class, may be set forth in the bylaws of the corporation or may be set forth below:

N/A

** (d) Other lawful provisions, if any, for the conduct and regulation of the business and affairs of the resulting corporation, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the corporation, or of its directors or members, or of any class of members, are as follows:

N/A

6. The information contained in Item 6 is *not a permanent* part of the Articles of Organization of the ~~resulting~~ *resulting/* surviving corporation.

(a) The street address of the ~~resulting~~ *resulting/* surviving corporation in Massachusetts is: *(post office boxes are not acceptable)*

245 Cabot Street
Beverly, MA 01915

(b) The name, residential address and post office address of each director and officer of the ~~resulting~~ surviving corporation is:

NAME	RESIDENTIAL ADDRESS	POST OFFICE ADDRESS
President: Dudley W. Miller	100 Country Club Way Ipswich, MA 01938	100 Country Club Way Ipswich, MA 01938
Treasurer: Joseph Gibbons	210 Essex St. Salem, MA 01970	210 Essex St. Salem, MA 01970
Clerk: Linda Harvey	45 School St. Manchester, MA 01944	45 School St. Manchester, MA 01944
Directors: SEE ATTACHED		

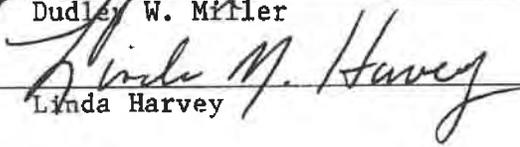
(c) The fiscal year (i.e. tax year) of the ~~resulting~~ surviving corporation shall end on the last day of the month of:
December

(d) The name and business address of the resident agent, if any, of the ~~resulting~~ surviving corporation is:
Jack Meany, 245 Cabot St., Beverly, MA 01915

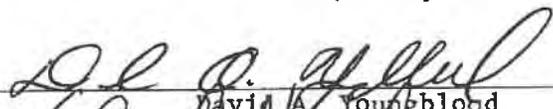
The undersigned officers of the several constituent corporations listed herein further state under the penalties of perjury as to their respective corporations that the agreement of ~~consolidation~~ / *merger has been duly executed on behalf of such corporations and duly approved by the ~~members/stockholders~~ / directors of such corporations in the manner required by General Laws, Chapter 180, Section 10.

TO BE EXECUTED ON BEHALF OF EACH CONSTITUENT CORPORATION


_____, *President / ~~Vice President~~
Dudley W. Miller


_____, *Clerk / ~~Assistant Clerk~~
Linda Harvey

of YMCA of the North Shore, Inc.
(Name of constituent corporation)


_____, *President / ~~Vice President~~
David A. Youngblood


_____, *Clerk / ~~Assistant Clerk~~
Elizabeth Hawken

of Northeast Family YMCA, Inc.

~~(b) The name, residential address and post office address of each director and officer of the *resulting / *surviving corporation is:~~

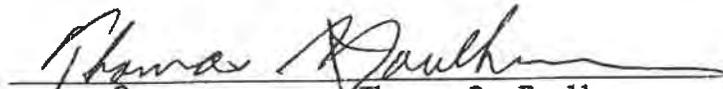
	NAME	RESIDENTIAL ADDRESS	POST OFFICE ADDRESS
President:			
Treasurer:			
Clerk:			
Directors:			

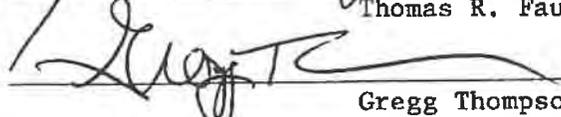
~~(c) The fiscal year (i.e. tax year) of the *resulting / *surviving corporation shall end on the last day of the month of~~

~~(d) The name and business address of the resident agent, if any, of the *resulting / *surviving corporation is:~~

The undersigned officers of the several constituent corporations listed herein further state under the penalties of perjury as to their respective corporations that the agreement of ~~consolidation~~ *merger has been duly executed on behalf of such corporations and duly approved by the ~~members/stockholders~~ directors of such corporations in the manner required by General Laws, Chapter 180, Section 10.

TO BE EXECUTED ON BEHALF OF EACH CONSTITUENT CORPORATION

 _____, *President / ~~Vice President~~
 Thomas R. Faulkner

 _____, *Clerk / ~~Assistant Clerk~~
 Gregg Thompson

of The Trustees of the Haverhill Young Men's Christian Association
(Name of constituent corporation)

_____, *President / *Vice President

_____, *Clerk / *Assistant Clerk

CEO	John J. Meany	16 Summit Ave Rockport, MA 01966
CFO	Diane Linehan	19 County Street Ipswich, MA 01938

Corporate Board ~~Members~~ *of Directors*

Tom Alexander	11 Evergreen Drive Beverly, MA 01915
Todd Baker	119 School Street Manchester, MA 01944
Anita Barbato	119 County Road Ipswich, MA 01938
Donald Bowen	45 Skytop Road Ipswich, MA 01938
Paul Coz	27 Middlebury Lane Beverly, MA 01915
Albert Dapolito	5 Mill Lane Rockport, MA 01966
Thomas Davis	15 Haven Ave Rockport, MA 01966

John Fletcher	34 Pearl Street Marblehead, MA 01945
Donat Fournier	59 Cross Lane Beverly, MA 01915
Marion Frost	95 High Street Ipswich, MA 01938
Joseph Gibbons	210 Essex Street Salem, MA 01970
John L. Good, III	85 Martin Street Essex, MA 01929
David Harrison	12 Links Road Gloucester, MA 01930
Linda Harvey	45 School Street Manchester, MA 01944
Brian Hines	20 Jersey Ave Manchester, MA 01944
William Howard	2 Sylvester Ave Beverly, MA 01915
William Leaver	55 Bayview Ave Salem, MA 01970
George Lieser	31 Marmion Way

Joseph Lumino	11 Birchwood Ave West Peabody, MA 01960
David McKechnie	1 Page Street Gloucester, MA 01930
Deborah McKenna	188 Cherry Street Wenham, MA 01984
Dudley Miller	100 Country Club Way Ipswich, MA 01938
Gary Needham	10 Greenbrier Road Manchester, MA 01944
Mimi Pruett	69 West Street Beverly Farms, MA 01915
David Quade	22 Whittier Road Marblehead, MA 01945
Richard Robb	56 Pilgrim Road Marblehead, MA 01945
Molly Ryan	686 Hale Street Beverly, MA 01915
Daniel Schibisz	5 Newbury Road Ipswich, MA 01938
Carolyn Stewart	20 Leonard Street #1

Paul Sullivan

11 Hickory Hill Road
Manchester, MA 01944

Judith Trufant

37 Winshaw Road
Swampscott, MA 01907

William Wasserman

197 Argilla Road
Ipswich, MA 01938

Gregory Woo

13 Sylvan Street
Danvers, MA 01923

964362

THE COMMONWEALTH OF MASSACHUSETTS

ARTICLES OF ~~*CONSOLIDATION~~ / *MERGER
(General Laws, Chapter 180, Section 10)
Domestic and Domestic Corporations

I hereby approve the within Articles of *Consolidation / *Merger and,
the filing fee in the amount of \$ 35 , having been paid.
said articles are deemed to have been filed with me this 30
day of December , 20 05.

Effective date: 1/1/2006



WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

RECEIVED
SECRETARY OF STATE
DEC 15 11:15 AM '05

TO BE FILLED IN BY CORPORATION
Contact information:

Jacob S. Segal, Esq.
Ronan, Segal & Harrington
59 Federal St.
Salem, MA 01970

Telephone: 978-744-0350

Email: jss@ronansegal.com

Office Use Only: Fiscal Year

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

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

Form PC

Report for the Fiscal Period: 01/01/18 to 12/31/18

Attorney General's Account #: 009901

Federal ID #: 04-2104913

Electronic Payment Confirmation #: _____

When did the organization first engage in charitable work in Massachusetts? 01/01/1958

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

If yes, date of application OR date of determination letter: 08/01/1942

IRS Exemption under 501(c): 3

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

Check all items attached (if applicable)

- Filing Fee or Printout of Electronic Payment Confirmation
- Copy of IRS Return
- Audited Financial Statements/Review
- Amended Articles/By-Laws
- Schedule A-1
- Schedule A-2
- Schedule RO
- Schedule VCO
- Probate Account

Organization Data

Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Mailing Address: 245 CABOT STREET

City: BEVERLY State: MA ZIP: 01915

Phone Number: (978) 922-0990 Fax Number: (978) 922-7602

Email: MCCARTHYK@NORTHSHOREYMCA.ORG Website: WWW.NORTHSHOREYMCA.ORG

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

Category	Code	Category	Code
County (Table 1)	5	Organization Purpose Code 1	5
Type of Organization (Table 2)	16	Organization Purpose Code 2	30

Please check box if final return prior to dissolution:

Office Use Only: Payment Received

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
THE NORTH SHORE, INC.**

04-2104913

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

1. On what date was the organization created? 01/01/1858

2. Where was the organization created? MASSACHUSETTS

3. What is the form of organization? (check one)

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

Other (please describe): _____

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

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	9,602,017.
B.	Gross support and revenue	47,799,344.
C.	Program services and similar amounts paid out	42,406,062.
D.	Fundraising expenses	1,230,377.
E.	Management and general expenses	1,018,774.
F.	Payments to affiliates	0.
G.	Total expenses	44,655,213.
H.	Net assets or fund balances at the end of the year	70,423,632.

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

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	CHRISTOPHER LOVASCO CEO	40.00	315,841.	15,809.	25,937.
2.	SCOTT HITCHCOCK COO	40.00	195,586.	5,500.	16,014.
3.	KEVIN MCCARTHY CFO	40.00	192,642.	15,809.	15,976.
4.	SUSANNAH ROBINSON CHIEF TALENT OFFICER	40.00	172,289.	15,809.	13,068.
5.	MARJORIE CREGG CHIEF ADVANCEMENT OFFICER	40.00	170,830.	0.	3,384.

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

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
THE NORTH SHORE, INC.**

04-2104913

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

	Name/Title	Amount of Compensation	Type(s) of Service
1.	BRENNER FACILITY SERVICES LLC	919,331.	FACILITY CLEANING
2.	WJJ PLANNING & CONSTRUCTION	258,810.	CONSTRUCTION
3.	JOHN J. MEANY	132,604.	CONSULTING
4.	CALENDAR PRESS	124,365.	PRINTING
5.	MAHI MAHI CRUISES & CHARTERS	88,623.	BOAT TRANSPORTATION

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

Bank	Address	Phone Number
SEE STATEMENT 1		

10. What is the organization's accounting method? Cash Accrual
 Other (specify): _____

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

Address: _____

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: KEVIN MCCARTHY, CFO

Street Address: 245 CABOT STREET

City: BEVERLY State: MA ZIP Code: 01915

Phone Number: (978) 922-0990

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
THE NORTH SHORE, INC.

04-2104913

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

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No
If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

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

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

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.
STATEMENT 2

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.
STATEMENT 3

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.
STATEMENT 4

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No
STATEMENT 5

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

FORM PC	BANK IN WHICH FUNDS ARE DEPOSITED	STATEMENT	1
---------	-----------------------------------	-----------	---

NAME AND ADDRESS	PHONE NUMBER
TD BANKNORTH P.O. BOX 1377 LEWISTON, ME 04243	800-747-7000
BEVERLY BANK 254 CABOT STREET BEVERLY, MA 01915	978-922-0857
HAVERHILL BANK 180 MERRIMACK STREET HAVERHILL, MA 01830	978-374-0161
PEOPLE'S UNITED BANK 240 CABOT STREET BEVERLY, MA 01915	978-720-1200
BANK OF AMERICA 100 FEDERAL STREET BOSTON, MA 02110	617-434-4551
EASTERN BANK 265 FRANKLIN STREET BOSTON, MA 02110	800-327-8376
CAPE ANN SAVINGS BANK 109 MAIN STREET GLOUCESTER, MA 01930	978-283-0246
INSTITUTION FOR SAVINGS 2 DEPOT SQUARE P.O. BOX 32 IPSWICH, MA 01930	978-462-3106
BOSTON PRIVATE BANK 57 ENON STREET BEVERLY, MA 01915	978-922-8000
SALEM FIVE P.O. BOX 840 SALEM, MA 01970	800-850-5000

FORM PC	NAME, ADDRESS, PHONE OF OTHER OFFICES	STATEMENT	2
---------	---------------------------------------	-----------	---

NAME AND ADDRESS	PHONE NUMBER
CABOT STREET YMCA 245 CABOT STREET BEVERLY, MA 01915	(978) 922-0990
STERLING YMCA 254 ESSEX STREET BEVERLY, MA 01915	(978) 927-6855
CAPE ANN YMCA 71 MIDDLE STREET GLOUCESTER, MA 01930	(978) 283-0470
IPSWICH FAMILY YMCA 110 COUNTY ROAD IPSWICH, MA 01938	(978) 356-9622
SALEM YMCA ONE SEWALL STREET SALEM, MA 01970	(978) 744-0351
HAVERHILL YMCA 81 WINTER STREET HAVERHILL, MA 01830	(978) 374-0506
LYNCH/VAN OTTERLOO YMCA 40 LEGGS HILL ROAD MARBLEHEAD, MA 01945	(978) 631-9622
PLAISTOW COMMUNITY YMCA 175 PLAISTOW ROAD PLAISTOW, NH 03865	(603) 382-0641

FORM PC

PAGE 4, LINE 19

STATEMENT 5

<u>STATE</u>	<u>REG AGENCY</u>
NEW HAMPSHIRE	DEPARTMENT OF THE ATTORNEY GENERAL

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
11/30/15	13829	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
06/30/18	MASS MAILINGS

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
THE NORTH SHORE, INC.

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

If yes, please attach an explanation.

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

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

If yes, please attach an explanation.

Yes No

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

If yes, please attach an explanation.

Yes No

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

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

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

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
THE NORTH SHORE, INC.**

04-2104913

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

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

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

STATEMENT 6

FORM PC

PAGE 6, LINE 24

STATEMENT 6

NAME AND ADDRESS

SEE ATTACHED
SEE ATTACHED

NATURE OF TRANSACTION

SEE ATTACHED

AMOUNT INVOLVED

PROCEDURE FOLLOWED

SEE ATTACHED

NAME AND ADDRESS

SEE ATTACHED
SEE ATTACHED

NATURE OF TRANSACTION

SEE ATTACHED

AMOUNT INVOLVED

PROCEDURE FOLLOWED

SEE ATTACHED

NAME AND ADDRESS

SEE ATTACHED
SEE ATTACHED

NATURE OF TRANSACTION

SEE ATTACHED

PROCEDURE FOLLOWED

SEE ATTACHED

AMOUNT INVOLVED

NAME AND ADDRESS

SEE ATTACHED
SEE ATTACHED

NATURE OF TRANSACTION

SEE ATTACHED

PROCEDURE FOLLOWED

SEE ATTACHED

AMOUNT INVOLVED

NAME AND ADDRESS

SEE ATTACHED
SEE ATTACHED

NATURE OF TRANSACTION

SEE ATTACHED

PROCEDURE FOLLOWED

SEE ATTACHED

AMOUNT INVOLVED

NAME AND ADDRESS

SEE ATTACHED
SEE ATTACHED

NATURE OF TRANSACTION

SEE ATTACHED

AMOUNT INVOLVED

PROCEDURE FOLLOWED

SEE ATTACHED

Signature Required

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

Signature: JK Mc Date: 4-8-19

Printed Name: KEVIN MCCARTHY

Title: CFO

Name of Preparer: DANIEL DENNIS & COMPANY LLP

Address 990 WASHINGTON ST. SUITE 308A

City DEDHAM State MA ZIP Code 02026

Phone Number (617) 262-9898

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

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

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

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

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

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

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

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

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

KEVIN MCCARTHY

Name and Title: CFO

Address 245 CABOT STREET

City BEVERLY

State MA

ZIP Code 01915

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

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

CHRIS LOVASCO

Name and Title: CEO

Address 245 CABOT STREET

City BEVERLY

State MA

ZIP Code 01915

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

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

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

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

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

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

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

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
THE NORTH SHORE, INC.

04-2104913

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

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

KEVIN MCCARTHY

Name and Title: CFO

Address 245 CABOT STREET

City BEVERLY

State MA

ZIP Code 01915

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

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

CHRIS LOVASCO

Name and Title: CEO

Address 245 CABOT STREET

City BEVERLY

State MA

ZIP Code 01915

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Certification by Organization

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

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

Signature: JK-McC ✓ Date: 4-8-19

Printed Name: KEVIN MCCARTHY

Title: CFO

Signature: Christopher Lovasco Date: 4-8-19

Printed Name: Christopher Lovasco

Title: CEO

Schedule RO

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

Name: YNS AFFORDABLE HOUSING INC		Primary purpose or activity: LOW INCOME HOUSING		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			-4,378,425.	-4,378,425.

Name: WINTER STREET HOUSING LP		Primary purpose or activity: LOW INCOME HOUSING		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			1,813,886.	1,813,886.

Name: WINTER STREET HOUSING INC		Primary purpose or activity: PROVISION OF LOW INC HSG		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			-12,702.	-12,702.

Name: POWDERHOUSE VILLAGE GP INC		Primary purpose or activity: PROVISION OF LOW INC HSG		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			-12,486.	-12,486.

Name: POWDER HOUSE VILLAGE LP		Primary purpose or activity: LOW INCOME HOUSING		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			-1,588,723.	-1,588,723.

Schedule RO

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

Name: HOLCROFT PHASE 2 GP LLC		Primary purpose or activity: LOW INCOME HOUSING		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			32,533.	32,533.

Name: HOLCROFT PARK HOMES TWO LP		Primary purpose or activity: LOW INCOME HOUSING		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			3,859,817.	3,859,817.

Name: WADLEIGH HOUSE, LLC		Primary purpose or activity: LOW INCOME HOUSING		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			-553,684.	-553,684.

Name: HOLCROFT PARK HOMES ONE, LP		Primary purpose or activity: LOW INCOME HOUSING		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			2,752,856.	2,752,856.

Name: CABOT STREET HOMES LP		Primary purpose or activity: LOW INCOME HOUSING		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			-1,415,711.	-1,415,711.

Schedule RO

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

Name: HOLCROFT PARK HOMES ONE GP, INC		Primary purpose or activity: PROVISION OF LOW INC HSG		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			-10,905.	-10,905.

Name: CABOT STREET HOMES GP, INC		Primary purpose or activity: PROVISION OF LOW INC HSG		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			-109,200.	-109,200.

Name: HISTORIC HAVERHILL, INC.		Primary purpose or activity: PROVISION OF LOW INC HSG		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18			33,284.	33,284.

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

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

Schedule RO ctd.

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

Name: CHRISTOPHER LOVASCO		Title: CEO	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
YOUNG MEN'S CHRISTIAN ASSOCIATIO	315,841.	15,809.	25,937.

Name: SCOTT HITCHCOCK		Title: COO	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
YOUNG MEN'S CHRISTIAN ASSOCIATIO	195,586.	5,500.	16,014.

Name: KEVIN MCCARTHY		Title: CFO	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
YOUNG MEN'S CHRISTIAN ASSOCIATIO	192,642.	15,809.	15,976.

Name: SUSANNAH ROBINSON		Title: CHIEF TALENT OFFICER	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
YOUNG MEN'S CHRISTIAN ASSOCIATIO	172,289.	15,809.	13,068.

Name: MARJORIE CREGG		Title: CHIEF ADVANCEMENT OFFICER	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
YOUNG MEN'S CHRISTIAN ASSOCIATIO	170,830.	0.	3,384.

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

Young Men's Christian Association of the
North Shore, Inc
Form PC Attachment
EIN: 04-2104913
YE: 12/31/2018

Form MA PC. Question 17

2018 Board Members

- Thomas Alexander, Counselor
- Stephen Barrand
- Jennifer Buras, 1st Vice President
- Sheila Burke, Assistant Treasurer
- Greg Chin
- Diane Connolly
- Jim Cornacchio
- Pam Demetroulakas
- Robert Eastman
- Stephen Feron
- Joan Fredericks
- Judy Gimik
- John Good
- Christopher Hemsey
- Courtney Kagan, Secretary/Clerk
- Steven Kapfhammer
- Jeanne Lambkin
- William Leaver, President
- Jeff Loeb
- Omar Longus
- Lynne Marlor
- Michelle McCarthy
- David McKechnie
- Kim Meader, Treasurer
- Braden Monaco
- Peter Richardson
- Brandon Ruggieri, 2nd Vice President
- Marianne Smith
- Andy Sweetland
- Nancy Warner
- Mike Wheeler
- Richard Carlson
- Herb Collins
- Caleb Loring III
- Glen Macleod
- Dudley Miller
- Heaton Robertson
- Bob Scott
- Maureen Trefry

Young Men's Christian Association of the North Shore, Inc.
Form PC Attachment
EIN 04-2104913
YE: 12/31/2018

Form MA PC, Question 24B:

As of December 31, 2018, the Young Men's Christian Association (YMCA) had the following lease with a related party:

- Historic Haverhill, Inc. – Original amount of \$173,600 for a term of 25 years beginning in 2011. Remaining balance on lease of approximately \$121,000.

Form MA PC, Question 24D:

At year ended December 31, 2018, intercompany receivables from each related organization are as follows:

- YNS Affordable Housing - \$2,269,800
- Winter Street Housing LP: \$32,204
- Powder House Village, LP – \$74,605
- Cabot Street Homes – \$241,046
- Holcroft Park Homes One LP - \$426,538
- Holcroft Park Homes Two LP - \$652,794

Form MA PC, Question 24E:

The YMCA is invested in the following related organizations (please refer to the Supplementary schedule included within the YMCA's consolidated financial statements "Consolidating Schedule of Financial Position" for investment balances as of December 31, 2018):

- YNS Affordable Housing, Inc., ("YNS") (a 501(c)(2) organization) was formed in 2010 for the purpose of owning, operating and managing housing for low-income individuals. YNS consists of the projects formally known as Cape Ann and Cabot Affordable. YNS is the 99.98% limited partner in Powder House Village Limited Partnership ("Powder House").
- Winter Street Housing, Inc. (a Massachusetts corporation) is a wholly-owned subsidiary of the YMCA and is the general partner of Winter Street Housing Limited Partnership ("Winter Street").
- Winter Street (a Massachusetts limited partnership) was formed in 2004 to acquire, rehabilitate and operate 52 units of housing for occupancy by low-income individuals.
- Powder House Village GP, Inc. (a Massachusetts corporation) is a wholly-owned subsidiary of the YMCA and is the general partner of Powder House.
- Powder House Village Limited Partnership (a Massachusetts limited partnership) was formed in 2009 to acquire, construct and operate 48 units of housing and for occupancy by low-income individuals and families. The limited partner of Powder House is YNS.

Young Men's Christian Association of the North Shore, Inc.
Form PC Attachment
EIN: 04-2104913
YE: 12/31/2018

Form MA PC, Question 24E:...continued

- On April 29, 2011, members of the YMCA's management assumed control of the board of directors of Historic Haverhill Inc. ("HH") (a 501(c)(3) organization). HH was established for the primary purpose of controlling the John Whittier historic building located in Haverhill, Massachusetts. Upon assuming control of HH, the YMCA agreed to lease the facility for twenty-five years. The YMCA also agreed to manage the facility as part of the terms of the lease with the option to extend for three additional twenty-five year periods. The YMCA currently uses the facility to operate a childcare program.
- The YMCA is a 51% owner of Holcroft Phase Two GP LLC. ("Holcroft Two GP") (a Massachusetts limited liability company). Holcroft Two GP is the general partner of Holcroft Park Homes Two Limited Partnership ("Holcroft Two LP").
- Holcroft Two LP (a Massachusetts limited partnership) was formed in 2012 for the purpose of acquiring land and constructing 29 affordable rental units in Beverly, Massachusetts. Holcroft Two LP commenced operations during 2013.
- Wadleigh House LLC ("Wadleigh House") (a Massachusetts limited liability company) was formed on April 2, 2012 and the YMCA is the sole member. The entity was formed to rehabilitate and develop 20 units of housing and for occupancy by low-income individuals. Wadleigh House commenced operations during 2013.
- Cabot Housing LLC was formed in 2017 for the purpose of owning, operating and managing housing for low-income individuals. As of December 31, 2018 and 2017, the YMCA incurred \$135,987 and \$107,905, respectively, in development costs for Cabot Housing LLC. During 2018, Cabot Housing LLC received several funding commitments.

Form MA PC, Question 24F:

The YMCA manages the low-income housing entities in accordance with the respective partnership agreements. Management fees (which do not include maintenance and administrative services) are as follows:

- YNS Affordable Housing Inc. - \$35,439
- Winter Street Housing LP - \$28,435
- Powder House Village, LP - \$29,074
- Holcroft Park Homes One LP - \$24,290
- Holcroft Park Homes Two LP - \$20,208
- Cabot Street Homes LP - \$13,438

Form MA PC, Question 24G:

- Building Lease from Historic Haverhill, Inc. approximately \$7,000

Young Men's Christian Association of the North Shore, Inc.
Form PC Attachment
EIN: 04-2104913
YE: 12/31/2018

Form MA PC, Question 24G:...continued

- Members of the Organization's Board of Directors are members of law firms that the Organization used for legal services. Total legal expenses paid to these firms during the years ended December 31, 2018 and 2017 were approximately \$9,000 and \$27,000, respectively.
- An officer and director of the Organization's Board of Directors is employed at a marketing and advertising firm whose services are engaged by the Organization. Payment for these services was approximately \$12,000 and \$68,000 for the years ended December 31, 2018 and 2017, respectively.

Form MA PC, Question 24H:

Please refer to Form 990, Part VII.

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning **2018**, and ending **20**

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

C Name of organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.**
 Doing business as **YMCA OF THE NORTH SHORE, INC.**
 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

D Employer identification number
04-2104913

E Telephone number
(978) 922-0990

F Name and address of principal officer: **KEVIN MCCARTHY**
SAME AS C ABOVE

G Gross receipts \$ **49,114,392**

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 <input type="checkbox"/> 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)	3	31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	2,526
	6 Total number of volunteers (estimate if necessary)	6	1,131
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,500,070	9,602,017
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,990,887	35,828,307
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	296,076	312,842
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,713,636	47,799,344
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,843,919	2,652,632
Expenses	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)	25,311,786	27,030,959
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,230,377		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	13,833,535	14,971,622
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	41,989,240	44,655,213
19 Revenue less expenses. Subtract line 18 from line 12	4,724,396	3,144,131	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	98,410,643	99,284,639
	22 Net assets or fund balances. Subtract line 21 from line 20	30,162,873	28,861,007
		68,247,770	70,423,632

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 _____ Date _____

Type or print name and title **KEVIN MCCARTHY, CFO**

Paid Preparer Use Only

Print/Type preparer's name **ANDREW BACIGALUPO** Preparer's signature _____ Date _____

Check if self-employed PTIN **P01797572**

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

Part III Statement of Program Service Accomplishments

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

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, (CONTINUED ON SCHEDULE O)

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

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

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

4a (Code:) (Expenses \$ 20,593,184 including grants of \$ 1,652,962) (Revenue \$ 18,308,167) 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 2,200 CHILDREN. 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, (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 19,113,963 including grants of \$ 999,670) (Revenue \$ 17,520,140) 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 HAS OVER 44,000 MEMBERS FROM IN AND AROUND THE NORTH SHORE REGION OF MASSACHUSETTS. THE ORGANIZATION'S FULL-SERVICE FACILITY IN PLAISTOW, NEW HAMPSHIRE HAS MORE THAN 2,200 MEMBERS. THE YMCA PROVIDED MORE THAN \$900,000 IN FINANCIAL ASSISTANCE TO THOSE CHILDREN, ADULTS AND FAMILIES WHO WERE UNABLE TO PAY FOR MEMBERSHIP. APPROXIMATELY 700 INDIVIDUALS PARTICIPATED IN OUR Y'S NEW CORNER STONE PROGRAM SUPPORTING CANCER SURVIVORS AND THEIR FAMILIES.

4c (Code:) (Expenses \$ 2,698,915 including grants of \$ 0) (Revenue \$ 1,147,050) 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.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 42,406,062

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 22-38 cover various organizational requirements.

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 []

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 1a, 1b, and 1c cover IRS filings and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,526
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	✓
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA, NH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS ALEXANDER COUNSELOR	2.0	✓		✓				0	0	0
(2) JENNIFER BURAS 1ST VICE PRESIDENT	2.0	✓		✓				0	0	0
(3) SHEILA BURKE ASSISTANT TREASURER	2.0	✓		✓				0	0	0
(4) COURTNEY KAGAN SECRETARY/CLERK	2.0	✓		✓				0	0	0
(5) WILLIAM LEAVER PRESIDENT	2.0	✓		✓				0	0	0
(6) KIM MEADER TREASURER	2.0	✓		✓				0	0	0
(7) BRANDON RUGGIERI 2ND VICE PRESIDENT	2.0	✓		✓				0	0	0
(8) STEPHEN BARRAND BOARD MEMBER	2.0	✓						0	0	0
(9) GREG CHIN BOARD MEMBER	2.0	✓						0	0	0
(10) DIANE CONNOLLY BOARD MEMBER	2.0	✓						0	0	0
(11) JIM CORNACCHIO BOARD MEMBER	2.0	✓						0	0	0
(12) PAM DEMETROULAKAS BOARD MEMBER	2.0	✓						0	0	0
(13) ROBERT EASTMAN BOARD MEMBER	2.0	✓						0	0	0
(14) STEPHEN FERON BOARD MEMBER	2.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JOAN FREDERICKS BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(16) JUDY GIMIK BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(17) CHRISTOPHER HEMSEY BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(18) STEVEN KAPFHAMMER BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) JEANNE LAMBKIN BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(20) JEFF LOEB BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(21) OMAR LONGUS BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(22) LYNNE MARLOR BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(23) MICHELLE MCCARTHY BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(24) DAVID MCKECHNIE BOARD MEMBER	2.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								1,784,764	0	186,578
d Total (add lines 1b and 1c)								1,784,764	0	186,578

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 **▶** 13

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BRENNER FACILITY SERVICES LLC, 7 FRANKLIN STREET, SUITE #1, SALEM, MA 01970	FACILITY CLEANING	919,331
WJJ PLANNING & CONSTRUCTION LLC, 64 HAVERHILL STREET, READING, MA 01867	CONSTRUCTION	258,810
CALENDAR PRESS, 28 WINTER STREET, PEABODY, MA 01960	PRINTING	124,365
SEE PART VII 1A(49), 16 SUMMIT AVE, 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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 80,893					
	b Membership dues	1b 0					
	c Fundraising events	1c 36,870					
	d Related organizations	1d 0					
	e Government grants (contributions)	1e 4,063,326					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,420,928					
	g Noncash contributions included in lines 1a-1f: \$	518,802					
	h Total. Add lines 1a-1f		9,602,017				
Program Service Revenue	2a MEMBERSHIP REVENUE		Business Code				
	b CHILDCARE REVENUE - INFANT/TODDLER/PRESCHOOL		15,204,910	15,204,910			
	c CHILDCARE REVENUE - SCHOOL AGE		6,868,635	6,868,635			
	d DAY CAMP REVENUE		5,524,447	5,524,447			
	e RESIDENT CAMP REVENUE		3,405,792	3,405,792			
	f All other program service revenue		0	0			
	g Total. Add lines 2a-2f		4,824,523	4,824,523	0	0	
	g Total. Add lines 2a-2f		35,828,307				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		312,842			312,842	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	782,086				
		(ii) Personal					
		b Less: rental expenses	790,247				
		c Rental income or (loss)	(8,161)				
	d Net rental income or (loss)		(8,161)			(8,161)	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)	0				0
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 36,870 of contributions reported on line 1c). See Part IV, line 18	a	1,395,956				
		b Less: direct expenses	b 524,801				
c Net income or (loss) from fundraising events			871,155			871,155	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a HOUSING MANAGEMENT FEE	900099	825,922	825,922				
b RESALE INCOME	900099	46,134			46,134		
c							
d All other revenue		321,128	321,128	0	0		
e Total. Add lines 11a-11d		1,193,184					
12 Total revenue. See instructions		47,799,344	36,975,357	0	1,221,970		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,652,632	2,652,632		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,205,038	1,125,432	51,657	27,949
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	21,055,757	19,921,700	431,195	702,862
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	826,595	751,127	59,680	15,788
9	Other employee benefits	2,294,917	2,171,007	47,326	76,584
10	Payroll taxes	1,648,652	1,564,709	30,472	53,471
11	Fees for services (non-employees):				
a	Management				
b	Legal	18,112	16,301	1,811	0
c	Accounting	49,630	44,667	4,963	0
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,065,232	1,697,293	206,162	161,777
12	Advertising and promotion	208,089	164,256	42,342	1,491
13	Office expenses	926,336	859,151	55,657	11,528
14	Information technology				
15	Royalties				
16	Occupancy	2,828,492	2,807,888	20,604	0
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	151,325	148,715	0	2,610
20	Interest	663,074	662,560	514	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	2,950,376	2,950,376		
23	Insurance	410,796	409,419	1,377	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PROGRAM	1,474,303	1,461,619	11,470	1,214
b	BANK AND OTHER FEES	619,476	591,550	10,569	17,357
c	DUES AND CERTS	504,252	480,744	23,508	0
d	TRANSPORTATION	393,013	392,568	0	445
e	All other expenses	1,709,116	1,496,346	55,469	157,301
25	Total functional expenses. Add lines 1 through 24e	44,655,213	42,370,060	1,054,776	1,230,377
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,031,704	1	912,141
	2 Savings and temporary cash investments	1,003,997	2	0
	3 Pledges and grants receivable, net	6,957,975	3	5,983,222
	4 Accounts receivable, net	944,296	4	1,248,332
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net	3,719,033	7	3,697,898
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	503,345	9	720,807
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 95,168,874		
	b Less: accumulated depreciation	10b 34,062,391	61,556,202	10c 61,106,483
	11 Investments—publicly traded securities	12,291,412	11	15,619,416
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,402,679	15	9,996,340
16 Total assets. Add lines 1 through 15 (must equal line 34)	98,410,643	16	99,284,639	
Liabilities	17 Accounts payable and accrued expenses	3,076,449	17	2,760,815
	18 Grants payable		18	
	19 Deferred revenue	1,258,907	19	1,271,058
	20 Tax-exempt bond liabilities	20,322,895	20	19,673,892
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties	5,400,005	23	5,032,385
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 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	104,617	25	122,857
	26 Total liabilities. Add lines 17 through 25	30,162,873	26	28,861,007
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	55,158,145	27	54,771,355
	28 Temporarily restricted net assets	11,584,954	28	14,254,331
	29 Permanently restricted net assets	1,504,671	29	1,397,946
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	68,247,770	33	70,423,632	
34 Total liabilities and net assets/fund balances	98,410,643	34	99,284,639	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	47,799,344
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,655,213
3	Revenue less expenses. Subtract line 2 from line 1	3	3,144,131
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,247,770
5	Net unrealized gains (losses) on investments	5	(795,111)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(173,158)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	70,423,632

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** 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	No
2a		✓
2b	✓	
2c	✓	
3a	✓	
3b	✓	

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) BRADEN MONACO BOARD MEMBER	2.0	✓						0	0	0
(26) PETER RICHARDSON BOARD MEMBER	2.0	✓						0	0	0
(27) MARIANNE SMITH BOARD MEMBER	2.0	✓						0	0	0
(28) ANDY SWEETLAND BOARD MEMBER	2.0	✓						0	0	0
(29) NANCY WARNER BOARD MEMBER	2.0	✓						0	0	0
(30) MIKE WHEELER BOARD MEMBER	2.0	✓						0	0	0
(31) RICHARD CARLSON BOARD MEMBER	2.0	✓						0	0	0
(32) HERB COLLINS BOARD MEMBER	2.0	✓						0	0	0
(33) CALEB LORING III BOARD MEMBER	2.0	✓						0	0	0
(34) GLEN MACLEOD BOARD MEMBER	2.0	✓						0	0	0
(35) DUDLEY MILLER BOARD MEMBER	2.0	✓						0	0	0
(36) HEATON ROBERTSON BOARD MEMBER	2.0	✓						0	0	0
(37) BOB SCOTT BOARD MEMBER	2.0	✓						0	0	0
(38) MAUREEN TREFRY BOARD MEMBER	2.0	✓						0	0	0
(39) JOHN GOOD BOARD MEMBER	2.0	✓						0	0	0
(40) CHRISTOPHER LOVASCO CEO	40.0			✓				315,841	0	37,809
(41) KEVIN MCCARTHY CFO	40.0			✓				192,642	0	31,812
(42) SCOTT HITCHCOCK COO	40.0				✓			195,586	0	21,544
(43) SUSANNAH ROBINSON CHIEF TALENT OFFICER	40.0				✓			172,289	0	29,125
(44) MARJORIE CREGG CHIEF ADVANCEMENT OFFICER	40.0				✓			170,830	0	2,892

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(45) JUDITH CRONIN EXECUTIVE DIRECTOR	40.0					✓		136,281	0	23,706
(46) GERALD MACKILLOP EXECUTIVE DIRECTOR	40.0					✓		130,484	0	10,439
(47) MEEGAN O'NEIL CHIEF STRATEGY OFFICER	23.0					✓		117,883	0	15,455
(48) JANE STARK DIRECTOR OF DEVELOPMENT	40.0					✓		111,919	0	2,432
(49) LAURA SNYDER CONTROLLER	40.0					✓		108,405	0	11,364
(50) JOHN J. MEANY FORMER CEO	27.5						✓	132,604	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 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION 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)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33¹/₃% 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 33¹/₃% 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 Total. 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 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 4	15	%
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2017. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2018. 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 stop here. 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 10%-facts-and-circumstances test—2017. 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 stop here. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,992,876	12,278,206	9,230,899	10,500,070	9,602,017	49,604,068
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	28,539,942	31,098,188	32,126,712	33,990,887	35,828,307	161,584,036
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	36,532,818	43,376,394	41,357,611	44,490,957	45,430,324	211,188,104
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	839,791	5,315,235	338,228	341,267	160,953	6,995,474
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
c Add lines 7a and 7b	839,791	5,315,235	338,228	341,267	160,953	6,995,474
8 Public support. (Subtract line 7c from line 6.)						204,192,630

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	36,532,818	43,376,394	41,357,611	44,490,957	45,430,324	211,188,104
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,098,386	1,449,271	1,305,186	1,313,160	1,094,928	6,260,931
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	1,098,386	1,449,271	1,305,186	1,313,160	1,094,928	6,260,931
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,106,507	1,186,633	1,058,655	1,259,853	1,193,184	5,804,832
13 Total support. (Add lines 9, 10c, 11, and 12.)	38,737,711	46,012,298	43,721,452	47,063,970	47,718,436	223,253,867
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	91.46 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	90.68 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	2.80 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	2.99 %

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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 (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

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 (a) and (b) below.	Yes	No
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-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
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI

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.)

Return Reference - Identifier	Explanation						
	Other Income Type	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
SCHEDULE A, PART III, LINE 12 - OTHER INCOME	(1) OTHER INCOME	1,106,507	1,186,633	1,058,655	1,259,853	1,193,184	5,804,832

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.	Employer identification number 04-2104913
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Employer identification number
 04-2104913

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,060,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 790,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 481,932	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
 YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Employer identification number
 04-2104913

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	MICROSOFT SOFTWARE LICENSES	\$ 481,932	05/24/2018

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.	Employer identification number 04-2104913
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

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 organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.	Employer identification number 04-2104913
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		7,408
j Total. Add lines 1c through 1i			7,408
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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.

SEE NEXT PAGE

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 - Identifier	Explanation
<p>SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY</p>	<p>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.</p>

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2018

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.**

Open to Public Inspection

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

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.	Employer identification number 04-2104913
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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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 SFAS 116 (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.	
b If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,653,662	7,975,915	7,416,725	7,446,433	6,919,832
b Contributions	94,857	842,861	116,252	313,991	675,879
c Net investment earnings, gains, and losses	(605,164)	1,178,768	672,105	(187,168)	260,897
d Grants or scholarships					
e Other expenditures for facilities and programs	316,188	326,391	212,537	135,242	398,207
f Administrative expenses	18,242	17,491	16,630	21,289	11,968
g End of year balance	8,808,925	9,653,662	7,975,915	7,416,725	7,446,433

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 74.50 %
 - b** Permanent endowment 20.90 %
 - c** Temporarily restricted endowment 4.60 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" on line 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		80,147,118	28,868,409	51,278,709
c Leasehold improvements				
d Equipment		7,112,882	4,055,558	3,057,324
e Other		2,593,561	1,138,424	1,455,137
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				61,106,483

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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	34,774
(2) CASH RESTRICTED FOR PROPERTY AND EQUIPMENT	7,146,431
(3) INVESTMENTS IN BENEFICIAL TRUSTS	990,983
(4) CASH SURRENDER VALUE OF INSURANCE CONTRACT	841,113
(5) INVESTMENT IN AFFILIATE	23,316
(6) SPLIT INTEREST AGREEMENT	959,723
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	9,996,340

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	43,424	
(3) TENANT SECURITY DEPOSITS	19,009	
(4) DUE TO AFFILIATE	3,832	
(5) OTHER LONG-TERM DEBT	56,592	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	122,857	

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 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 - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE FUNDS ARE FOR THE OPERATIONS OF THE ORGANIZATION.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	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 2015. THE ORGANIZATIONS TAX RETURNS FOR 2015, 2016 AND 2017 ARE SUBJECT TO EXAMINATION.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>AUCTION</u> (event type)	<u>NSY ROAD RACE SERIES</u> (event type)	<u>8</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	945,177	196,797	290,852	1,432,826
	2 Less: Contributions	36,870			36,870
	3 Gross income (line 1 minus line 2)	908,307	196,797	290,852	1,395,956
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	14,650	44,972	1,628	61,250
	6 Rent/facility costs	2,100		80,690	82,790
	7 Food and beverages	93,995	3,952	6,002	103,949
	8 Entertainment	11,050		1,895	12,945
	9 Other direct expenses	167,033	70,149	26,685	263,867
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				524,801
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				871,155	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			30,200
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes			14,500	14,500
	4 Rent/facility costs				0
	5 Other direct expenses			2,594	2,594
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				17,094	
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				13,106	

9 Enter the state(s) in which the organization conducts gaming activities: MA

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE 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.

OMB No. 1545-0047

2018

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION 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 non-cash 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

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

Cat. No. 50055P

Schedule I (Form 990) (2018)

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - 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
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2018

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Employer identification number
04-2104913

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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 |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

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

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1b		
2		
4a	✓	
4b		✓
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7	✓	
8		✓
9		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
1 CHRISTOPHER LOVASCO CEO	272,428	40,000	3,413	22,000	15,809	353,650	0	
2 KEVIN MCCARTHY CFO	177,302	15,000	340	16,003	15,809	224,454	0	
3 SCOTT HITCHCOCK COO	180,208	15,000	378	16,044	5,500	217,130	0	
4 SUSANNAH ROBINSON CHIEF TALENT OFFICER	156,799	15,000	490	13,316	15,809	201,414	0	
5 MARJORIE CREGG CHIEF ADVANCEMENT OFFICER	164,538	4,650	1,642	2,892	0	173,722	0	
6 JUDITH CRONIN EXECUTIVE DIRECTOR	125,159	10,000	1,122	11,620	12,086	159,987	0	
7 JOHN J. MEANY FORMER CEO	132,604	0	0	0	0	132,604	0	
8								
9								
10								
11								
12								
13								
14								
15								
16								

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 - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	MEEGAN O'NEIL, CHIEF STRATEGY OFFICER, RECEIVED SEVERANCE PAYMENTS TOTALING \$35,114 DURING 2018.
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.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

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) Pooled 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		✓		✓		✓
B	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	000000000	02/29/2012	5,000,000	SEPARATE PRIOR 2009 ISSUE INTO SERIES A & B		✓		✓		✓
C	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	000000000	01/01/2016	6,150,000	(SEE STATEMENT)		✓		✓		✓
D	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	000000000	05/01/2017	8,559,000	SERIES 2017A - REFINANCE EXISTING SERIES 2009A & B		✓		✓		✓

Part II Proceeds

	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	11,626,039	5,000,000	6,150,000			8,559,000		
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	11,626,039	5,000,000	77,577			59,672		
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds		4,124,622				8,559,000		
12	Other unspent proceeds		1,947,801						
13	Year of substantial completion	2012		2012		2016		2017	
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	✓		✓		✓		✓	
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	✓		✓		✓		✓	
16	Has the final allocation of proceeds been made?	✓		✓		✓		✓	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓		✓		✓	

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

Cat. No. 50193E

Schedule K (Form 990) 2018

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?		✓						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	✓		✓		✓		✓	
3a Are there any management or service contracts that may result in private business use of bond-financed property?	✓		✓		✓		✓	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		✓		✓		✓		✓
c Are there any research agreements that may result in private business use of bond-financed property?		✓		✓		✓		✓
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0.50 %		0.50 %		0.50 %		0.50 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		0.50 %		0.50 %		0.50 %		0.50 %
7 Does the bond issue meet the private security or payment test?		✓		✓		✓		✓
8a 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?		✓		✓		✓		✓
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		✓		✓		✓		✓

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓		✓		✓		✓
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		✓		✓		✓		✓
b Exception to rebate?	✓		✓		✓		✓	
c No rebate due?		✓		✓		✓		✓
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	✓		✓		✓		✓	

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

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) Pooled financing	
						Yes	No	Yes	No	Yes	No
MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	000000000	05/01/2017	6,300,000	(SEE STATEMENT)		✓		✓		✓
B											
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		6,300,000						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		42,552						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		6,300,000						
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion		2017						
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		✓						
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		✓						
16 Has the final allocation of proceeds been made?	✓							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓							

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Cat. No. 50193E

Schedule K (Form 990) 2018

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?		✓						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	✓							
3a Are there any management or service contracts that may result in private business use of bond-financed property?	✓							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		✓						
c Are there any research agreements that may result in private business use of bond-financed property?		✓						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0.50 %				%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government						%		%
6 Total of lines 4 and 5		0.50 %				%		%
7 Does the bond issue meet the private security or payment test?		✓						
8a 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?		✓						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of						%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		✓						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		✓						
b Exception to rebate?	✓							
c No rebate due?		✓						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	✓							

Part IV Arbitrage (Continued)

Table with 4 columns (A, B, C, D) and 10 rows of questions regarding arbitrage and hedge procedures.

Part V Procedures To Undertake Corrective Action

Table with 4 columns (A, B, C, D) and 1 row of questions regarding corrective action procedures.

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

(SEE STATEMENT) followed by multiple horizontal lines for providing supplemental information.

Part VI

Supplemental Information. Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Return Reference - Identifier	Explanation
<p>SCHEDULE K, PART I - BOND ISSUES</p>	<p>(A) ISSUER NAME: MASS DEVELOPMENT FINANCE AGENCY (F) DESCRIPTION OF PURPOSE: SEPARATE PRIOR 2009 ISSUE INTO SERIES A & B</p> <p>(A) ISSUER NAME: MASS DEVELOPMENT FINANCE AGENCY (F) DESCRIPTION OF PURPOSE: SEPARATE PRIOR 2009 ISSUE INTO SERIES A & B</p> <p>(A) ISSUER NAME: MASS DEVELOPMENT FINANCE AGENCY (F) DESCRIPTION OF PURPOSE: CONSTRUCT OUTDOOR SPLASH PARK AT IPSWICH, MA YMCA FACILITY</p>
<p>SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY</p>	<p>SERIES 2017B - FACILITY EXPANSION AND NEW EDUCATION CENTER AT BEVERLY, MA YMCA</p>
<p>SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY</p>	<p>CONSTRUCT OUTDOOR SPLASH PARK AT IPSWICH, MA YMCA FACILITY</p>

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

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Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 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 for instructions and the latest information.**

Name of the organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Employer identification number
04-2104913

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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.

1	(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
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total ▶							\$						

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

1	(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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Department of the Treasury
Internal Revenue Service

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

Name of the organization: **YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.**
Employer identification number: **04-2104913**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	✓	148	36,870	MARKET VALUE
26	✓	1,619	481,932	MARKET VALUE
27				
28				

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**

	Yes	No
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?		✓
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?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
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.		

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 - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	OTHER - AUCTION ITEMS NUMBER OF ITEMS CONTRIBUTED OTHER - MICROSOFT SOFTWARE LICENSES NUMBER OF ITEMS CONTRIBUTED

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

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the Organization
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Employer Identification Number
04-2104913

Return Reference - Identifier	Explanation								
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	DECREASING SOCIAL ISOLATION, AND SUPPORTING BASIC NEEDS FOR THOSE WITH FINANCIAL DIFFICULTIES. OUR 2,526-MEMBER EMPLOYEE TEAM AND 1,131-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 \$2,600,000 WAS DISTRIBUTED TO OVER 11,700 CHILDREN, ADULTS AND FAMILIES WHO WERE UNABLE TO PAY FOR Y MEMBERSHIP AND PROGRAMS.								
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>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 \$1,200,000 IN FINANCIAL ASSISTANCE AND MORE THAN ONE IN THREE CHILDREN RECEIVED SUBSIDIZED CHILDCARE.</p> <p>CAMP - OUR Y PROVIDES DAY CAMP EXPERIENCES THAT FILL EACH SUMMER DAY WITH FRIENDSHIPS AND MEMORIES THAT LAST A LIFETIME. OVER 4,500 CHILDREN ENJOYED CAMP ADVENTURES RANGING FROM HIKING IN THE NEW ENGLAND MOUNTAINS TO SAILING OFF THE COAST OF MARBLEHEAD. THE YMCA PROVIDED APPROXIMATELY \$300,000 IN FINANCIAL ASSISTANCE TO ONE IN FOUR CHILDREN ATTENDING CAMP.</p> <p>YOUTH SERVICES - OUR Y PROGRAM, INCLUDING OUR TEEN CENTERS, THEATER PROGRAMS, AND YOUTH SPORTS PROGRAMS, OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL AND EMOTIONAL GROWTH. MORE THAN 26,000 OF OUR MEMBERS ARE AGED 17 AND UNDER. FINANCIAL ASSISTANCE PROVIDED MAKES PARTICIPATION POSSIBLE FOR MORE THAN ONE IN FOUR OF THE YOUNG PEOPLE WE ENGAGE.</p> <p>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. MORE THAN 4,900 OF OUR NEIGHBORS STAY SAFE AND HEALTHY IN OUR SWIM PROGRAMS.</p>								
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING 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.								
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.								
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST 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.								
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT 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 2018. THE COMPENSATION OF OTHER KEY EMPLOYEES IS REVIEWED ANNUALLY BY THE CEO DURING THE EVALUATION PROCESS. THIS WAS LAST COMPLETED IN QUARTER 2 OF 2018.								
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.								
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(a) Description</th> <th style="text-align: center;">(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN CASH SURRENDER VALUE</td> <td style="text-align: right;">- 47,827</td> </tr> <tr> <td>CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS</td> <td style="text-align: right;">- 50,169</td> </tr> <tr> <td>CHANGE IN THE VALUE OF CRUT</td> <td style="text-align: right;">- 75,162</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN CASH SURRENDER VALUE	- 47,827	CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS	- 50,169	CHANGE IN THE VALUE OF CRUT	- 75,162
(a) Description	(b) Amount								
CHANGE IN CASH SURRENDER VALUE	- 47,827								
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS	- 50,169								
CHANGE IN THE VALUE OF CRUT	- 75,162								

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE NORTH SHORE, INC.

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WADLEIGH HOUSE, LLC (N/A) 81 WINTER STREET, HAVERHILL, MA 01830	LOW INCOME HOUSING	MA	142,709	2,910,675	YMCA OF THE NORTH SHORE INC.
(2) CABOT HOUSING, LLC 245 CABOT STREET, BEVERLY, MA 01915	LOW INCOME HOUSING	MA	0	0	YMCA OF THE NORTH SHORE, INC.
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) YNS AFFORDABLE HOUSING, INC. (27-4406835) 245 CABOT, BEVERLY, MA 01915	LOW INCOME HOUSING	MA	501(C)(2)		YMCA OF THE NORTH SHORE, INC.		✓
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Cat. No. 50135Y

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
	HOLCROFT PARK HOMES TWO, LP	D	488,900	VALUE OF LOAN ISSUANCE
(1)	YNS AFFORDABLE HOUSING, INC.	D	201,944	VALUE OF LOAN ISSUANCE
(2)	YNS AFFORDABLE HOUSING, INC.	D	173,000	VALUE OF LOAN ISSUANCE
(3)	HOLCROFT PARK HOMES ONE, LP	D	268,662	VALUE OF LOAN ISSUANCE
(4)	WINTER STREET HOUSING, LP	Q	121,413	REIMBURSEMENT OF COSTS INCURRED
(5)	(SEE STATEMENT)			
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(1) Name, address, and EIN of entity	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(5) Are all partners section 501(c)(3) organizations?		(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate allocations?		(9) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part III Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) WINTER STREET HOUSING LP (20-1677719) 81 WINTER STREET, HAVERHILL, MA 01830	LOW INCOME HOUSING	MA	N/A	RELATED	(20)	(229)		✓				0.01
(2) POWDER HOUSE VILLAGE LP (27-0195040) 112 COUNTY ROAD, IPSWICH, MA 01938	LOW INCOME HOUSING	MA	N/A	RELATED	11	(4,766)		✓				0.00
(3) HOLCROFT PARK HOMES ONE LP (27-3773984) 96 LAFAYETTE STREET, SALEM, MA 01970	LOW INCOME HOUSING	MA	N/A	RELATED	(911)	11,011		✓				0.00
(4) HOLCROFT PARK HOMES TWO LP (26-4724156) 96 LAFAYETTE STREET, SALEM, MA 01970	LOW INCOME HOUSING	MA	N/A	RELATED	(1,053)	19,299		✓				0.01
(5) CABOT STREET HOMES LP (04-3751123) 245 CABOT STREET, BEVERLY, MA 01915	LOW INCOME HOUSING	MA	N/A	RELATED	(465)	(5,663)		✓				0.00
(6) HOLCROFT PHASE 2 GP LLC (45-4420055) 96 LAFAYETTE STREET, SALEM, MA 01970	LOW INCOME HOUSING	MA	N/A	RELATED	(663)	20,417		✓				0.51

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) HOLCROFT PARK HOMES ONE GP, INC. (27-3755656) 102 LAFAYETTE STREET, SALEM, MA 01970	PROVISION OF LOW INCOME HOUSING	MA	N/A	C CORPORATION	(626)	(5,343)	49.00		✓
(2) WINTER STREET HOUSING CORPORATION (20-1677719) 81 WINTER STREET, HAVERHILL, MA 01830	PROVISION OF LOW INCOME HOUSING	MA	N/A	C CORPORATION	(1,273)	(12,702)	100.00		✓
(3) POWDER HOUSE VILLAGE GP, INC. (27-0195040) 245 CABOT STREET, BEVERLY, MA 01915	PROVISION OF LOW INCOME HOUSING	MA	N/A	C CORPORATION	(1,401)	(12,486)	100.00		✓
(4) CABOT STREET HOMES GP INC. (26-3750951) 102 LAFAYETTE STREET, SALEM, MA 01970	PROVISION OF LOW INCOME HOUSING	MA	N/A	C CORPORATION	(381)	(32,760)	30.00		✓

Part V

Transactions with Related Organizations (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) YNS AFFORDABLE HOUSING, INC.	Q	177,751	REIMBURSEMENT OF COSTS INCURRED
(7) POWDER HOUSE VILLAGE, LP	Q	90,514	REIMBURSEMENT OF COSTS INCURRED
(8) HOLCROFT PARK HOMES ONE, LP	Q	80,956	REIMBURSEMENT OF COSTS INCURRED
(9) CABOT STREET HOMES, LP	Q	64,460	REIMBURSEMENT OF COSTS INCURRED
(10) HOLCROFT PARK HOMES TWO, LP	Q	82,047	REIMBURSEMENT OF COSTS INCURRED

YMCA of the North Shore
List of Funding Sources

Source	As of 6/30/20 (In Thousands)
Grants & Contributions	4,626
Membership Dues	3,467
Childcare & Camp	3,102
Program	1,342
State Contracts	3,247
Federal Contracts	242
Other	1,139
Total	\$ 17,165



Office: 12 Emerson Avenue
Mail: City Hall, 9 Dale Avenue
Gloucester, MA 01930

CAPE ANN Office of Veterans' Services

TEL 978-281-9740
FAX 978-282-3053
acurcuru@gloucester-ma.gov

Memorandum

To: Mayor Sefatia Romeo Theken
CC: John Dunn, CFO, Kenny Costa, Auditor,
From: Adam Curcuru Veterans Services
Subject: Mayor's Report Acceptance of Donations to support Cape Ann Veterans Services
Date: 09/08/2020

Mayor Romeo Theken,

Cape Ann Veterans Services has generously received the following donations from members and business partners within our community. I would like to request that the donations listed below be accepted by the city to support continued efforts to serve our Veterans and Active Duty military communities.

Name	Amount	Date
Jon and Madith Curley	\$100.00	09/08/2020
Sgt David J. Coullard Memorial Fund	\$2000.00	09/20/2020
Total	\$2100.00	

Very Respectfully,

Cape Ann Veterans Services

District Director



**City of Gloucester
Grant Application and Check List**

Granting Authority: State _____ Federal X Other _____

Name of Grant: Substance Abuse Prevention Collaborative services (SAPC)

Department Applying for Grant: HEALTH DEPARTMENT

Agency-Federal or State application is requested from: Massachusetts Department of Public Health, (MDPH), Bureau of Substance Abuse Services (BSAS)

Object of the application: To provide financial support to a group of municipalities including Essex, Rockport, Manchester by the Sea, Beverly, Gloucester, and Ipswich to enter into formal, long-term agreements to share resources and coordinate activities with the objective of preventing underage drinking and other drug use. The focus will be on implementing or amending local policy, practice, systems and environmental changes to prevent underage drinking, other drug use and other problem behaviors. This funding will collectively improve the capacity of these municipalities to address these issues.

Any match requirements: No cash match, In-Kind Staffing, Materials and Equipment match only.

Mayor's approval to proceed: [Signature] 9/29/2020
Signature Date

City Council's referral to Budget & Finance Standing Committee: _____
Vote Date

Budget & Finance Standing Committee: _____
Positive or Negative Recommendation Date

City Council's Approval or Rejection: _____
Vote Date

City Clerk's Certification of Vote to City Auditor: _____
Certification Date

City Auditor:
Assignment of account title and value of grant: _____
Title Amount

Grant Budget by line item account: _____

Auditor's distribution to managing department: _____
Department Date sent

NOTE: A copy of all grant paperwork must be submitted to the Auditor's Office



CITY OF GLOUCESTER

Health Department
3 Pond Road, City Hall Annex
Gloucester, Massachusetts 01930

PHONE: 978-325-5260

EMAIL: healthdepartment@gloucester-ma.gov

WEBSITE: www.gloucester-ma.gov



Public Health
Prevent. Promote. Protect.

September 28, 2020

Dear Mayor Romeo Theken,

The Gloucester Health Department seeks Mayoral and City Council approval to accept a 9 month extension on the Substance Abuse Prevention Collaborative Grant in the amount of \$75,000. The time period for expenditure of these funds will be from July 1st 2020 to June 30th 2021. This upward amendment brings the FY21 revised contract amount to \$200,000, which includes \$100,000 for the existing OD2A Grant Agreement to collect overdose data for the CDC in conjunction with the GPD's Community Impact Unit.

As anticipated, the MA Department of Public Health extended the SAPC Grant Contract for the remaining 9 months of FY21. This contract extension stems from the delayed release of a new funding opportunity due to Covid-19.

The original SAPC grant award was received in 2015 and we are currently in the midst of the seventh year of progress on this initiative. The focus of the funding continues to be the prevention and reduction of underage drinking and other drug use in Massachusetts communities. This funding allows us to expand our successful underage drinking and other drug prevention work to Rockport, Manchester, Essex, Ipswich and Beverly. The regional cluster of communities encompasses a natural geographic corridor, targeting middle and high school age youth and young adults at risk for use of alcohol, marijuana, and prescription pills.

Staff will be available to answer City Council questions.

Thank You.

A handwritten signature in cursive script, appearing to read "Karin Carroll".

Karin Carroll
Director of Public Health
Gloucester Health Department



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

September 8, 2020

Jenna Newbegin
City Of Gloucester
9 Dale Ave Ste 9
Gloucester Ma 01930

Dear Ms. Newbegin:

This is to inform you that the Massachusetts Department of Public Health, Bureau of Substance Addiction Services has amended your contract #INTF2354M04160222099. This contract has been increased in the amount of \$75,000.00 for a revised contract amount of \$200,000.00 which will be in effect through June 30, 2021.

The out year amount of \$100,000.00 will be in effect for fiscal year 2022.

The total contract obligation for all years is \$900,000.00

This award contains funds from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the federal government, #4512-9069 (CFDA#93.959). Providers receiving federal grant funds will be considered sub-recipients for the federal grant purposes and will be required to comply with applicable federal requirements, including but not limited to sub-recipient audit requirements under OMB Circular A-133.

If you have any questions, please call Andrew Robinson at (617) 624-5172.

Charles A. Whiteman, Director of Administration and Finance
Bureau of Substance Addiction Services

COMMONWEALTH OF MASSACHUSETTS - STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions, which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: <https://www.mass.gov/info/details/forms>. Forms are also posted at OSD Forms: <https://www.mass.gov/info/details/forms>.

CONTRACTOR LEGAL NAME: CITY OF GLOUCESTER		COMMONWEALTH DEPARTMENT NAME: Department of Public Health	
Legal Address (W-9, W-4): 9 DALE AVE GLOUCESTER, MA 01830-3009		Business Mailing Address: 250 Washington Street, Boston MA 02108	
Contract Manager: Jerne Newbegin	Phone: 978-325-5262	Billing Address (if different):	
E-Mail: jnewbegin@glooucester-ma.gov	FAX: 978-281-9729	Contract Manager: Michelle McHugh	Phone: 617-624-5289
Contractor Vendor Code: VC6000182086		E-Mail: michelle.e.mchugh@mass.gov	FAX: 617-624-5017
Vendor Code Address ID (e.g. "AD001"): AD 001 <small>(Note: The Address ID must be set up for EFT payments.)</small>		MMARS Doc ID(s): INTF2354M04160222089	
RFR/Procurement or Other ID Number: 160222			

NEW CONTRACT **CONTRACT AMENDMENT**

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

- Statewide Contract (OSD or an OSD designated Department)
- Collective Purchase (Attach OSD approval, scope, budget)
- Department Procurement (includes all grants 815 CMR 7.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
- Emergency Contract (Attach justification for emergency, scope, budget)
- Contract Employee (Attach Employment Status Form, scope, budget)
- Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

Enter Current Contract End Date Prior to 08/31/2022
Amendment: Enter Amendment Amount: \$ 75,000.00 (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.)

- Amendment to Scope or Budget (Attach updated scope and budget)
- Interim Contract (Attach justification for Interim Contract and updated scope/budget)
- Contract Employee (Attach any updates to scope or budget)
- Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)

The Standard Contract Form Instructions, Contractor Certifications and the following Commonwealth Terms and Conditions document is incorporated by reference into this Contract and are legally binding. (Check ONE option): Commonwealth Terms and Conditions Commonwealth Terms and Conditions For Human and Social Services Commonwealth IT Terms and Conditions

COMPENSATION: (Check ONE option) The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.

Rate Contract (No Maximum Obligation - Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended)

Maximum Obligation Contract: Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended): \$ 900,000.00

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___% PPD; Payment issued within 15 days ___% PPD; Payment issued within 20 days ___% PPD; Payment issued within 30 days ___% PPD. If PPD percentages are left blank, identify reason: agree to standard 45 day cycle statutory/legal or Ready Payments (G.L.c. 29, § 23A); only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OR REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.)
Maximum Obligation Change

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations:

- 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date
- 2. may be incurred as of ___/___/20___, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date
- 3. were incurred as of ___/___/20___, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of 06/30/2022, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence: this Standard Contract Form, the Standard Contract Form Instructions, Contractor Certifications, the applicable Commonwealth Terms and Conditions, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 811 CMR §1.07, incorporated herein providing any amended RFR or Response terms result in better value, lower costs, or a more cost effective Contract.

<p>AUTHORIZING SIGNATURE FOR THE CONTRACTOR:</p> <p>_____ Date: <u>9/23/20</u> <small>(Signature and Date Must Be Handwritten At Time of Signature)</small></p> <p>Print Name: <u>Setaria Romeo-Melcer</u></p> <p>Print Title: <u>Mayor</u></p>	<p>AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:</p> <p>_____ Date: _____ <small>(Signature and Date Must Be Handwritten At Time of Signature)</small></p> <p>Print Name: <u>Sharon Dyer</u></p> <p>Print Title: <u>Director, Purchase of Services Office</u></p>
--	--

FY: 2021

Amendment # (if Applicable): _____

If Federal Funds, CFDA#93.959

PURCHASE OF SERVICE – ATTACHMENT 1: PROGRAM COVER PAGE

PROGRAM INFORMATION

Contractor Name: CITY OF GLOUCESTER	Department Name: Massachusetts Department of Public Health
Program Type: Substance Abuse Prevention Programs	Document ID #: INTF2354M04160222099
Program Name: prevention	UFR Program:
Program Address: 9 Dale Ave Ste 9	MMARS Program Code: 4941
City/State/Zip: Gloucester MA 019303000	Other Reference Information (Information Purpose Only):
Contact Person: Jenna Newbigin Telephone: 978-325-5262	Contact Person: Michelle McHugh Telephone: 617-524-5289
RFR INFORMATION: <input type="checkbox"/> Attached <input type="checkbox"/> Legislative Exception <input type="checkbox"/> Interim <input type="checkbox"/> Emergency <input type="checkbox"/> Amendment <input type="checkbox"/> Collective Purchase SCOPE OF SERVICES: <input checked="" type="checkbox"/> Bidders Response Attached <input type="checkbox"/> Description of Services Attached RFR info CH257 TOTAL ANTICIPATED CONTRACT DURATION: 7/1/2015 to 6/30/2022 INITIAL DURATION: 7/1/2015 to 6/30/2022 OPTIONS TO RENEW: *****Refer to RFR for options to renew and for the years for each option*****	

FISCAL TERMS

Price is established through: (Check 1, 2, or 3) <input type="checkbox"/> OPTION 1: PRICE AGREEMENT (flat price) \$ _____ Rate Regulation (if any) N/A <input type="checkbox"/> OPTION 2: SUMMARY BUDGET ("T" Lines only) <input type="checkbox"/> Unit Rate <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> OPTION 3: COMPLETED BUDGET <input type="checkbox"/> Unit Rate <input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other _____	FUNDING SUMMARY							
	Prior Years		Current Years		Future Years			
	FY	Amount	FY	Amount	FY	Amount		
	2016	\$100,000.00	2021	\$200,000.00	2022	\$100,000.00		
	2017	\$100,000.00						
2018	\$100,000.00							
2019	\$100,000.00							
2020	\$200,000.00							
Total:		\$600,000.00	Total:		\$200,000.00	Total:		\$100,000.00
Multi Years Total:						\$900,000.00		
Current Max Obligation: \$ _____ Unit Rate: \$ _____ per _____ # Billable Units: _____								
Additional Payment or Price Specifications:								

Scope of Services

This Attachment Form must be used. Please check the appropriate box when processing a new contract or a contract amendment.

Contract ID #: INTF2354M04160222099

Any funds designated in the budget that are unspent in any fiscal year will not be available for expenditure in the subsequent fiscal year without a formal contract amendment re-authorizing these funds.

New Contract This form will only be included with packages where a procurement exception (waiver) supports the contract. Identify in detail the scope of services in terms of performance for a new contract. Services provided must be in accordance with the budget and the terms and conditions of the federal grant (if applicable).

Contract Amendment

If choosing amendment you must check off one of the three types below and provide explanation

Increase

Include a clear explanation of what the funding change will support in terms of additional services.

Max Obligation Increase

SAPC - Prevent and reduce youth substance misuse and its associated risks

Decrease

Include a clear explanation of what the funding change will support in terms of additional services.

Other

Include a clear explanation of what the funding change will support in terms of additional services.

Please Complete!

Report Title: Vendor's Worksheet for Program Budget Amendment	Page Number: 1 of 1
	Report Run Date: 09/09/2020
	Report Run Time: 03:18:23 PM

Budget Fiscal Year: 2021 **Agency Name:** DPH - Bureau of Substance Addiction Services **Contract No:** INTF2354M04160222099 - 2021 - CT
Contracting Provider: City Of Gloucester **VCC:** VC6000192096 **Line Item Budget:** 2
Activity Name: BSAS Substance Abuse Prevention **Activity Code:** 4941 **Amendment No:** 2

Budget as previously Amended				Cost Reimbursement Only			Amend Change		New	
UFR No	Component	FTE	Amount	Offset	Source	Reimbursement	FTE	Amount	FTE	Amount
101	Program Function Manager	0.20	\$3,500.00	\$0.00			+	53,473.01	.9	56,973.01
137	Program Secretarial, Clerical Staff	0.60	\$15,500.00	\$0.00			-	14,329.92	.1	1,170.08
150	Payroll Taxes	0.00	\$1,000.00	\$0.00			+	1,420.16		2,420.16
151	Fringe Benefits	0.00	\$2,500.00	\$0.00			+	13,757.03		16,257.03

Direct Care / Program Staff Total: **0.80** **\$22,500.00** **\$0.00**

* Add Line 201 + 8.350 8.350
 * Add Line 215 + 4,923.92 4,923.92

Budget as previously Amended				Cost Reimbursement Only			Amend Change		New	
UFR No	Component	FTE	Amount	Offset	Source	Reimbursement	FTE	Amount	FTE	Amount
410	Agency and Program Administration and Support		\$2,500.00	\$0.00			+	7500		10,000.00

Administrative Support Total: **\$2,500.00** **\$0.00**

Budget Total for Contract: **0.80** **\$25,000.00** **\$0.00**
 Activity Total for Contract: **0.80** **\$125,000.00** **\$0.00**
 Grant Total for Contract: **0.80** **\$125,000.00** **\$0.00**

+75,000 \$100,000

CITY OF GLOUCESTER

ACCOUNT BUDGET

DEPARTMENT NAME: City of Gloucester, Health Dept.

ACCOUNT NAME: Substance Abuse Prevention Collaborative (SAPC)

FUND NUMBER AND NAME: (N/A FOR NEW FUND) ORG 2024 SAPC Grant

CFDA # (Required for Federal Grants): 93.959

DATE PREPARED: 9/29/2020

OBJECT	ORIGINAL BUDGET	APPROVED		REVISED BUDGET
		AMENDED BUDGET (IF APPLICABLE)	AMENDED REQUEST	
REVENUE (4_____)				
454002	\$47,000.00		\$75,000.00	\$122,000.00
				\$0.00
				\$0.00
Total:	\$47,000.00	\$0.00	\$75,000.00	\$122,000.00
EXPENSE (5_____)				
511000	\$19,000.00		\$51,149.69	\$70,149.69
511300	\$0.00			\$0.00
515000	\$800.00		\$16,880.03	\$17,660.03
517008	\$2,700.00		-\$1,682.83	\$1,017.17
520000	\$12,000.00		-\$3,650.00	\$8,350.00
530008				\$0.00
538010	\$12,500.00		\$7,500.00	\$20,000.00
540000	\$0.00		\$4,823.11	\$4,823.11
570000				\$0.00
571000				\$0.00
579100				\$0.00
596001				\$0.00
				\$0.00
Total:	\$47,000.00	\$0.00	\$75,000.00	\$122,000.00

DEPARTMENT HEAD SIGNATURE



DATE ENTERED (AUDIT)

AUDITING DEPARTMENT INITIALS

FORM: AUDIT ACCOUNT BUDGET - V1



**City of Gloucester
Grant Application and Check List**

Granting Authority: State ___ Federal X Other _____

Name of Grant: Massachusetts Opioid Abuse Prevention Collaborative (MOAPC)

Department Applying for Grant: HEALTH DEPARTMENT

Agency-Federal or State application is requested from: Massachusetts Department of Public Health, (MDPH), Bureau of Substance Abuse Services (BSAS)

Object of the application: To provide financial support for groups of municipalities to enter into formal, long-term agreements to share resources and coordinate activities to address the issue of opioid misuse and abuse, and unintentional deaths and non-fatal hospital events associated with opioid poisonings in Gloucester, Beverly and Danvers.

Any match requirements: No cash match. In-Kind Staffing, Materials and Equipment match only.

Mayor's approval to proceed: [Signature] 9/29/2020
Signature Date

City Council's referral to Budget & Finance Standing Committee: _____
Vote Date

Budget & Finance Standing Committee: _____
Positive or Negative Recommendation Date

City Council's Approval or Rejection: _____
Vote Date

City Clerk's Certification of Vote to City Auditor: _____
Certification Date

City Auditor:
Assignment of account title and value of grant: _____
Title Amount

Grant Budget by line item account: _____

Auditor's distribution to managing department: _____
Department Date sent

NOTE: A copy of all grant paperwork must be submitted to the Auditor's Office



CITY OF GLOUCESTER

Health Department
3 Pond Road, City Hall Annex
Gloucester, Massachusetts 01930

PHONE: 978-325-5260

EMAIL: healthdepartment@gloucester-ma.gov

WEBSITE: www.gloucester-ma.gov



Public Health
Prevent. Promote. Protect.

September 28, 2020

Dear Mayor Romeo Theken,

The Gloucester Health Department seeks Mayoral and City Council approval to accept a 9 month extension on the Massachusetts Opiate Abuse Prevention Collaborative (MOAPC) Grant in the amount of \$75,000. The time period for expenditure of these funds will be from July 1st, 2020 to June 30th, 2021.

As anticipated, MA Department of Public Health extended the MOAPC Grant Contract for the remainder of FY21. The contract extension stems from the delayed release of a new funding opportunity due to Covid-19.

The original MOAPC grant award was received in 2014 and we are in the midst of our eighth year of progress on this initiative. The MOAPC Grant allows the Gloucester Prevention Unit to work in conjunction with the City of Beverly and Town of Danvers to address the Opioid Crisis through a strategic regional approach which targets prevention and overdose training. Most recently, the MOAPC Grant has allowed the regional Narcan Working Group to explore and develop a strategic social marketing campaign to educate pharmacy staff and individuals about the availability and importance of carrying Narcan.

Staff will be available to answer City Council questions.

Thank You.

Karin Carroll
Director of Public Health
Gloucester Health Department



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

September 3, 2020

Jenna Newbegin
City Of Gloucester
9 Dale Ave Ste 9
Gloucester Ma 01930

Dear Ms. Newbegin:

This is to inform you that the Massachusetts Department of Public Health, Bureau of Substance Addiction Services has amended your contract #INTF2354M04301822059. This contract has been increased in the amount of \$75,000.00 for a revised contract amount of \$100,000.00 which will be in effect through June 30, 2021.

There is no out year.

The total contract obligation for all years is \$1,018,000.00

This award contains funds from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the federal government, #4512-9069 (CFDA#93.959). Providers receiving federal grant funds will be considered sub-recipients for the federal grant purposes and will be required to comply with applicable federal requirements, including but not limited to sub-recipient audit requirements under OMB Circular A-133.

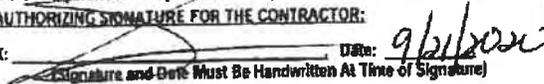
If you have any questions, please call Andrew Robinson at (617) 624-5172.

Charles A. Whiteman, Director of Administration and Finance
Bureau of Substance Addiction Services

COMMONWEALTH OF MASSACHUSETTS - STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions, which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: <https://www.macomptroller.org/forms>. Forms are also posted at OSD Forms: <https://www.mass.gov/lists/osd-forms>

CONTRACTOR LEGAL NAME: CITY OF GLOUCESTER		COMMONWEALTH DEPARTMENT NAME: Department of Public Health MMARS Department Code: DPH	
Legal Address (M-F, W-F): 9 DALE AVE GLOUCESTER, MA 01930-3009		Business Mailing Address: 250 Washington Street, Boston MA 02108	
Contract Manager: Jenna Newbegin	Phone: 978-282-8025	Billing Address (if different):	
E-Mail: jnewbegin@gloucester-ma.gov	FAX: 978-281-9729	Contract Manager: Michelle McHugh	Phone: 617-624-3289
Contractor Vendor Code: VC6000192096		E-Mail: michelle.e.mchugh@mass.gov	FAX: 617-624-3017
Vendor Code Address ID (e.g. "AD001"): AD 001 (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): INTF2354M04301822059	
		RFR/Procurement or Other ID Number: 301822	
<input type="checkbox"/> NEW CONTRACT PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input type="checkbox"/> Department Procurement (includes all grants <u>815 CMR 2.00</u>) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach <u>Employment Status Form</u> , scope, budget) <input type="checkbox"/> Other Procurement Exception: (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		<input checked="" type="checkbox"/> CONTRACT AMENDMENT Enter Current Contract End Date <u>Prior</u> to <u>08/30, 20 20</u> Amendment: Enter Amendment Amount: \$ <u>75,000.00</u> (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> Amendment to Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input checked="" type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions, Contractor Certifications and the following Commonwealth Terms and Conditions document is incorporated by reference into this Contract and are legally binding: (Check ONE option): <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions for Human and Social Services <input type="checkbox"/> Commonwealth IT Terms and Conditions			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input type="checkbox"/> Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended). <input checked="" type="checkbox"/> Maximum Obligation Contract: Enter Total Maximum Obligation for total duration of this Contract (or new Total if Contract is being amended): \$ <u>1,018,000.00</u>			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___% PPD; Payment issued within 15 days ___% PPD; Payment issued within 20 days ___% PPD; Payment issued within 30 days ___% PPD. If PPD percentages are left blank, identify reason: <input type="checkbox"/> agree to standard 45 day cycle <input checked="" type="checkbox"/> statutory/legal or Ready Payments (S.L.C. 29, § 23A); <input type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Maximum Obligation and Duration Change			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred <u>prior</u> to the Effective Date <input type="checkbox"/> 2. may be incurred as of <u>08/30, 20</u>, a date LATER than the Effective Date below and no obligations have been incurred <u>prior</u> to the Effective Date <input type="checkbox"/> 3. were incurred as of <u>08/30, 20</u>, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations 			
CONTRACT END DATE: Contract performance shall terminate as of <u>08/30, 2021</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence: this Standard Contract Form, the Standard Contract Form Instructions, Contractor Certifications, the applicable Commonwealth Terms and Conditions, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X:  Date: <u>9/2/2020</u> (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Sefatia Romeo Toker</u> Print Title: <u>Mayor</u>		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: <u>Sharon Dyer</u> Print Title: <u>Director, Purchase of Services Office</u>	

FY: 2021

Amendment # (If Applicable): _____

If Federal Funds,
CFDA#93.859

PURCHASE OF SERVICE – ATTACHMENT 1: PROGRAM COVER PAGE

PROGRAM INFORMATION

Contractor Name: CITY OF GLOUCESTER	Department Name: Massachusetts Department of Public Health
Program Type: Mass Collaborative for Action, Leadership and Learning 2	Document ID #: INTF2354M04301822059
Program Name: Prevention	UFR Program:
Program Address: 9 Dale Ave Ste 9	MMARS Program Code: 4940
City/State/Zip: Gloucester MA 019303000	Other Reference Information (Information Purpose Only):
Contact Person: Jenna Newbigh Telephone: 978-282-8025	Contact Person: Michelle McHugh Telephone: 617-624-5289
RFR INFORMATION: <input type="checkbox"/> Attached <input type="checkbox"/> Legislative Exception <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Interim <input type="checkbox"/> Amendment <input type="checkbox"/> Collective Purchase RFR Reference # 301822 SCOPE OF SERVICES: <input checked="" type="checkbox"/> Bidders Response Attached <input type="checkbox"/> Description of Services Attached RFR Info CH257 TOTAL ANTICIPATED CONTRACT DURATION: 7/1/2013 to 6/30/2021 INITIAL DURATION: 7/1/2013 to 9/30/2020 OPTIONS TO RENEW: *****Refer to RFR for options to renew and for the years for each option*****	

FISCAL TERMS

Price is established through: (Check 1, 2, or 3) <input type="checkbox"/> OPTION 1: PRICE AGREEMENT (list price) \$ _____ Rate Regulation (if any) <i>N/A</i> <input type="checkbox"/> OPTION 2: SUMMARY BUDGET ("T" Lines only) <input type="checkbox"/> Unit Rate <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> OPTION 3: COMPLETED BUDGET <input type="checkbox"/> Unit Rate <input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other _____	FUNDING SUMMARY					
	Prior Years		Current Years		Future Years	
	FY	Amount	FY	Amount	FY	Amount
	2014	\$100,000.00	2021	\$100,000.00		
	2015	\$100,000.00				
	2016	\$170,000.00				
2017	\$173,000.00					
2018	\$175,000.00					
2019	\$100,000.00					
2020	\$100,000.00					
Total:		\$918,000.00	Total:		\$100,000.00	Total:
			Total:		\$0.00	
Multi Years Total:					\$1,018,000.00	
Current Max Obligation: \$ _____ Unit Rate: \$ _____ per _____ # Billable Units: _____						
Additional Payment or Price Specifications:						

Scope of Services

This Attachment Form must be used. Please check the appropriate box when processing a new contract or a contract amendment.

Contract ID #: INTF2354M04301822059

Any funds designated in the budget that are unspent in any fiscal year will not be available for expenditure in the subsequent fiscal year without a formal contract amendment re-authorizing these funds.

New Contract This form will only be included with packages where a procurement exception (waiver) supports the contract. Identify in detail the scope of services in terms of performance for a new contract. Services provided must be in accordance with the budget and the terms and conditions of the federal grant (if applicable).

Contract Amendment

If choosing amendment you must check off one of the three types below and provide explanation

Increase

Include a clear explanation of what the funding change will support in terms of additional services.

FY21 Max Obligation Increase

MOAPC- Prevent and reduce the consequences of opioid misuse and addiction.

Decrease

Include a clear explanation of what the funding change will support in terms of additional services.

Other

Include a clear explanation of what the funding change will support in terms of additional services.

Please complete!

Report Title: Vendor's Worksheet for Program Budget Amendment	Page Number: 1 of 2
	Report Run Date: 09/09/2020
	Report Run Time: 02:25:5 PM

Budget Fiscal Year: 2021

Agency Name: DPH - Bureau of Substance
Addiction Services

Contract No:
INTF2354M04301822059 - 2021 -
CT

Contracting Provider:
City Of Gloucester

VCC: VC6000192096

Line Item Budget: 1

Activity Name: MOAPC

Activity Code: 4940

Amendment No: 1

Budget No: 1

Budget as previously Amended				Cost Reimbursement Only			Amend Change		New	
UFR No	Component	FTE	Amount	Offset	Source	Reimbursement	FTE	Amount	FTE	Amount
101	Program Function Manager	0.40	\$7,250.00	\$0.00			+ .1	+29,149.26	.5	\$36,391.26
137	Program Secretarial, Clerical Staff	0.45	\$5,250.00	\$0.00			- .25	-7,925.00	.2	\$13,175.08
150	Payroll Taxes	0.00	\$535.00	\$0.00			+	1,175.31		\$1,710.31
151	Fringe Benefits	0.00	\$2,465.00	\$0.00			+	7,542.09		\$10,007.09
Direct Care / Program Staff Total		0.85	\$15,500.00	\$0.00						

Budget as previously Amended				Cost Reimbursement Only			Amend Change		New	
UFR No	Component	FTE	Amount	Offset	Source	Reimbursement	FTE	Amount	FTE	Amount
205	Staff Mileage/Travel		\$400.00	\$0.00			-	400		0
206	Subcontracted Direct Care		\$4,250.00	\$0.00			+	12,750		17,000
207	Meals		\$150.00	\$0.00			-	150		0
215	Program Supplies, Materials and Expendable Items of Equipment and Furnishings		\$2,200.00	\$0.00			+	5,968.26		8,168.26

Other Direct Care/Program Resources Total \$7,000.00 \$0.00

* add line 201 *

+ 3500 3,500

Budget as previously Amended				Cost Reimbursement Only			Amend Change		New	
UFR No	Component	FTE	Amount	Offset	Source	Reimbursement	FTE	Amount	FTE	Amount
410	Agency and Program Administration and Support		\$2,500.00	\$0.00			+	7500		10,000

Report Title: Vendor's Worksheet for Program Budget Amendment	Page Number:	2 of 2
	Report Run Date:	09/09/2020
	Report Run Time:	02:25:5 PM

Administrative Support **\$2,500.00** **\$0.00**
Total

Budget Total for Contract **0.85** **\$25,000.00** **\$0.00** **+75,000** **\$100,000**
Activity Total for Contract **0.85** **\$25,000.00** **\$0.00**
Grand Total for Contract **0.85** **\$25,000.00** **\$0.00**

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH**

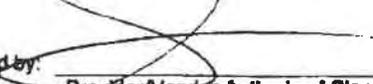
FY	21
Contract ID	INTF2354M04301822059

SUBCONTRACTOR IDENTIFICATION LIST FOR DIRECT CARE SERVICES

(206) Subcontracted Direct Care: Client care or other program services which are a primary and integral part of the total program but which are furnished to the program, under contract, by a separate program of another provider.

Provider Name: CITY OF GLOUCESTER

DPH Program Name: Prevention

Submitted by: 
 Provider/Vendor Authorized Signature
Sefatia Romeo Theken
 Print Name

Date: 9/21/2020 Phone: 978-281-9700

Approved by: _____
 DPH Program Manager

 Print Name

Date: _____ Phone: _____

INSTRUCTIONS:

Providers/vendors must complete and submit to DPH at the time of initial contract execution for each fiscal year AND when subcontract dollars and/or vendors/providers are added or deleted. (Including line item adjustments). This form must be signed by the DPH program representative to indicate program approval PRIOR TO the execution of said subcontract(s).

- Providers are to complete this form for each fiscal year when subcontracted \$ are budgeted in UFR Code 206.
- Providers are to complete this form with any amendments including line items that modify UFR Code 206.
- Identify the Subcontractor and Federal ID number along with \$ amounts and description of service provided in less than 200 words (Individuals are not recorded on this form, they belong in UFR Code 201 consultants)
- \$ identified as TBD will require status updates which POS will request quarterly

Subcontractor Name	FEIN	Subcontract Amount	Type of Service provided and number of service units, if applicable	TBD
City of Gloucester	298-00425	\$ 8,500	Salary, supplies, program implementation costs	<input type="checkbox"/>
City of Gloucester	292-103377	\$ 9,500	Salary, supplies, program implementation costs	<input type="checkbox"/>
		\$		<input type="checkbox"/>
		\$		<input type="checkbox"/>
		\$		<input type="checkbox"/>
		\$		<input type="checkbox"/>
TOTAL:		\$ 17,000	This total # must = the total 206 amount on the PURCHASE OF SERVICE ATTACHMENT 3 budget sheet	

Subcontractors must agree to the Terms and Conditions set forth in the RFR, which is part of this contract. Subcontracts must be in writing, in accordance with Section 9 of the Commonwealth Terms and Conditions or the Commonwealth Terms and Conditions for Human and Social Services. All subcontracts must be available for review by authorized agents of the Commonwealth. DPH may require the submission of any subcontract at any time during the contract period.

CITY OF GLOUCESTER

ACCOUNT BUDGET

DEPARTMENT NAME: City of Gloucester, Health Dept.

ACCOUNT NAME: Mass Opioid Abuse Prevention Collaborative (MOAPC)

FUND NUMBER AND NAME: (N/A FOR NEW FUND) ORG 2023

CFDA # (Required for Federal Grants): 93.959

DATE PREPARED: 9/29/2020

OBJECT	ORIGINAL BUDGET	APPROVED		REVISED BUDGET
		AMENDED BUDGET (IF APPLICABLE)	AMENDED REQUEST	
REVENUE (4_____)				
454002	\$25,000.00		\$75,000.00	\$100,000.00
				\$0.00
				\$0.00
Total:	\$25,000.00	\$0.00	\$75,000.00	\$100,000.00
EXPENSE (5_____)				
511000	\$9,500.00		\$40,074.34	\$49,574.34
511300	\$3,000.00		-\$3,000.00	\$0.00
515000	\$2,600.00		\$8,543.59	\$11,143.59
517008	\$400.00		\$318.83	\$718.83
520000	\$4,250.00		\$16,250.00	\$20,500.00
530008	\$0.00		\$0.00	\$0.00
538010	\$2,500.00		\$7,500.00	\$10,000.00
540000	\$2,200.00		\$5,863.24	\$8,063.24
570000	\$150.00		-\$150.00	\$0.00
571000	\$400.00		-\$400.00	\$0.00
579100	\$0.00			\$0.00
Total:	\$25,000.00	\$0.00	\$75,000.00	\$100,000.00

Handwritten Signature

DEPARTMENT HEAD SIGNATURE _____

DATE ENTERED (AUDIT) _____ AUDITING DEPARTMENT INITIALS _____

FORM: AUDIT ACCOUNT BUDGET - V1

City Hall Annex
Three Pond Road
Gloucester, MA 01930



JILL CAHILL
978-325-5240

CITY OF GLOUCESTER
Community Development Department

MEMORANDUM

TO: Mayor Sefatia Romeo Theken
FROM: Jill Cahill, Community Development Director
CC: CPC Committee; Jaimie Corliss, Grants Administrator; Kenny Costa, City Auditor; Mike Hale, DPW Director
RE: Off Cycle recommendation for Stage Fort Park Advisory Committee – Landscape Design
DATE: October 6, 2020

The Community Preservation Committee (CPC) has received an off cycle application for funding to support the Stage Fort Park Advisory Committee's landscape construction design project. The application process was initiated in March of 2020 when eligibility forms were submitted as part of the regular 2020 Round 11 process. The Stage Fort Park Advisory Committee (SFPAC) submitted two separate applications for the proposed improvements to Stage Fort Park: one for the construction design/planning and one for the construction. The SFPAC requested the funding for design/planning be reviewed off-cycle and in advance of the construction. Progressing with the planning will increase the likelihood of the project being complete prior to the City's upcoming 400th anniversary. On September 24th, at a special committee meeting, the Committee discussed the off cycle funding request with Mike Hale, DPW Director and made the attached recommendation for an award.

The CPC requests that you forward this recommendation to the City Council for its review and appropriation. CPC Co Chairs, Barbara Silberman and Catherine Schlichte or Jaimie Corliss will be available to answer any questions.

All recommended projects are subject to the terms and conditions imposed by the Community Preservation Committee. The following conditions are common to all recommended projects:

1. Projects financed with Community Preservation Act funds must comply with all applicable State and municipal requirements. Funds are administered and disbursed by the City of Gloucester.
2. Project oversight, monitoring, and financial control are the responsibility of the Community Preservation Committee or its designee.
3. The Community Preservation Committee will require quarterly project status updates from Community Preservation Act Fund recipients

All projects will be required to state *"This project received funding assistance from the citizens of Gloucester through the Community Preservation Act"* in their promotional material and, where appropriate, on exterior signage.

Attached are:

1. Summary of Community Preservation Committee Recommendation & Criteria
2. Stage Fort Park Advisory Committee's Application

The original application for this project is available for review in the Community Development Office, Grants Division.

Submitted by: Community Preservation Committee

Barbara Silberman, Co-Chair, At-Large
Catherine Schlichte, Co Chair, At- Large
John Feener, Conservation Commission
Hank McCarl, Planning Board
Robert Whitmarsh, Historic Commission
Heidi Wakeman, Open Space & Recreation Committee
Jennifer-lee Levitz Aronson, Gloucester Housing Authority
Ellen Preston, At-Large
Pamela Tobey, At-Large

GLOUCESTER COMMUNITY PRESERVATION COMMITTEE

RECOMMENDATION FOR OFF CYCLE APPLICATION

Stage Fort Park Accessibility Improvements

Project Sponsor: Stage Fort Park Advisory Committee and City of Gloucester DPW

The Community Preservation Committee makes the following recommendation:

The Community Preservation Committee (CPC), having agreed to review the off-cycle application from the Stage Fort Park Advisory Committee, recommends that the City Council appropriate up to \$80,000 (eighty thousand dollars) to the Stage Fort Park Advisory Committee for the purpose of obtaining a construction design and development plan, as well as, construction support services for the pathway from the Stage Fort Park Visitor's Center to the fort area.

Following a favorable vote of the City Council, a grant agreement shall be executed by the City of Gloucester, in a form acceptable to the Community Preservation Committee and the Stage Fort Park Advisory Committee.

The Community Preservation Act program area is Open Space/Recreation and project purpose is for capital improvements to pathways in the park.

Community Preservation Criteria

General Evaluation Criteria

1	Eligible for Community Preservation Act Funding	√
2	Consistent with various plans which are relevant to and utilized by the City regarding open space, recreation, historic resources and affordable housing	√
3	Preserve and enhance the essential character of Gloucester	√
4	Protect resources that would otherwise be threatened	
5	Serve more than one CPA purpose or demonstrate why serving multiple needs is not feasible	
6	Demonstrate practicality and feasibility, and that the project can be implemented within budget/ on schedule	√
7	Produce an advantageous cost/benefit value	
8	Leverage additional public and/or private funds or receive partial funding from other sources and/or voluntary contributions of goods and services	
9	Preserve or improve city owned assets	√
10	Receive endorsement from other municipal boards or departments and broad-based support from community members	

Open Space Criteria

1	Permanently protect important wildlife habitat, particularly areas that include: locally significant biodiversity; variety of habitats with a diversity of geologic features and types of vegetation; endangered habitat or species of plant or animal	
2	Preserve active agricultural use	
3	Provide opportunities for passive recreation and environmental education	√
4	Protect or enhance wildlife corridors, promote connectivity of habitat or prevent fragmentation of habitats	
5	Provide connections with existing trails or protected open space	√
6	Acquire land or easements for potential trail linkages	
7	Preserve scenic and historic views	√
8	Border a scenic road	

9	Protect drinking water quantity and quality	
10	Provide flood control/storage	
11	Preserve and protect important surface water bodies, including streams, wetlands, vernal pools, riparian zones or Areas of Critical Environmental Concern (ACEC)	
12	Buffer protected open space, or historic resources	√

Historic Preservation Evaluation Criteria

1	Protect, preserve, enhance, restore and/or rehabilitate historical, cultural, architectural or archaeological resources of significance, especially those that are threatened	
2	Protect, preserve, enhance, restore and/or rehabilitate city-owned properties, features or resources of historical significance	
3	Protect, preserve, enhance, restore and/or rehabilitate the historical function of a property or site	
4	Demonstrate a public benefit	
5	Ability to provide permanent protection for the historic resource	

Community Housing Evaluation Criteria

1	Contribute to the goal of 10% affordability as defined by chapter 40B of the Massachusetts General Laws	
2	Promote a socioeconomic environment that encourages a diversity of incomes	
3	Provide housing that is harmonious in design and scale with the surrounding community	
4	Intermingle affordable and market rate housing at levels that exceed state requirements for percentage of affordable units pursuant to chapter 40B	
5	Ensure long-term affordability	
6	Address the needs of range of qualified household, including very low, low, and low-to-moderate income families and individuals	
7	Provide affordable rental and affordable ownership opportunities	
8	Promote use of existing buildings or construction on previously-developed or city-owned sites	

Public Recreation Evaluation Criteria

1	Addresses a need or objective identified in a City plan	√
2	Serves a significant number of residents	√
3	Preserves and expands the range of recreational opportunities available to city residents of all ages and abilities, including those at-risk of obesity as identified through the Get Fit Gloucester! Community Action Plan	√
4	Promotes recreational activities	√
5	Maximizes the utility of land already owned by city	√
6	Promotes the creative use of railway and other corridors to create safe and healthful non-motorized transportation opportunities	
7	Preserves and enhances the natural habitat functions and values of open space for wildlife	

32 Revere Street

Gloucester MA 01930

May 13, 2020

MEMORANDUM

To: Barbara Silberman, Catherine Schlicte, CPC Committee

From: David Dow, Chair, Stage Fort Park Advisory Committee

Re: CPC Grant Applications (Off-Cycle 2019-20 & 2020)

We have submitted both grant applications which were found to be eligible for submission to the CPC on behalf of the Stage Fort Park Advisory Committee. The City of Gloucester DPW is a Co-Applicant on the Off Cycle request for a site survey and on the Construction Project to connect the Lucy Davis Pathway while completing construction of the Fort Area Restoration

Our request for Off Cycle funding in the amount of \$80,000 is to jump start the survey and the work plan in the spring of 2020. With that \$80,000 and the anticipated 2020 CPC \$300,000 funding for construction, we shall begin construction of the project in the spring of 2021. The City has committed \$500,000 toward the project.

It is our understanding that the CPC will discuss the detail of the Construction Project with Mr. Hale of the DPW. The city would become the agent for the actual construction with Mr. Hale handling the contracts and bidding process.

Both funding requests (Off Cycle and 2020) are crucial to the completion of the Fort Area project by the city anniversary year of 2023. Given consideration to the necessary protocol of funding approvals, public hearings, project review (B & F, P&D), weather and construction delays we are concerned that the project won't be ready for the anniversary celebrations.

We anticipate your positive support as we move forward.

Thank you,

David Dow, Chair

Stage Fort Park Advisory Committee

Cc: Jim Destino, Jaimie Corlliss, Mike Hale,



CITY OF GLOUCESTER COMMUNITY PRESERVATION COMMITTEE PROJECT APPLICATION COVER SHEET

I: Project Information

Project Title: Fort Area Restoration and Lucy Davis Pathway Construction Design Plan

Project Summary: We request off-cycle funding for a full site survey and construction plan to implement the construction of the renovation to the Fort area of Stage Fort Park and the continuance/ tie-in of the Lucy Davis Pathway to the Fort area and connecting pathway to Visitors Center. This project will include making the Lucy Davis Pathway ADA compliant.

The need for off-cycle funding is driven by our deadline for project completion (2022). This project is designed to be the centerpiece of the city anniversary celebrations in 2023. No work on this project can be undertaken without a physical survey and a construction plan. The city does not supply survey services.

Estimated start date: 6/1/2020

Estimated completion date: 8/1/2020

CPA Program Area:

- Open Space Historic Preservation
 Community Housing Recreation

II: Applicant/Developer Information

Contact with primary responsibility for project: David Dow, Chair

Organization (if applicable): Stage Fort Park Advisory Committee

Mailing Address: 12 Essex Street, Gloucester

Daytime phone #: 978-290-3912

E-mail address: davedow40@gmail.com

Federal ID#: N/A

Secondary Contact: David Benjamin, Secretary

Organization (if applicable): Stage Fort Park Advisory Committee

Mailing Address: 32 Revere Street, Gloucester

Daytime phone #: 978-281-2286

E-mail address: casadvbe@comcast.net

III: Budget Summary

Total budget for project: 80,000.

CPA funding request: 70,000.

CPA request as percentage of total budget: 100%

Applicant's Signature: _____

Printed name and Position: David Dow, Chair

Co-applicant/ City Official (if required): Michael Hale, Director, Gloucester DPW

**CITY OF GLOUCESTER
COMMUNITY PRESERVATION COMMITTEE**

PROJECT SCHEDULE

Please provide a project timeline below, noting all project milestones. Please note that because the City Council must approve all appropriations, CPA funds may not be available until up to two months following Committee approval.

	Activity	Estimated Date
Project Start Date:	Draft of Plan	6/01/2020
Project Milestone:	Presentation of draft plan to SFP Adv. Comm. for comment and approval	7/01/2020
50% Completion Stage:	Edits to draft plan and budgeting recommendations	9/01/2020
Project Milestone:	Presentation of final plan	10/01/2020
Project Completion Date:	Approval by SFP Adv. Comm.	11/04/2020

Please note: If the project is approved, the recipient must provide progress reports to the Committee on a quarterly basis (by the 15th of January, April, July and October) depending on the length of the project. The recipient shall also provide an interim report at the 50% Completion Stage, along with budget documentation.

Please feel free to photocopy or re-create this form if more room is needed.

Total Project Expenses	\$80,000.	
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Please feel free to photocopy or re-create this form if more room is needed.

Based on Conceptual Plan dated January 2020

SITE PREPARATION AND DEMOLITION	\$38,000
Includes mobilization, tree work and removal, erosion control	
SITE IMPROVEMENTS	\$449,200
Includes excavation, fill, grading, wall, pavements, railing, benches, bunker relocation, cannon storage and replacement, refurbish memorial plaque, planting, loam, seeding, electrical, lighting	
SUBTOTAL PAY ITEMS	\$487,200
25% CONTINGENCIES	\$121,800
TOTAL	\$609,000
TOTAL CONSTRUCTION COST	SAY \$610,000
DESIGN BUDGET	\$70,000
Includes 30%, 75%, 100% Technical Specifications and Permitting	





May 19, 2020

Mr. Michael Hale, Director of Public Works
Town of Gloucester
28 Poplar Street
Gloucester, MA 01930

Re: Gloucester, MA – Stage Fort Accessibility Improvements Project, Design Development, bid and Construction Support Services.

Dear Mr. Hale:

Thank you for giving BETA Group, Inc. (BETA) the opportunity to submit the attached Scope of Work and Fee Proposal for Final Design and Bid Documents for the Stage Fort Accessibility Improvements Project. The Design will be a continuation of the Conceptual Plan that BETA has been working on since April of 2019 for the Stage Fort Advisory Committee. As requested, please see our Scope and Fee for Design, Bid and Construction Support Services. We look forward to working with you and the City of Gloucester and feel that the Improvements to the park will be something that the community can be proud of during their 400th celebration and for years to come.

We can design to meet your schedule and can begin when given notice to proceed. If you have any questions regarding this letter and attached fee, please feel free to contact me at KCarr@BETA-Inc.com, or my cell number at 774-991-5105.

Very truly yours,
BETA Group, Inc.

A handwritten signature in cursive script that reads "Kelly R. Carr".

Kelly R. Carr, RLA, ASLA
Senior Associate

Scope of Work

Task 1: Refine Concept Design (30%)

- 1.1 Refine design based on Conservation Commission review of concept, Client/Stakeholder meetings and providing ADA access from the end of the Lucy Davis Pathway.
- 1.2 Survey: Coordination of survey and resource delineation. See survey sub-consultant under Direct Costs.
- 1.3
 - a. Resource Delineation. Inspection and delineation of federal, state, and local jurisdictional wetland resource area boundaries as appropriate and accessible using the methodologies outlined in Delineating Bordering Vegetated Wetlands Under the Massachusetts Wetlands Protection Act (1995) and the definitions provided in the Mass Wetland Regulations (310 CMR 10.00); the U.S. Army Corps of Engineers Wetland Delineation Manual Northeast Region (2009); and City of Gloucester Wetlands Protection Ordinance Regulations. Known resource areas to be delineated include Coastal Bank, Land Subject to Coastal Storm Flowage, and Rocky Intertidal Shore.
 - b. Preparation of a Letter Report describing the wetland resource areas delineated and/or identified and the methodology used for delineation and identification. This report will include wetland boundary delineation field data sheets, if appropriate, and representative photographs depicting the Site.
- 1.4 Preliminary Design Plans 30% @1"=20'-0"
Plans will include: Cover, Legend and Abbreviations, Key (3 Sheets), Existing Conditions and Site Preparation (1 Sheet), Typical Sections (1 Sheets), Profile (2 Sheets), Site Improvement Plan, Grading & Drainage and Planting (3 Sheets) and Details (3 Sheets). Update Concept Plan Estimate of Probable Construction Costs.
- 1.5 Meetings and Correspondence:
 - a. Project Team/Stakeholders and Conservation Commission. Include up to (2) two meetings.
 - b. Present the 30% design at a public meeting and respond to questions. Assist the City in preparing a handout for the public and provide notes after the meeting.

Task 2. 75% Design and Permitting

- 2.1 Update plans according to City comments. Prepare a 75% Design/Permitting Set Submittal to include:
 - a. Plans & Details
 - b. Preparation of Technical Specifications
 - c. Update Estimate of Probable Construction Cost

- 2.2 Meeting with Project Team/Stakeholders. Include up to (2) meetings.
- 2.3 Environmental Permitting:
- a. NOI: Prepare a Notice of Intent (NOI) under M.G.L Chapter 131, Section 40 and City of Gloucester Wetlands Protection Ordinance for proposed alterations to the 100-Foot buffer zone to Coastal Bank and other resource areas Subject to Protection under the Act and Ordinance. The NOI will include an analysis of practicable alternatives which minimize or avoid alteration to jurisdictional areas. BETA will prepare the NOI form, supporting narrative, project plans, and required Abutter Notification and Affidavit of Service forms. We will prepare a draft of the application package for the Stage Fort Park Advisory Committee to review and comment and revise the application to respond to any comments received. BETA will prepare the required number of NOI applications for submittal to the Conservation Commission and MassDEP Northeast Region.
 - b. It is assumed that the City of Gloucester will be the applicant, therefore, it is assumed that the Project will be exempt from application fees.
 - c. BETA will mail the abutter notifications to the required distribution list and bring evidence of mailing to the initial public hearing session.
 - d. BETA will attend one (1) site visit with Conservation Commission members and staff and up to two (2) public hearing sessions on the application. BETA will respond to reasonable requests for additional information during the application review period.
 - e. Gloucester Wetlands Ordinance and Regulations: BETA will also address the specific provisions of the Gloucester Wetlands Ordinance and Regulations.
 - f. Note that the project site does not lie within mapped Estimated Habitat of Rare Wetlands wildlife so no notification of the Massachusetts Natural Heritage and Endangered Species Program will be required. We assume that no work will occur below the Mean High-Water elevation of the Ocean; therefore, no notification to the Massachusetts Division of Marine Fisheries will be required.
 - g. It is assumed that the project will not impacts Waters of the US, as protected under the federal Clean Water Act (33 U.S.C. §1251 et seq (1972)) and the Massachusetts Clean Waters Act (MGL Chapter 21 Section 26-53). Based on this assumption, permits are not required from MassDEP or US Army Corps of Engineers.
 - h. It is assumed that no state wetland permits are required for this Project, therefore, an Environmental Notification Form (ENF) will not be required under the Massachusetts Environmental Policy Act (MEPA). Should the Project design require alteration of Coastal Bank, as well as, require a state wetlands or waterways permit, the Project would require filing an ENF with the MEPA Office.
- 2.4 Stormwater Management and Drainage Calculations:
- a. BETA will visit the site and review survey information to understand existing drainage patterns and facilities. Based on the findings, improvement options for stormwater management improvements will be compiled, presented, and discussed with stake holders. Alternatives will include low impact development (LID) techniques and best management practices (BMPs) to provide peak runoff mitigation, groundwater recharge and water quality improvements for stormwater runoff from the site to Gloucester Harbor. BETA will also investigate soil stabilization options to control erosion issues locations within the project limits.

- b. Upon selection of preferred alternatives, BETA will design and provide sizing calculations to identify pollutant load reduction for each LID technique, BMP, and stabilization practice. BETA will also provide a completed MassDEP Stormwater Management Checklist and outline conformance with the 10 Massachusetts Stormwater Management Standards suitable for submission with the NOI. At this time, it is not known if there will be a substantial increase in the amount of impervious pavement for the pathway, therefore a complete hydrologic analysis and report is not included. If the project requires additional impervious area, then BETA can provide a full hydrologic analysis and report through an amendment to this contract.

Task 3. Final Design (100%) and Bid Documents

We assume that Gloucester will provide the front section of the specifications and BETA will provide the technical specifications and Bid Form.

- 3.1 Based on the approved 75% design, prepare 100% design plans.
- 3.2 Prepare technical specifications (100%).
- 3.3 Provide updated Estimate (100%).
- 3.4 Bid Documents: Prepare final bid documents including plans, technical specifications, construction estimate and Bid Form.
- 3.5 Attend one meeting with Client/Stakeholders.
- 3.6 Attend Pre-bid meeting, answer bidder's questions, bid analysis.
- 3.7 Allow for provision of one addendum.

Task 4. Construction Support Services

- 4.1. Construction Meetings: Allow for 8 @4 hr./ea. (Take notes and distribute).
- 4.2 Respond to RFI's. Allow for three RFI @ 6hr.ea.
- 4.3 Review shop drawings. (allow 9 @ 4hr. Ea.)
- 4.4 Provide for one revision or clarification sketch.
- 4.5 Review (2) change orders and (4) requests for payment.
- 4.6 Site Visits (allow 4 @ 4hr/ea.).

FEE PROPOSAL		Stage Fort Park						FEE
		HOURS						
TASK		PIC	PM	SRP	STP	T	Total	
Task 1. FINAL DESIGN: 30%								
1.1	Refine Concept Design		4		16		20	
1.2	Coordinate survey and Resource delineation		4		4		8	
1.3	Resource Delineation and Memo	1			10	8	19	
1.4	Prepare 30% Preliminary Design Plans and Details		6		32	30	68	
	Update estimate of probable construction cost		1	2	4		7	
1.5	Meetings with City/Stakeholders (allow for 2 @ 3hr/ea)		3		6		9	
	Public Meeting(allow for 1 @ 6hr/ea)				6		6	
	SUBTOTAL	1	18	2	78	38	137	\$ 17,004
Task 2. 75% DESIGN AND PERMITTING								
2.1	Prepare 75% design/permitting plans		8	16	36	24	84	
	Prepare technical specifications		2	8	12		22	
	Update estimate of probable construction cost		2	4	8		14	
2.2	Meeting with project team/stakeholders (allow for 2 @ 3hr/ea)		1	2	4		7	
2.3	Environmental permitting-NOI	1	4	8	44	18	75	
2.4	Stormwater management and drainage		2	8	18	4	32	
	SUBTOTAL	1	19	46	122	46	234	\$ 30,313
Task 3. FINAL DESIGN (100%) AND BID DOCUMENTS								
3.1	Prepare 100% Design Plans		4	12	24	12	52	
3.2	Prepare/update Technical Specifications		2	8	12		22	
3.3	Update estimate of probable construction cost		2	2	6		10	
3.4	Bid Documents		8	8	16	6	38	
3.5	Meeting with Client/Stakeholders (allow for 1 @ 3hr/ea)		3		3		6	
3.6	Pre-bid meeting, answer bidder's questions, bid analysis		4	4	18		26	
3.7	Allow for one addendum		2	6	16		24	
	SUBTOTAL	0	25	40	95	18	178	\$ 24,185
TASK 4. CONSTRUCTION SUPPORT SERVICES								
4.1	Construction Meetings: Allow for 8 @4 hr./ea (Take notes and distribute)		2	12	20		34	
4.2	Respond to RFI's. Allow for three RFI @ 6hr.ea.		2		18		20	
4.3	Review shop drawings. (allow 9 @ 4hr. Ea)		4	8	24		36	
4.4	Provide for one revision or clarification sketch		2		16		18	
4.5	Review (2) change orders and (4) requests for payment		6				6	
4.6	Site Visits (allow 4 @ 4hr/ea)		4		12		16	
	SUBTOTAL	0	20	20	90	0	130	\$ 17,340

TOTAL HOURS	2	82	108	385	102	679	
TOTAL TASK FEE							\$ 88,842
LABOR COSTS							
PRINCIPAL IN CHARGE	@		210	=	\$	420	
PROJECT MANAGER (PM)	@		197	=	\$	16,154	
SENIOR PROFESSIONAL (SRP)	@		166	=	\$	17,928	
STAFF PROFESSIONAL (STP)	@		112	=	\$	43,120	
TECHNICAL	@		110	=	\$	11,220	
TOTAL LABOR COSTS							\$ 88,842
EXPENSES:							
DIRECT EXPENSES-Mileage (allow 120mi. X 22 X .56)							\$ 1,478
Survey							\$ 8,380
TOTAL COST							\$ 98,700



GLOUCESTER POLICE DEPARTMENT
Office of the Chief of Police
197 Main Street
Gloucester, MA 01930

Chief Edward Conley
(978)281-9775

Memorandum

October 7, 2020

To: Mayor Sefatia RomeoTheken

From: Chief Edward Conley

RE: FY21 State 911 Support & Incentive Grant

Mayor Romeo Theken,

Please find our application for the FY21 State 911 Support & Incentive Grant in the amount of \$102,983.00. This is a yearly grant and I respectfully ask that it be approved to accept.

Respectfully,

Edward Conley
Chief of Police



The Commonwealth of Massachusetts
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
STATE 911 DEPARTMENT
151 Campanelli Drive, Suite A ~ Middleborough, MA 02346
Tel: 508-828-2911 ~ TTY: 508-947-1455
www.mass.gov/e911



CHARLES D. BAKER
Governor

THOMAS A. TURCO, III
Secretary

KARYN E. POLITO
Lieutenant Governor

FRANK POZNIAK
Executive Director

October 6, 2020

Chief Edward Conley
Gloucester Police Department
197 Main Street
Gloucester, MA 01930

Dear Chief Conley:

The Commonwealth of Massachusetts, State 911 Department would like to thank you for participating in the **FY 2021 State 911 Department Support and Incentive Grant** program.

For your files, attached please find a copy of the executed contract and the final approved Appendix A: Personnel Costs form for your grant. Please note your contract start date is **October 6, 2020** and will run through June 30, 2021. Please keep in mind that there shall be no reimbursement for costs incurred prior to the effective date of the contract and all goods and services **MUST** be received on or before June 30, 2021.

Reimbursement requests should be submitted to the Department within **thirty (30) days** of the date on which the cost is incurred. We have made the request for payment forms available on our website www.mass.gov/E911. For any questions related to this process, please contact Michelle Hallahan at 508-821-7216. Please note that funding of reimbursement requests received more than one (1) month after the close of the fiscal year under which costs were incurred cannot be guaranteed.

If, in the future, you would like to make any changes to the authorized signatory, the contract manager, and/or the budget worksheet, please e-mail those proposed changes to 911DeptGrants@mass.gov. Grantees are strongly encouraged to submit final, year-end budget modification requests on or before March 26, 2021.

Sincerely,

Frank P. Pozniak
Executive Director

cc: FY 2021 Support and Incentive Grant File



Stacie Nicastro <snicastro@gloucester-ma.gov>

FY2021 Support and Incentive Grant Award

1 message

911DeptGrants (EPS) <911deptgrants@state.ma.us>

Tue, Oct 6, 2020 at 4:27 PM

To: "econley@gloucester-ma.gov" <econley@gloucester-ma.gov>

Cc: "snicastro@gloucester-ma.gov" <snicastro@gloucester-ma.gov>

Good Afternoon,

Attached you will find a scanned copy of your award letter, contract, and your Appendix A: Personnel Costs form for your **FY2021 Support and Incentive Grant**.

Please be sure to make a copy of these for your grant file, as they will not be mailed.

Your effective contract start date is: October 6, 2020

- **There shall be no reimbursement for costs incurred prior to the Effective Date of the Contract.**
- **All goods and services SHALL be received on or before June 30, 2021 to be eligible for reimbursement.**
- **Reimbursement requests should be submitted to the Department within thirty (30) days of the date on which the cost is incurred.** Reimbursement requests must include expenditure and activity reports as well as supporting documentation, including but not limited to, copies of receipts, proof of payment and/or payroll records. All requests for reimbursement shall be submitted by **July 31, 2021**.

REIMBURSEMENT REQUEST FORMS CAN BE FOUND HERE:

<https://www.mass.gov/lists/state-911-department-grant-reimbursement>

Thank you,

Cindy

Cindy Reynolds**Grants Specialist**

COPY

Commonwealth of Massachusetts

**Executive Office of Public Safety and Security
State 911 Department**



**State 911 Department
Public Safety Answering Point and Regional Emergency Communication Center
Support and Incentive Grant Application**

Fiscal Year 2021

All applications shall be mailed or hand delivered.

All applications must be received by 5:00 P.M. on Wednesday, December 30, 2020.

FY 2021 SUPPORT AND INCENTIVE

GRANT Application Checklist

- Demonstration of Compliance with MassGIS Requirement**
- Signed and Dated PSAP and RECC Support and Incentive Grant Application Cover Page Completed
- Budget Summary Page
- Completed Budget Narrative Page(s) – Must provide **detailed descriptions** for **each** item requested.
 - Personnel:** Include the amount you are requesting in this category.
 - HVAC:** Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).
 - CAD:** Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).
 - Radio Console:** Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).
 - Console Furniture/Chairs:** Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).
 - Fire Alarm Receiving & Alerting Equipment:** Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).
 - Other Equipment:** Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).
 - Regional PSAPs and RECCs only:**
 - Public Safety Radio Systems:** Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).
 - Regional PSAPs and RECCs shall provide a detailed Departmental budget (current and prior fiscal year) and an organizational chart that clearly defines all positions (p. 13).
 - Regional PSAPs and RECCs shall provide a current inter-municipal agreement (p. 13).
 - Regional Secondary PSAPs only:**
 - CPE Maintenance:** Provide detailed narrative to justify expense in compliance with grant guidelines; attach quotes or estimates (with supporting documentation from the vendor).
- Attached Quotes, if applicable
- Appendix A – Personnel Costs Form (List Certified Enhanced 911 Telecommunicators)
- Completed Contractor Authorized Signatory Listing Form signed by the City or Town Official
 - Completed and Notarized the Proof of Authentication of Signature Form for the City or Town Official who signed the Contractor Authorized Signatory Listing Form**
- Completed and Notarized the Proof of Authentication of Signature Form for **each** Signatory listed
- Completed Highlighted Sections, Signed and Dated Standard Contract Form

FY 2021 SUPPORT AND INCENTIVE GRANT

DO NOT SUBMIT DOUBLE-SIDED APPLICATIONS

OR

**INCLUDE BLANK PAGES FOR WHICH NO FUNDING IS
REQUESTED**

All applications with original signatures shall be submitted to:

**State 911 Department
151 Campanelli Drive, Suite A
Middleborough, MA 02346**

FY 2021 SUPPORT AND INCENTIVE GRANT

Type of PSAP: (please check one)

- Primary Regional Regional Secondary
 Regional Emergency Communication Center

Name of Eligible Entity (PSAP/RECC) City of Gloucester
Address 197 Main Street
City/Town/Zip Gloucester, MA 01930
Telephone Number 978-281-9775
Fax Number 978-282-3026
Website www.gloucester-ma.gov

Name & Title of Authorized Signatory Chief Edward Conley
Telephone Number _____
Email Address econley@gloucester-ma.gov

Name & Title of Grant Contract Manager Stacie Nicaastro
Telephone Number 978-281-9775 x2
Email Address snicaastro@gloucester-ma.gov

Total Grant Program funds requested: \$ 102,983.00

Goal and Desired Outcome

Through its submission of this application to the State 911 Department, the applying governmental entity affirms that the primary goal of the State 911 Department PSAP and RECC Support and Incentive Grant Program is to assist PSAPs and RECCs in providing enhanced 911 service and to foster the development of regional PSAPs, regional secondary PSAPs and RECCs.

Sign below to acknowledge having read and agreed to the grant conditions and reporting requirements listed in the grant guidelines.

Signed under the penalties of perjury this 28 day of August, 2020.



ORIGINAL SIGNATURE OF AUTHORIZING SIGNATORY

FY 2021 SUPPORT AND INCENTIVE GRANT

BUDGET SUMMARY

Primary PSAP, Regional PSAP, Regional Secondary PSAP, & RECC	
CATEGORY	AMOUNT
A. Enhanced 911 Telecommunicator Personnel Costs	\$ 73,811.00
B. Heat, Ventilation, Air Conditioning, and Other Environmental Control Equipment	\$
C. Computer-Aided Dispatch Systems	\$ 29,172.00
D. Radio Console	\$
E. Console Furniture and Dispatcher Chairs	\$
F. Fire Alarm Receiving and Alerting Equipment Associated with Providing Enhanced 911 Service	\$
G. Other Equipment	\$
TOTAL*	\$ 102,983.00

*Total amount must exactly match amount requested on application page

FY 2021 SUPPORT AND INCENTIVE GRANT

REGIONAL PSAP and RECC ONLY	
CATEGORY	AMOUNT
H. Public Safety Radio Systems	\$
TOTAL*	\$ 0.00

*Total amount must exactly match amount requested on application page

FY 2021 SUPPORT AND INCENTIVE GRANT

REGIONAL SECONDARY PSAP ONLY	
CATEGORY	AMOUNT
I. PSAP Customer Premises Equipment Maintenance	\$
TOTAL*	\$ 0.00

*Total amount must exactly match amount requested on application page

FY 2021 SUPPORT AND INCENTIVE GRANT

DETAIL NARRATIVE

Please make sure that every item listed in the above Budget Worksheet is listed in below narrative with a detailed description including category of item, price per unit, quantity, brand, model and any other pertinent and available information. Please include any and all quotes to support the budget narrative. For personnel costs, please complete the Appendix A – Personnel Costs Form. Please use additional pages if needed.

A. Enhanced 911 Telecommunicator Personnel Costs – to defray the costs of salary for enhanced 911 telecommunicator personnel, including enhanced 911 telecommunicators who are emergency communications dispatchers or supervisors. In order to be eligible for such funding, a grantee shall show that the personnel costs to be reimbursed: (1) cover only personnel who are trained and certified as an enhanced 911 telecommunicator in accordance with the requirements of the State 911 Department, or are in the process of obtaining such certification, in accordance with the requirements of the State 911 Department; and (2) except as otherwise approved by the State 911 Department, are solely for hours in which such personnel are working in the capacity of an enhanced 911 telecommunicator as their primary job function. Reimbursement may be allowed for straight time costs for on the job training for new telecommunicators who are in the process of obtaining certification as an enhanced 911 telecommunicator, in accordance with the requirements of the State 911 Department. Reimbursement for personnel costs related to training may be allowed only for training courses that have been approved by the State 911 Department under the Fiscal Year 2021 State 911 Department Training Grant, or with the prior written approval of the State 911 Department. Reimbursement for personnel costs for individuals who have other primary job duties not directly related to enhanced 911 service, such as firefighters or police officers who may occasionally be assigned PSAP enhanced 911 telecommunicator duty, may be allowed only for the documented hours in which the employee is acting primarily in the capacity of an enhanced 911 telecommunicator. For example, if a police officer or firefighter is assigned to work as an enhanced 911 telecommunicator 1 day a week, funding from these grants may only be used to cover the portion of such firefighter or police officer’s salary for the 1 day a week that he or she is assigned to enhanced 911 telecommunicator duty. Funding awarded through these grants shall be assigned to specific identified personnel, and the funding shall be applied to the personnel costs associated with such specific identified personnel.

All wage reimbursements authorized under this Program shall be allocated by the grantee in adherence with applicable collective bargaining agreements. However, the State 911 Department is not bound by or required to adhere to grantee collective bargaining agreements when determining allocations or reimbursements.

Attach Appendix A

Total Category A \$73,811.00

B. Heat, Ventilation, Air Conditioning and Other Environmental Control Equipment – to defray costs associated with the acquisition and maintenance of heat, ventilation and air-conditioning equipment and other environmental control equipment. Such funds may only be used to purchase, install, replace, maintain, operate and/or upgrade such equipment used in the physical space used for the provision of enhanced 911 service.

B. Heat, Ventilation, Air Conditioning and Other Environmental Control Equipment

Description:

Vendor:

Attach Quote and mark with letter B

Total Category B \$

FY 2021 SUPPORT AND INCENTIVE GRANT

Please make sure that every item listed in the above Budget Worksheet is listed in the narrative below with a detailed description including category of item, price per unit, quantity, brand, model and any other pertinent and available information. Please include any and all quotes to support the budget narrative. Please use additional pages if needed.

C. Computer-aided Dispatch Systems – to defray costs associated with the purchase, installation, replacement, maintenance and/or upgrade of CAD hardware and software used by emergency communication dispatchers, call takers, and 911 operators in primary PSAPs, regional PSAPs, regional secondary PSAPs, and RECCs to initiate public safety calls for service and dispatch, and to maintain the status of responding resources in the field. Funds may be used for mobile devices that are linked to a CAD system. Primary PSAPs may not use funding for records management systems, whether or not part of a CAD system. Regional PSAPs and RECCs may apply for funding for records management systems.

C. Computer-aided Dispatch Systems

Description: Contract with Delphi Technology Solutions, Inc. 280 Merrimack Street Suite 325 Lawrence, MA 01843. For IT support directly related to "enhance and maintain computer aided dispatch systems through current and developing dispatch related technology needs."

Attach Quote(s) and mark with letter C

Total Category C

\$ 29,172.00

Are the requested items linked to CAD? See

Where will the requested items be located? Attached

What will be displayed on monitors, if requested?

Vendor(s): Delphi Technology Solutions, Inc. 280 Merrimack St. Suite 325 Lawrence, MA 01843



FY 2021 SUPPORT AND INCENTIVE GRANT

Please make sure that every item listed in the above Budget Worksheet is listed in the narrative below with a detailed description including category of item, price per unit, quantity, brand, model and any other pertinent and available information. Please include any and all quotes to support the budget narrative. Please use additional pages if needed.

D. Radio Consoles – to defray costs associated with the purchase, installation, replacement, maintenance, and/or upgrade of radio consoles to be used at primary PSAPs, regional PSAPs, regional secondary PSAPs, and RECCs. Such funds may only be used to purchase, install, replace, maintain, and/or upgrade such radio consoles used in the physical space used for the provision of enhanced 911 service. All radio consoles shall comply with EOPSS Statewide Inter-Operability Emergency Communications (“SIEC”) special conditions, as may be amended from time to time. The State 911 Department will submit requests for such funding to the SIEC and/or the Statewide Interoperability Coordinator (“SWIC”) for review and confirmation that the requested item(s) comply with the SIEC special conditions. The SIEC special conditions are available at:

<http://www.mass.gov/eopss/docs/or/homesec/sd-siec-specialconditionsradiofrequenciesdec09.pdf>.

Questions relating to the SIEC special conditions should be directed to the SWIC. You may e-mail the SWIC at MA.SWIC@mass.gov.

D. Radio Consoles

Description:

Vendor:

Attach Quote and mark with letter D

Total Category D

\$

FY 2021 SUPPORT AND INCENTIVE GRANT

Please make sure that every item listed in the above Budget Worksheet is listed in the narrative below with a detailed description including category of item, price per unit, quantity, brand, model and any other pertinent and available information. Please include any and all quotes to support the budget narrative. Please use additional pages if needed.

E. Console Furniture and Dispatcher Chairs – to defray costs associated with the purchase, installation, replacement, maintenance, and/or upgrade of console furniture and dispatcher chairs necessary for enhanced 911 telecommunicators working at primary PSAPs, regional PSAPs, regional secondary PSAPs, and RECCs to perform their jobs effectively and in an ergonomically appropriate manner. Such funds may only be used to purchase, install, replace, maintain, and/or upgrade such console furniture and dispatcher chairs, including shelving, storage cabinets, and rotary resource files, used in the physical space used for the provision of enhanced 911 service.

E. Console Furniture and Dispatcher Chairs

Description:

Have you previously applied for funding for dispatcher chairs?

If so, what year?

Are they under warranty?

Vendor:

Attach Quote and mark with letter E

Total Category E

\$

F. Fire Alarm Receiving and Alerting Equipment Associated with Providing Enhanced 911 Service – to defray costs associated with the purchase, installation, replacement, maintenance, and/or update of fire alarm receiving and alerting equipment used at primary PSAPs, regional PSAPs, regional secondary PSAPs, and RECCs. Funding may be used to purchase, install, replace, maintain, and/or update systems used by such PSAPs to alert remote station personnel of emergency responses, including hardware and components installed within remote station locations. Funding for street or structure based cable or radio fire alarm boxes and related hardware is not permitted.

F. Fire Alarm Receiving and Alerting Equipment Associated with Providing Enhanced 911 Service

Description:

Vendor:

Attach Quote and mark with letter F

Total Category F

\$

FY 2021 SUPPORT AND INCENTIVE GRANT

Please make sure that every item listed in the above Budget Worksheet is listed in the narrative below with a detailed description including category of item, price per unit, quantity, brand, model and any other pertinent and available information. Please include any and all quotes to support the budget narrative. Please use additional pages if needed.

G. Other Equipment and Related Maintenance Associated with Providing Enhanced 911 Service – to defray costs associated with the purchase, installation, replacement, and/or maintenance of other equipment used in the physical space used for the provision of enhanced 911 service, except as otherwise approved by the State 911 Department, based on supporting documentation that the physical space used for the provision of enhanced 911 service is inadequate to house the equipment, or except as otherwise approved by the State 911 Department based on supporting documentation. Funding may be used for, but is not limited to: support technology (such as printers, headsets, and call recorders); supplies (such as disc and printer cartridges); hardware and support costs (excluding monthly recurring telephone service costs) for telephones; acoustic wall coverings; ESD-resistant flooring; lighting; and security equipment used for securing access to the PSAP to prevent entry by the public or unauthorized personnel.

G. Other Equipment and Related Maintenance Associated with Providing Enhanced 911 Service

Description:

Include use and location for each of the requested item(s).

Vendor(s):

Attach Quote and mark with letter G

Total Category G

\$

REMINDER: Disposal of Equipment Purchased with Grant Funding: Grantees may replace and/or dispose of equipment purchased with funds under the State 911 Department grant programs only if such equipment has reached the end of its useful life, in accordance with the manufacturer's warranty or industry expected useful life, whichever is longer. Disposal shall be in compliance with municipal guidelines, and equipment may be transferred to public entities for public municipal purposes only.

All goods and/or services shall be received on or before June 30, 2021 to be eligible for reimbursement under the Fiscal Year 2021 State 911 Department Public Safety Answering Point and Regional Emergency Communication Center Support and Incentive Grant.

FY 2021 SUPPORT AND INCENTIVE GRANT

REGIONAL PSAP & RECCs ONLY DETAIL NARRATIVE

Please make sure that every item listed in the above Budget Worksheet is listed in the narrative below with a detailed description including category of item, price per unit, quantity, brand, model and any other pertinent and available information. Please include any and all quotes to support the budget narrative. Please use additional pages if needed.

H. Regional PSAPs and RECCs ONLY:

Public Safety Radio Systems – to defray costs associated with the acquisition and maintenance of radio systems (including circuit costs for connectivity) used for police, fire, emergency medical services, and/or emergency management communications. Only Regional PSAPs and RECCs are eligible for funding in this category. All radio systems shall comply with EOPSS Statewide Inter-Operability Emergency Communications (“SIEC”) special conditions, as may be amended from time to time. The State 911 Department will submit requests for such funding to the SIEC and/or the Statewide Interoperability Coordinator (“SWIC”) for review and confirmation that the requested item(s) comply with the SIEC special conditions. The SIEC special conditions are available at: <http://www.mass.gov/eopss/docs/ogr/homesecc/sd-siec-specialconditionsradiofrequenciesdec09.pdf>.

Questions relating to the SIEC special conditions should be directed to the SWIC. You may e-mail the SWIC at MA.SWIC@state.ma.us.

Description:

Vendor:

Attach Quote and mark with letter H

Total Category H

\$

All goods and/or services shall be received on or before June 30, 2021 to be eligible for reimbursement under the Fiscal Year 2021 State 911 Department Public Safety Answering Point and Regional Emergency Communication Center Support and Incentive Grant.

FY 2021 SUPPORT AND INCENTIVE GRANT

**REGIONAL SECONDARY PSAP ONLY
DETAIL NARRATIVE**

Please make sure that every item listed in the above Budget Worksheet is listed in the narrative below with a detailed description including category of item, price per unit, quantity, brand, model and any other pertinent and available information. Please include any and all quotes to support the budget narrative.

I. Regional Secondary PSAPs ONLY:

Regional Secondary PSAP 911 Customer Premises Equipment Maintenance – to defray costs associated with maintaining PSAP 911 customer premises equipment. ONLY regional secondary PSAPs are eligible for funding in this category.

(The Department assumes the responsibility of all costs for maintenance of CPE at all primary PSAPs and regional PSAPs and RECCs). Note: Regional Secondary PSAPs are eligible for the purchase, installation and/or upgrade of CPE equipment under the State 911 Department Regional PSAP and Regional Secondary PSAP and RECC Development Grant.

Description:

Vendor:

Attach Quote and mark with letter I

Total Category I

\$

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All goods and/or services shall be received on or before June 30, 2021 to be eligible for reimbursement under the Fiscal Year 2021 State 911 Department Public Safety Answering Point and Regional Emergency Communication Center Support and Incentive Grant.

FY 2021 SUPPORT AND INCENTIVE GRANT

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions, Contractor Certifications and Commonwealth Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: <http://www.comptroller.state.ma.us>. Forms are also posted at OSD Forms: <http://www.osd.state.ma.us>

CONTRACTOR LEGAL NAME: City of Gloucester (and d/b/a): Gloucester Police Department		COMMONWEALTH DEPARTMENT NAME: State 911 Department MMARS Department Code: EPS	
Legal Address (W-9, W-4): 9 Dale Ave, Gloucester, MA 01930		Business Mailing Address: 181 Campanelli Drive, Suite A, Middleborough, MA 02346	
Contract Manager: Chief Edward Conley	Phone: 978-281-9775	Billing Address (if different):	
E-Mail: econley@gloucester-ma.gov	Fax: 978-282-3026	Contract Manager: Cindy Reynolds	Phone: 608-821-7298
Contractor Vendor Code: VC 6000192096		E-Mail: 911DeptGrants@state.gov	Fax: 608-847-1482
Vendor Code Address ID (e.g. "AD001"): AD_001 (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): CT EPS SUPG	
<input checked="" type="checkbox"/> NEW CONTRACT		<input type="checkbox"/> CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input checked="" type="checkbox"/> Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach Employment Status Form, scope, budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		Enter Current Contract End Date <u>Prior</u> to Amendment: _____, 20____ Enter Amendment Amount: \$ _____, (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.) <input type="checkbox"/> Amendment to Date, Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions, Contractor Certifications and the following Commonwealth Terms and Conditions document is incorporated by reference into this Contract and are legally binding: (Check ONE option) <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input type="checkbox"/> Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended. <input checked="" type="checkbox"/> Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). \$ <u>102,983.00</u>			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___% PPD; Payment issued within 15 days ___% PPD; Payment issued within 20 days ___% PPD; Payment issued within 30 days ___% PPD. If PPD percentages are left blank, identify reason: <input checked="" type="checkbox"/> agree to standard 45 day cycle ___ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A) ___ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE OR REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Contract is for the reimbursement of funds under the State 911 Department FY 2021 Public Safety Answering Point and Regional Emergency Communication Center Support and Incentive Grant as authorized and awarded in compliance with the grant guidelines and the grantee's approved application.			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input checked="" type="checkbox"/> 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. <input type="checkbox"/> 2. may be incurred as of _____, 20____, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. <input type="checkbox"/> 3. were incurred as of _____, 20____, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>June 30, 2021</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, this Standard Contract Form, the Standard Contract Form Instructions, Contractor Certifications, the applicable Commonwealth Terms and Conditions, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms; provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: _____ Date: <u>8/26/20</u> (Signature and Date Must Be Handwritten at Time of Signature)		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: <u>10/6/2020</u> (Signature and Date Must Be Handwritten at Time of Signature)	
Print Name: <u>Sofia Romeo Theken</u> Print Title: <u>Mayor</u>		Print Name: <u>Frank Puzish</u> Print Title: <u>Executive Director</u>	

**COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING**

Contractor Legal Name:
Contractor Vendor/Customer Code:

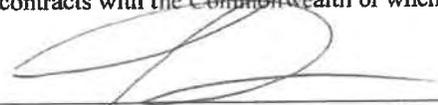
INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor’s behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor’s authorized signatory, and not by a representative, designee or other individual.)

NOTICE: *Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.*

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver’s licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

AUTHORIZED SIGNATORY NAME	TITLE
Edward Conley	Chief of Police

I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel for the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution below and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor. I understand and agree that the Contractor has a duty to ensure that this listing is immediately updated and communicated to any state department with which the Contractor does business whenever the authorized signatories above retire, are otherwise terminated from the Contractor’s employ, have their responsibilities changed resulting in their no longer being authorized to sign contracts with the Commonwealth or whenever new signatories are designated.



Signature

Date: 8/28/20

Name & Title: Sefatia Romeo Theken - Mayor

Telephone: 978-281-9700

Fax: 978-281-9738

Email: sromeotheken@glou

[Listing cannot be accepted without all of this information completed]
A copy of this listing must be attached to the “record copy” of a contract filed with the department.

REMINDER:

THE STATE 911 DEPARTMENT REQUIRES A NOTARIZED *PROOF OF AUTHENTICATION OF SIGNATURE FORM* FOR THE PERSON WHO SIGNS THE *CONTRACTOR AUTHORIZED SIGNATORY LISTING FORM* ABOVE AND FOR EACH PERSON LISTED AS AN AUTHORIZED SIGNATORY.

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Contractor Legal Name:

Contractor Vendor/Customer Code:

PROOF OF AUTHENTICATION OF SIGNATURE

This page is optional and is available for a department to authenticate contract signatures. It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type): Sefatia Romeo Theken

Title: Mayor

X [Handwritten Signature]

Signature as it will appear on contract or other document (Complete only in presence of notary):

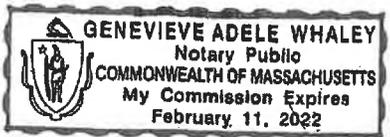
AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

On this 28th day of August, 2020 before me, the undersigned notary public, personally appeared Sefatia Romeo Theken (name of document signer), proved to me through satisfactory evidence of identification, which was personally known, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

[Handwritten Signature]

Notary Public Signature

My MA Commission expires on: February 11, 2022



AFFIX NOTARY SEAL

On this _____ day of _____, 20____ before me, the undersigned corporate clerk, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

Corporate Clerk Signature

AFFIX CORPORATE SEAL

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Contractor Legal Name:

Contractor Vendor/Customer Code:

PROOF OF AUTHENTICATION OF SIGNATURE

This page is optional and is available for a department to authenticate contract signatures. It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type): Edward Conley

Title: Chief of Police

X 

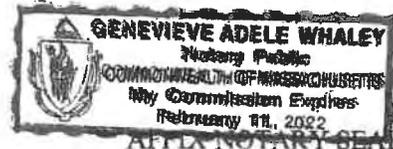
Signature as it will appear on contract or other document (Complete only in presence of notary):

AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

On this 28th day of August, 2020 before me, the undersigned notary public, personally appeared Edward Conley (name of document signer), proved to me through satisfactory evidence of identification, which was personally known, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.


Notary Public Signature

My MA Commission expires on: February 11, 2022



On this _____ day of _____, 20____ before me, the undersigned corporate clerk, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed above and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose as an authorized signatory for the Contractor.

Corporate Clerk Signature

AFFIX CORPORATE SEAL

C.



**Network Administration and Maintenance Agreement
FY21
Proposal # NM-JJTGLO-05222020**

The Client:

Gloucester Police Department
197 Main Street
Gloucester, MA 01931

Contact Information:

Contact Name:	Stacie Nicastro
Contact Phone:	(978)283-1212
Contact Email:	snicastro@gloucester-ma.gov

Confidentiality

The information put forth in this document shall not be disclosed outside of the intended organization listed above and shall not be duplicated, used or disclosed in whole or in part without the express permission of Delphi or The Client for protection of intellectual property. This agreement is subject to the Public Records Laws.

Statement of Work

This Statement of Work (SOW) defines the scope of work to be performed by Delphi Technology Solutions, Inc. or its assignees under the terms and conditions of Delphi *and The Client*. This SOW defines the tasks, provides an estimated schedule, and explains the responsibilities of both Delphi and The Client.

General Assumptions

Estimates included in this SOW are based upon certain key assumptions. The following General Assumptions are standard to each SOW. An additional section entitled Project Specific Assumptions appears later in this document. Any deviations to these General Assumptions and/or Project Specific Assumptions that arise during the proposed project will be managed according to the procedures described in the Project Change Control Procedure.

Hardware/Software

Hardware and Software components are not included in this SOW, except where otherwise indicated.

Service Periods

Delphi will provide services during standard business hours, 8:30AM to 5:00PM, Monday through Friday. Services performed outside of the standard service hours will be considered 'non-standard' hours, and will be performed only at the request of the client. These hours will be billed at 1.5 times the standard hourly rate.

Any additional professional services required outside of this agreement will be billed on a time and material basis and must be mutually agreed upon by Delphi and The Client.

Scope of Services

Delphi will provide qualified network administrators and consultants to work with the client's staff members to administer and maintain the network infrastructure as it relates to any Computer Assisted Dispatch (CAD) systems as directed by the Client.

Delphi Technology Solutions is not responsible for hardware or software that is not related to providing network infrastructure. Examples include financial software, payroll software, everyday use applications like word processors, non-functioning peripherals and the like.

Delphi Technology Solutions will make every effort to assist with hardware and software that are not related to network infrastructure, however, the support of this hardware or software lies primarily with the manufacturer. At the request of the client, Delphi will work on its own or with the manufacturer in order to resolve issues with these items or assist employees with use of these items. In all cases, Delphi's usual charges will apply.

Delphi Technology Solutions, Inc. Responsibilities

Delphi will:

Complete network administration, maintenance and troubleshooting tasks and projects as directed by the designee of the client. Tasks completed as time allows within the monthly, pre-scheduled maintenance agreement hours.

Client Responsibilities

The Client agrees to designate a representative who will be the focal point for all communication with us relative to this Statement of Work and:

1. Will have the authority to act on The Client's behalf in matters regarding this Statement of Work
2. Provide suitable workspace with telephone, e-mail and internet access for our consultants while working on your premises
3. Provide access to servers and workstations during the hours we agree upon

4. Provide the consultant the user ID parameters, passwords and other related information which is required to enable us to complete this service
5. Provide suitable and sufficient storage media for the protection of the programs and others tasks that the Delphi consultants will be working on
6. Provide client staff members to test the implementation and provide a statement that the implementation works as outlined in this statement of work.

Usual Charges

Delphi will invoice the client on an hourly basis for those professional services performed/products supplied under this Statement of Work.

All support calls to Microsoft or any other company are billed to The Client at actual cost.

The professional charges for this consulting engagement are:

\$140.25/hour for each Delphi consultant for on-site work during the agreed pre-scheduled maintenance hours.

\$140.25/hour for each Delphi consultant for any on-site work during standard hours that are not part of the weekly, pre-scheduled maintenance hours.

\$195.00/hour for each Delphi consultant for any on-site work during non-standard hours.

\$105.00/hour for any Delphi consultant engaged in telephone technical support.

Minimum onsite billable time is 1 hour. Minimum remote billable time is 0.5 hour.

Payment Terms

This agreement will be invoiced in one invoice for a total of 208 hours to be used at the discretion of Gloucester Police Department. The total cost outlined in this statement of work is \$29,172.00.

Project Change Control Procedure

1. Neither party shall be liable in damages or have the right to terminate this Agreement for any delay or default in performing hereunder if such delay or default is caused by conditions beyond its control including, but not limited to Acts of God, Government restrictions (including the denial or cancellation of any export or other necessary license), wars, insurrections and/or any other cause beyond the reasonable control of the party whose performance is affected.
2. Neither party shall be liable for any failure or delay in performance under this Agreement to the extent said failures or delays are proximately caused by causes beyond that party's reasonable control and occurring without its fault or negligence, including, without limitation, failure of suppliers, subcontractors, and carriers, or party to substantially meet its performance obligations under this Agreement, provided that, as a condition to the claim of non-liability, the party experiencing the

difficulty shall give the other prompt written notice, with full details following the occurrence of the cause relied upon. Dates by which performance obligations are scheduled to be met will be extended for a period of time equal to the time lost due to any delay so caused.

Employee – Non-Compete

During the duration of this Statement of work, neither party will approach or engage in activities to recruit employees, sub-contractors or others involved in this activity by either company.

Schedule

Prescheduled maintenance hours shall be determined by the Client and Delphi. The actual day of the week and time of day when services will be rendered will be mutually agreed upon by Delphi Technology Solutions and the Client at the time of contract execution. Modifications to this maintenance schedule shall be mutually agreed to in advance by the Delphi Project Manager or consultant and the client.

Scheduling or services provided outside the above maintenance hours shall be mutually agreed to in advance by the Delphi Project Manager or consultant and the client.

Upon signing and sending this document to Delphi, the Client agrees to the conditions put forth herein, and services to be performed by the following completion date:

Expire date: **June 30, 2021**

Agreed To:
City of Gloucester
197 Main Street
Gloucester, MA 01931



City of Gloucester Designated

8/28/20
Agreed Date

Agreed To:
Delphi Technology Solutions, Inc.
280 Merrimack Street, Suite 325
Lawrence, MA 01843



Delphi Technology Solutions, Inc.

8/28/20
Agreed Date



Pricing Proposal
 Quotation #: 19084466
 Created On: 6/30/2020
 Valid Until: 7/30/2020

Gloucester Police Department

Inside Account Manager

Stacie Nicastro
 197 Main Street
 Gloucester, MA 01930
 United States
 Phone: (978)283-1212
 Fax:
 Email: snicastro@gloucester-ma.gov

Karen Drake
 290 Davidson Ave
 Somerset, NJ, 08873
 Phone: 732-868-5808
 Fax: 732-868-5908
 Email: Karen_Drake@shi.com

All Prices are in US Dollar (USD)

Product	Qty	Your Price	Total
1 Network Administration and Maintenance Agreement Delphi Technology Solutions - Part#: NPN-DELPH-NETWO-A Contract Name: IT Hardware and Services Contract #: ITC47 Note: Services to be completed by June 30, 2021	1	\$29,172.00	\$29,172.00
		Total	\$29,172.00

Additional Comments

Hardware items on this quote may be updated to reflect changes due to industry wide constraints and fluctuations.
 Services to be completed by June 30, 2021

The products offered under this proposal are resold in accordance with the terms and conditions of the Contract referenced under that applicable line item.

FY 2021 Support and Incentive Grant Eligibility

Parcel Map Update and Address Update Status as of 8/25/2020

Status of "YES" or "PRELIM" indicates eligibility requirement has been met for FY 2021

For explanation of "PRELIM" status, see end of this document

NOTE: Parcel mapping update compliance may be "YES" due to update provided in calendar 2019.

So if an update is not received in calendar 2020 or in the first quarter of calendar 2021, then the eligibility requirement for FY2022 grants will not be met.

PSAP	PARCEL UPDATE COMPLIANCE	ADDRESS UPDATE COMPLIANCE
ABINGTON POLICE DEPARTMENT	YES	YES
ACTON POLICE DEPARTMENT	YES	YES
ACUSHNET POLICE DEPARTMENT	YES	YES
AGAWAM POLICE DEPARTMENT	YES	YES
AMHERST COMMUNICATIONS	YES	YES
ANDOVER POLICE DEPARTMENT	YES	YES
ARLINGTON POLICE DEPARTMENT	YES	YES
ASHBURNHAM POLICE DEPARTMENT	YES	YES
ASHBY POLICE DEPARTMENT	YES	YES
ASHLAND POLICE DEPARTMENT	YES	YES
ATHOL POLICE DEPARTMENT	YES	YES
ATTLEBORO POLICE DEPARTMENT	YES	YES
AUBURN POLICE DEPARTMENT	YES	YES
AVON POLICE DEPARTMENT	NO	YES
AYER SHIRLEY REGIONAL DISPATCH CENTER	YES	YES
BARNSTABLE COUNTY SHERIFF	PRELIM	YES
BARNSTABLE POLICE DEPARTMENT	YES	YES
BEDFORD POLICE DEPARTMENT	YES	YES
BELCHERTOWN POLICE DEPARTMENT	YES	YES
BELLINGHAM POLICE DEPARTMENT	YES	YES
BELMONT POLICE DEPARTMENT	YES	YES
BERKLEY POLICE DEPARTMENT	YES	NO
BERKSHIRE COUNTY SHERIFF	PRELIM	PRELIM
BEVERLY POLICE DEPARTMENT	YES	YES
BILLERICA POLICE DEPARTMENT	YES	YES
BLACKSTONE POLICE DEPARTMENT	YES	NO
BOSTON POLICE DEPARTMENT	YES	YES
BOURNE POLICE DEPARTMENT	NO	YES
BOXBOROUGH POLICE DEPARTMENT	YES	YES
BOXFORD POLICE DEPARTMENT	YES	YES
BOYLSTON POLICE DEPARTMENT	YES	YES
BRAINTREE POLICE DEPARTMENT	YES	YES
BRIDGEWATER POLICE DEPARTMENT	YES	YES
BROCKTON POLICE DEPARTMENT	YES	YES
BROOKLINE POLICE DEPARTMENT	YES	YES
BURLINGTON POLICE DEPARTMENT	YES	YES
CAMBRIDGE COMMUNICATIONS	YES	YES
CANTON POLICE DEPARTMENT	YES	YES

FY 2021 Support and Incentive Grant Eligibility

Parcel Map Update and Address Update Status as of 8/25/2020

Status of "YES" or "PRELIM" indicates eligibility requirement has been met for FY 2021

For explanation of "PRELIM" status, see end of this document

NOTE: Parcel mapping update compliance may be "YES" due to update provided in calendar 2019.

So if an update is not received in calendar 2020 or in the first quarter of calendar 2021, then the eligibility requirement for FY2022 grants will not be met.

PSAP	PARCEL UPDATE COMPLIANCE	ADDRESS UPDATE COMPLIANCE
CARLISLE POLICE DEPARTMENT	YES	YES
CARVER POLICE DEPARTMENT	YES	YES
CHARLTON POLICE DEPARTMENT	YES	YES
CHELMSFORD POLICE DEPARTMENT	YES	YES
CHELSEA EMERGENCY COMMUNICATIONS	YES	NO
CHICOPEE POLICE DEPARTMENT	YES	YES
CLINTON POLICE DEPARTMENT	YES	YES
CONCORD POLICE DEPARTMENT	YES	YES
DALTON POLICE DEPARTMENT	PRELIM	YES
DANVERS POLICE DEPARTMENT	YES	NO
DARTMOUTH POLICE DEPARTMENT	YES	NO
DEDHAM POLICE DEPARTMENT	YES	YES
DENNIS POLICE DEPARTMENT	NO	YES
DIGHTON POLICE DEPARTMENT	YES	YES
DOUGLAS POLICE DEPARTMENT	YES	NO
DOVER POLICE DEPARTMENT	YES	YES
DRACUT POLICE DEPARTMENT	YES	YES
DUKES COUNTY SHERIFF	PRELIM	YES
EAST BRIDGEWATER POLICE DEPARTMENT	YES	YES
EAST LONGMEADOW POLICE DEPARTMENT	YES	YES
EASTHAM POLICE DEPARTMENT	YES	YES
EASTHAMPTON POLICE DEPARTMENT	YES	YES
EASTON POLICE DEPARTMENT	YES	YES
EVERETT COMMUNICATIONS CENTER	NO	YES
FAIRHAVEN POLICE DEPARTMENT	YES	YES
FALL RIVER POLICE DEPARTMENT	YES	YES
FITCHBURG POLICE DEPARTMENT	PRELIM	YES
FRAMINGHAM POLICE DEPARTMENT	YES	YES
FRANKLIN POLICE DEPARTMENT	YES	YES
FREETOWN POLICE DEPARTMENT	YES	YES
GARDNER POLICE DEPARTMENT	YES	YES
GEORGETOWN POLICE DEPARTMENT	YES	YES
GLOUCESTER POLICE DEPARTMENT	YES	YES
GRAFTON POLICE DEPARTMENT	YES	YES
GRANBY POLICE DEPARTMENT	YES	YES
GREAT BARRINGTON POLICE DEPARTMENT	YES	YES
GREENFIELD POLICE DEPARTMENT	YES	YES
GROTON POLICE DEPARTMENT	PRELIM	YES

FY 2021 Support and Incentive Grant Eligibility

Parcel Map Update and Address Update Status as of 8/25/2020

Status of "YES" or "PRELIM" indicates eligibility requirement has been met for FY 2021

For explanation of "PRELIM" status, see end of this document

NOTE: Parcel mapping update compliance may be "YES" due to update provided in calendar 2019.

So if an update is not received in calendar 2020 or in the first quarter of calendar 2021, then the eligibility requirement for FY2022 grants will not be met.

PSAP	PARCEL UPDATE COMPLIANCE	ADDRESS UPDATE COMPLIANCE
GROVELAND POLICE DEPARTMENT	YES	YES
HADLEY POLICE DEPARTMENT	YES	YES
HAMILTON POLICE DEPARTMENT	YES	YES
HAMPDEN POLICE DEPARTMENT	YES	YES
HANOVER POLICE DEPARTMENT	YES	YES
HANSON POLICE DEPARTMENT	YES	YES
HAVERHILL POLICE DEPARTMENT	YES	YES
HOLLISTON POLICE DEPARTMENT	YES	YES
HOLYOKE POLICE DEPARTMENT	YES	NO
HOPKINTON POLICE DEPARTMENT	YES	YES
HUDSON POLICE DEPARTMENT	YES	YES
IPSWICH POLICE DEPARTMENT	YES	YES
KINGSTON POLICE DEPARTMENT	YES	NO
LAKEVILLE POLICE DEPARTMENT	YES	YES
LAWRENCE POLICE DEPARTMENT	YES	YES
LEOMINSTER POLICE DEPARTMENT	YES	YES
LEXINGTON POLICE DEPARTMENT	YES	YES
LINCOLN POLICE DEPARTMENT	YES	YES
LITTLETON POLICE DEPARTMENT	YES	YES
LONGMEADOW POLICE DEPARTMENT	YES	YES
LOWELL POLICE DEPARTMENT	YES	YES
LUDLOW POLICE DEPARTMENT	YES	NO
LYNN POLICE DEPARTMENT	YES	YES
LYNNFIELD POLICE DEPARTMENT	YES	YES
MALDEN POLICE DEPARTMENT	YES	YES
MANCHESTER POLICE DEPARTMENT	YES	YES
MARBLEHEAD POLICE DEPARTMENT	YES	NO
MARION POLICE DEPARTMENT	YES	YES
MARLBOROUGH POLICE DEPARTMENT	NO	YES
MARSHFIELD POLICE DEPARTMENT	YES	YES
MATTAPOISETT POLICE DEPARTMENT	YES	YES
MAYNARD POLICE DEPARTMENT	YES	YES
MEDFIELD POLICE DEPARTMENT	YES	YES
MEDFORD POLICE DEPARTMENT	YES	YES
MEDWAY POLICE DEPARTMENT	YES	NO
MELROSE POLICE DEPARTMENT	YES	NO
MENDON POLICE DEPARTMENT	YES	YES
MERRIMAC POLICE DEPARTMENT	YES	YES

FY 2021 Support and Incentive Grant Eligibility
 Parcel Map Update and Address Update Status as of 8/25/2020

Status of "YES" or "PRELIM" indicates eligibility requirement has been met for FY 2021

For explanation of "PRELIM" status, see end of this document

NOTE: Parcel mapping update compliance may be "YES" due to update provided in calendar 2019.

So if an update is not received in calendar 2020 or in the first quarter of calendar 2021, then the eligibility requirement for FY2022 grants will not be met.

PSAP	PARCEL UPDATE COMPLIANCE	ADDRESS UPDATE COMPLIANCE
METHUEN POLICE DEPARTMENT	NO	YES
METRO NORTH REGIONAL EMERGENCY COMMUNICATIONS CENTER	YES	YES
MIDDLEBOROUGH POLICE DEPARTMENT	YES	YES
MILFORD POLICE DEPARTMENT	YES	YES
MILLBURY POLICE DEPARTMENT	YES	NO
MILLIS POLICE DEPARTMENT	YES	YES
MILTON POLICE DEPARTMENT	YES	YES
MONSON POLICE DEPARTMENT	YES	YES
MONTAGUE POLICE DEPARTMENT	YES	YES
NAHANT POLICE DEPARTMENT	YES	YES
NANTUCKET POLICE DEPARTMENT	NO	NO
NASHOBA VALLEY REGIONAL COMMUNICATIONS CENTER	PRELIM	PRELIM
NATICK POLICE DEPARTMENT	YES	YES
NEEDHAM POLICE DEPARTMENT	YES	YES
NEW BEDFORD POLICE DEPARTMENT	YES	YES
NEW BRAintree STATE POLICE	YES	PRELIM
NEWBURY POLICE DEPARTMENT	YES	NO
NEWBURYPORT POLICE DEPARTMENT	YES	NO
NEWTON POLICE DEPARTMENT	YES	NO
NORFOLK COUNTY EMERGENCY COMMUNICATIONS CENTER	PRELIM	PRELIM
NORFOLK POLICE DEPARTMENT	YES	YES
NORTH ADAMS POLICE DEPARTMENT	NO	PRELIM
NORTH ANDOVER POLICE DEPARTMENT	YES	YES
NORTH ATTLEBOROUGH POLICE DEPARTMENT	YES	YES
NORTH READING POLICE DEPARTMENT	YES	YES
NORTH SHORE REGIONAL 911 CENTER	YES	YES
NORTHAMPTON POLICE DEPARTMENT	YES	YES
NORTHAMPTON STATE POLICE	PRELIM	YES
NORTHBOROUGH POLICE DEPARTMENT	YES	YES
NORTHBRIDGE POLICE DEPARTMENT	YES	YES
NORTON COMMUNICATIONS CENTER	YES	YES
NORWOOD POLICE DEPARTMENT	NO	YES
OXFORD POLICE DEPARTMENT	YES	YES
PALMER POLICE DEPARTMENT	YES	NO
PAXTON COMMUNICATIONS CENTER	YES	YES
PEABODY POLICE DEPARTMENT	YES	YES
PEMBROKE POLICE DEPARTMENT	YES	YES
PEPPERELL POLICE DEPARTMENT	YES	YES

FY 2021 Support and Incentive Grant Eligibility
Parcel Map Update and Address Update Status as of 8/25/2020
Status of "YES" or "PRELIM" indicates eligibility requirement has been met for FY 2021
For explanation of "PRELIM" status, see end of this document
**NOTE: Parcel mapping update compliance may be "YES" due to update provided in calendar 2019.
So if an update is not received in calendar 2020 or in the first quarter of calendar 2021, then the eligibility
requirement for FY2022 grants will not be met.**

PSAP	PARCEL UPDATE COMPLIANCE	ADDRESS UPDATE COMPLIANCE
PITTSFIELD POLICE DEPARTMENT	YES	YES
PLAINVILLE POLICE DEPARTMENT	YES	YES
PLYMOUTH POLICE DEPARTMENT	YES	YES
PROVINCETOWN POLICE DEPARTMENT	YES	NO
QUINCY POLICE DEPARTMENT	YES	YES
RANDOLPH POLICE DEPARTMENT	YES	YES
RAYNHAM POLICE DEPARTMENT	YES	YES
READING POLICE DEPARTMENT	YES	YES
REGIONAL OLD COLONY COMMUNICATIONS CENTER	PRELIM	YES
REHOBOTH POLICE DEPARTMENT	YES	YES
ROCKLAND POLICE DEPARTMENT	YES	YES
ROCKPORT POLICE DEPARTMENT	YES	YES
ROWLEY POLICE DEPARTMENT	YES	YES
RUTLAND REGIONAL EMERGENCY COMMUNICATION CENTER	PRELIM	YES
SALEM POLICE DEPARTMENT	YES	YES
SALISBURY POLICE DEPARTMENT	YES	NO
SANDWICH POLICE DEPARTMENT	YES	YES
SAUGUS POLICE DEPARTMENT	YES	YES
SCITUATE POLICE DEPARTMENT	YES	YES
SEEKONK POLICE DEPARTMENT	YES	NO
SHARON POLICE DEPARTMENT	YES	YES
SHELBURNE FALLS STATE POLICE	PRELIM	YES
SHERBORN POLICE DEPARTMENT	NO	YES
SHREWSBURY POLICE DEPARTMENT	YES	YES
SOMERSET POLICE DEPARTMENT	YES	YES
SOMERVILLE POLICE DEPARTMENT	YES	YES
SOUTH HADLEY POLICE DEPARTMENT	YES	YES
SOUTH SHORE REGIONAL EMERGENCY COMMUNICATIONS CENTER	PRELIM	YES
SOUTH WORCESTER COUNTY COMMUNICATIONS CENTER	YES	YES
SOUTHAMPTON POLICE DEPARTMENT	YES	YES
SOUTHBOROUGH POLICE DEPARTMENT	YES	YES
SOUTHBRIDGE POLICE DEPARTMENT	NO	YES
SOUTHEASTERN MASSACHUSETTS REGIONAL 911 DISTRICT	PRELIM	YES
SOUTHWICK POLICE DEPARTMENT	YES	NO
SPENCER POLICE DEPARTMENT	YES	YES
SPRINGFIELD POLICE DEPARTMENT	YES	YES
STERLING COMMUNICATIONS	YES	YES
STONEHAM POLICE DEPARTMENT	YES	YES

FY 2021 Support and Incentive Grant Eligibility

Parcel Map Update and Address Update Status as of 8/25/2020

Status of "YES" or "PRELIM" indicates eligibility requirement has been met for FY 2021

For explanation of "PRELIM" status, see end of this document

NOTE: Parcel mapping update compliance may be "YES" due to update provided in calendar 2019.

So if an update is not received in calendar 2020 or in the first quarter of calendar 2021, then the eligibility requirement for FY2022 grants will not be met.

PSAP	PARCEL UPDATE COMPLIANCE	ADDRESS UPDATE COMPLIANCE
STOUGHTON POLICE DEPARTMENT	YES	YES
STOW POLICE DEPARTMENT	YES	YES
STURBRIDGE POLICE DEPARTMENT	YES	YES
SUDBURY POLICE DEPARTMENT	YES	YES
SUTTON POLICE DEPARTMENT	NO	YES
SWANSEA POLICE DEPARTMENT	YES	YES
TAUNTON FIRE DEPARTMENT	YES	YES
TEMPLETON POLICE DEPARTMENT	PRELIM	YES
TEWKSBURY POLICE DEPARTMENT	YES	YES
TRURO POLICE DEPARTMENT	YES	YES
TYNGSBOROUGH POLICE DEPARTMENT	YES	YES
UPTON POLICE DEPARTMENT	YES	YES
UXBRIDGE POLICE DEPARTMENT	YES	YES
WACHUSETT REGIONAL EMERGENCY COMMUNICATIONS CENTER	YES	YES
WAKEFIELD POLICE DEPARTMENT	PRELIM	YES
WALPOLE POLICE DEPARTMENT	PRELIM	YES
WALTHAM COMMUNICATIONS	YES	YES
WARE POLICE DEPARTMENT	YES	YES
WAREHAM POLICE DEPARTMENT	PRELIM	YES
WATERTOWN POLICE DEPARTMENT	YES	YES
WAYLAND POLICE DEPARTMENT	YES	YES
WELLESLEY POLICE DEPARTMENT	YES	NO
WEST BRIDGEWATER POLICE DEPARTMENT	YES	NO
WEST NEWBURY POLICE DEPARTMENT	YES	YES
WEST SPRINGFIELD POLICE DEPARTMENT	YES	YES
WESTBOROUGH PUBLIC SAFETY DISPATCH CENTER	YES	YES
WESTFIELD POLICE DEPARTMENT	YES	YES
WESTFORD POLICE DEPARTMENT	NO	YES
WESTMINSTER POLICE DEPARTMENT	YES	YES
WESTON POLICE DEPARTMENT	YES	YES
WESTPORT POLICE DEPARTMENT	YES	YES
WESTWOOD POLICE DEPARTMENT	YES	YES
WEYMOUTH POLICE DEPARTMENT	YES	YES
WILBRAHAM POLICE DEPARTMENT	YES	YES
WILLIAMSTOWN POLICE DEPARTMENT	YES	YES
WILMINGTON POLICE DEPARTMENT	YES	YES
WINCHENDON POLICE DEPARTMENT	YES	YES
WINCHESTER POLICE DEPARTMENT	YES	NO

FY 2021 Support and Incentive Grant Eligibility

Parcel Map Update and Address Update Status as of 8/25/2020

Status of "YES" or "PRELIM" indicates eligibility requirement has been met for FY 2021

For explanation of "PRELIM" status, see end of this document

NOTE: Parcel mapping update compliance may be "YES" due to update provided in calendar 2019.

So if an update is not received in calendar 2020 or in the first quarter of calendar 2021, then the eligibility requirement for FY2022 grants will not be met.

PSAP	PARCEL UPDATE COMPLIANCE	ADDRESS UPDATE COMPLIANCE
WOBURN POLICE DEPARTMENT	YES	YES
WORCESTER REGIONAL EMERGENCY COMMUNICATIONS CENTER	YES	YES
WRENTHAM POLICE DEPARTMENT	YES	YES
YARMOUTH POLICE DEPARTMENT	NO	YES

For parcel mapping updates, a status of "PRELIM" indicates one of the following:

- 1) MassGIS has confirmed with staff in the relevant municipal department (often, but not always, the Assessing Department) that the required update is under development and will be delivered in 2020.
- 2) MassGIS has received an update but that update has not yet met the requirements of MassGIS' parcel mapping standard. Failure to achieve compliance means the status automatically reverts to "N" for the FY 2021 grants.
- 3) A regional PSAP/RECC has one or more communities that are not meeting the requirement.

For address updates, a status of "PRELIM" indicates that MassGIS has been informed by staff in the relevant municipal department that address updates will be provided OR is aware that the regional PSAP Director is working with all their municipalities to ensure that MassGIS will receive address updates going forward.



**City of Gloucester
Grant Application and Check List**

Granting Authority: State X Federal _____ Other _____

Name of Grant: FY21 Support & Incentive Grant

Department Applying for Grant: Police

Agency-Federal or State application is requested from: State 911 Department

Object of the application: Porvides funding for E911 salaries/overtime/equipment

Any match requirements: None

Mayor's approval to proceed: _____
Signature Date

City Council's referral to Budget & Finance Standing Committee: _____
Vote Date

Budget & Finance Standing Committee: _____
Positive or Negative Recommendation Date

City Council's Approval or Rejection: _____
Vote Date

City Clerk's Certification of Vote to City Auditor: _____
Certification Date

City Auditor:
Assignment of account title and value of grant: _____
Title Amount

Auditor's distribution to managing department: _____
Department Date sent

NOTE: A copy of all grant paperwork must be submitted to the Auditor's Office

FORM: AUDIT GRANT CHECKLIST – V.1



**City of Gloucester
Grant Application and Check List (Continued)**

The following are documents needed by the Auditing Office for grant account creation:

- 1. Grant Application**
- 2. Grant Award Letter/Standard Contract Approval Form**
- 3. Council Order Approval**
- 4. Original Grant Account Budget as approved by Grantor**
- 5. Amended Grant Account Budget as approved by Grantor (if applicable)**
- 6. Any additional information as requested by the Auditing Department**

Note: All documents must be complete signed copies.

Please attach the following documents with the Grant Application and Check List and send to the Auditors' Office.

