

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2019

Form 990

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

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2019 calendar year, or tax beginning 07 1, 2019, and ending 06 , 20 20

**B** Check if applicable:  
**C** Name of organization  
CITY YEAR, INC

**D** Employer identification number

Address change

Doing Business As  
Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

22-2882549

**E** Telephone number

## Part I

## Expenses

17,065,668

**G** Gross receipts \$ 166,304,758

Amended return  
Application pending

BOSTON, MA 02116-5114

**F** Name and address of principal officer: JAMES BALFANZ  
287 COLUMBUS AVENUE, BOSTON, MA 02116-5114

**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)

**I** Tax-exempt status:  501 501 ◀ (insert no 494 or 527

**H(c)** Group exemption number ▶

**J** Website: ▶ WWW.CITYYEAR.ORG

**K** Form of  Trust Association Other ▶

**L** Year of formation: 1988 **M** State of domicile: MA

## Summa

## Part II

**1** Briefly describe the organization's mission or most significant activities CITY YEAR UNITES YOUNG PEOPLE OF ALL BACKGROUNDS FOR A YEAR OF FULL-TIME SERVICE, GIVING THEM THE SKILLS AND OPPORTUNITIES TO CHANGE THE WORLD. SEE SCHEDULE O





**Part IV Checklist of Required Schedules**

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2?		
23		
24		
	24a	
	24b	
	24c	
	24d	
25	25a	
	25b	
26		
27		
28		
	28a	
	28b	
	28c	
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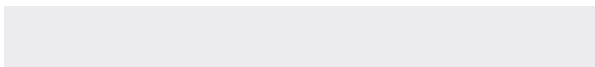
**Part IX Statement of Functional Expenses**

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	391,336.	391,336.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	42,753,712.	42,753,712.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	548,600.	548,600.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,207,204.	304,437.	1,614,832.	287,935.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	74,339,311.	56,205,601.	7,418,470.	10,715,240.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .				
11 Fees for services (nonemployees):				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .				
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.) . . . . .				
12 Advertising and promotion . . . . .				
13 Office expenses . . . . .				
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .				
17 Travel . . . . .				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .				
23 Insurance . . . . .				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 <b>Total functional expenses.</b> Add lines 1 through 24e				
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				







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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10. . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 12, column (f))	04113(u)28(m)-ns	22.8	0	0	22.8	1.3388
	<b>15</b>					%

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**Part IV Supporting Organizations**

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>Part VI</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>Part VI</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>Part VI</i>		

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

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

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

<b>1</b>	<i>see instructions</i>			
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test.	<i>line 2</i>		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations.	<i>line 3</i>		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity.	<i>Part VI</i>		
<b>2</b>	Activities Test. <i>Answer (a) and (b) below.</i>			
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>those supported organizations and explain</i>	<i>Part VI identify</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>Answer (a) and (b) below.</i>	<i>Part VI</i>		



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

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

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



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2019**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to

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Name of organization CITY YEAR, INC.

Employer identification number

22-2882549

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



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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Financial Statements**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

**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 ihel.3(l6)-21.9(gr5-305.8(v)27.5(h)28285.1(s)27,ach)-376.4(don)28((r)27.1(s)27,ach)-376a.2(n)28(d)-360.4(don)28(o		<input type="checkbox"/> <input type="checkbox"/>


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**Part XIII Supplemental Information**

ENDOWMENT FUNDS

PART V, LINE 2

CITY YEAR, INC. HAS ADOPTED FASB ASU 2016-14, PRESENTATION OF THE FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES. AS A RESULT, THE JUNE 30, 2020 AUDITED FINANCIAL STATEMENTS CLASSIFY NET ASSETS AS EITHER NET ASSETS WITHOUT DONOR RESTRICTIONS, OR NET ASSETS WITH DONOR RESTRICTIONS.

FOR PURPOSES OF PART V, LINE 2, CITY YEAR, INC. HAS REPORTED ITS YEAR END ENDOWMENT BALANCE WITHOUT DONOR RESTRICTIONS AS QUASI-ENDOWMENT AND ITS YEAR END BALANCE WITH DONOR RESTRICTIONS AS PERMANENT ENDOWMENT AND TEMPORARILY RESTRICTED ENDOWMENT, RESPECTIVELY.

PART V, LINE 4

THE ENDOWMENT CONSISTS OF APPROXIMATELY 15 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES, INCLUDING BOTH DONOR RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. SPENDING FROM ENDOWMENTS IS DONOR RESTRICTED TO VARIOUS PURPOSES. A MAJORITY OF THE FUNDS PROVIDE GENERAL SUPPORT FOR OPERATIONS IN SPECIFIC GEOGRAPHIC LOCATIONS. CITY YEAR HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR UP TO 4.5% OF ITS ENDOWMENTS FUNDS' AVERAGE FAIR VALUE OVER THE PRIOR EIGHT QUARTERS. THIS SPENDING POLICY IS EXPECTED TO ALLOW THE ENDOWMENT TO MAINTAIN ITS PURCHASING POWER BY GROWING AT A RATE EQUAL TO PLANNED PAYOUTS PLUS INFLATION. AN APPROPRIATION OF \$673,924 WAS MADE THIS YEAR.

**Part XIII Supplemental Information**

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ASC 740 FOOTNOTE

PART X, LINE 2

THE ORGANIZATION GENERALLY DOES NOT PROVIDE FOR INCOME TAXES SINCE IT IS  
A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE  
CODE.

ASC 740, INCOME TAXES, PERMITS AN ENTITY TO RECOGNIZE THE BENEFIT AND  
REQUIRES ACCRUAL OF AN UNCERTAIN TAX POSITION ONLY WHEN THE POSITION IS

**Part XIII Supplemental Information**

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OTHER REVENUE ON RETURN NOT IN FINANCIAL STATEMENTS

PART XI, LINE 4B

RECLASS OF FUNDRAISING EXPENSES (\$120,069)

OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS NOT ON RETURN

PART XI, LINE 2D

RECLASS OF FUNDRAISING EXPENSES (\$120,069)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

Name of the organization

Employer identification number

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance...
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Article 2(a)-3R2135.7(5)-28(i)(b)-3(f)(2)(3)(d)(e) JJ/Ty(i)-8(y) JJ0 -1.07(n)-03.1h7135.7(aa)0.2(ty) JJ, TD-.1.1n22(B)-317.fea3 of Pen67 1 o

Table with 6 columns and multiple rows, containing various alphanumeric codes and identifiers.





**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year?  
.....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year?  
.....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year?  
.....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year?  
.....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year?  
.....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year?  
.....  Yes  No



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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MONITORING THE USE OF GRANT FUNDS OUTSIDE OF THE U.S.

PART I, LINE 2

CITY YEAR REQUIRES ANNUAL REPORTING ON ITS GRANT TO CITY YEAR SOUTH

AFRICA AND CITY YEAR LONDON, BOTH OF WHICH ARE FOREIGN NON PROFIT

ORGANIZATIONS. THE ORGANIZATIONS ARE REQUIRED TO SUBMIT ANNUAL PROGRESS



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	_____	_____	_____	

	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

▶ -----

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- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

FUNDRAISING ACTIVITIES

PART II

DURING THE FISCAL PERIOD, CITY YEAR HOSTED 1 IN-PERSON AND 8 VIRTUAL FUNDRAISING EVENTS TO BRING LEADERS OF OUR COMMUNITY AND OUR SUPPORTERS TOGETHER. THOSE EVENTS RESULTED IN \$2,955,009 OF RECEIPTS. IN ACCORDANCE WITH INTERNAL REVENUE CODE (IRC) 6115 CITY YEAR MADE GOOD FAITH EFFORTS AND DETERMINED THE COST OF GOODS AND SERVICES PROVIDED IN CONNECTION WITH

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address -----

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CITY YEAR, INC.

22-2882549

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
PATRICIA HURLEY & ASSOCIA 205 W. WACKER DRIVE CHICAGO IL 60606	EVENT PLANNING	X		600,145.	55,000.	545,145.

CITY YEAR, INC.

22-2882549  
ATTACHMENT 1 (CONT'D)





**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CORPS MEMBERS STIPENDS	3,717.	42,753,712.			
2					
3					
4					
5					
6					
7					

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

MONITOR THE USE OF GRANT FUNDS IN THE U.S.

PART I, LINE 2

CITY YEAR, INC. ENTERED INTO SUB AWARD AGREEMENTS WITH THE JOHNS HOPKINS UNIVERSITY TO PERFORM TASKS AND OBLIGATIONS RELATED TO THE DIPLOMAS NOW INITIATIVE.

CITY YEAR, INC. PARTNERS WITH COMPASS ACADEMY, A CHARTER SCHOOL IN DENVER, TO IMPLEMENT CITY YEAR'S WHOLE SCHOOL WHOLE CHILD MODEL.

CITY YEAR MONITORS GRANTS TO IDENTIFY POTENTIAL PROBLEMS AND AREAS WHERE

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

TECHNICAL ASSISTANCE MIGHT BE NECESSARY. THIS ACTIVE MONITORING IS ACCOMPLISHED THROUGH REVIEW OF REPORTS AND CORRESPONDENCE FROM THE GRANTEE, AUDIT REPORTS, SITE VISITS, AND OTHER INFORMATION AVAILABLE TO THE ORGANIZATION.

CITY YEAR'S DISBURSEMENTS TAKE THE FORM OF PROVIDING CORPS MEMBERS WITH A STIPEND RANGING FROM \$630/BI-WEEKLY TO \$1,117/BI-WEEKLY DURING THE PROGRAM YEAR. ON A LIMITED BASIS, CITY YEAR PROVIDES EDUCATIONAL AWARDS OF \$6,195 TO CORPS MEMBERS. THIS AWARD IS FOR EDUCATIONAL AND RELATED EXPENSES AND PAYABLE DIRECTLY TO THE EDUCATIONAL INSTITUTIONS. THE POLICY

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

FOR SELECTING CORPS MEMBERS IS BASED ON A COMBINATION OF WHAT THE INDIVIDUAL CAN BRING TO CITY YEAR AND WHAT CITY YEAR CAN GIVE TO THE INDIVIDUAL. CITY YEAR HAS BEEN SUCCESSFUL IN INVOLVING YOUNG PEOPLE FROM A BROAD RANGE OF RACIAL, SOCIO-ECONOMIC, RELIGIOUS AND EDUCATIONAL BACKGROUNDS AND IS COMMITTED TO RECRUITING AND RETAINING A DIVERSE CORPS. CITY YEAR MAINTAINS A NON-DISCRIMINATORY POLICY TOWARD ALL EMPLOYEES WITHOUT REGARD TO RACE, AGE, ETHNICITY, RELIGIOUS AFFILIATION OR SEXUAL PREFERENCE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

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















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

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**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether

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

OMB No. 1545-0047

			OMB No. 1545-0047

Name of the organization

Employer identification number





Name of the organization CITY YEAR, INC.	Employer identification number 22-2882549
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## PROCEDURE FOR SETTING MARKET REFERENCE POINTS

THE PEOPLE DEPARTMENT BENCHMARKS CURRENT MARKET REFERENCE POINTS USING MARKET DATA FOR REPRESENTATIVE POSITIONS FROM ORGANIZATIONS AS DESCRIBED ABOVE, AND REVISES THE MARKET REFERENCE POINTS FOR EACH GROUP AS NEEDED.

MARKET REFERENCE POINTS FOR THE CHIEF EXECUTIVE OFFICER AND THE CEO'S DIRECT REPORTS (TYPICALLY, BUT NOT LIMITED TO, THE PRESIDENT, CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER) MUST BE APPROVED BY THE CHAIR AND THE VICE-CHAIRS OF THE BOARD OF TRUSTEES.

## PROCEDURE FOR SALARY INCREASES

CHIEF EXECUTIVE OFFICER - ALL INCREASES ARE DETERMINED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, AND COMMUNICATED TO THE PEOPLE DEPARTMENT FOR PROCESSING.

CEO DIRECT REPORTS - ALL INCREASES ARE PROPOSED BY THE CEO, MUST BE APPROVED BY THE CHAIR AND VICE CHAIR, IF ANY, OF THE BOARD OF TRUSTEES, AND COMMUNICATED TO THE PEOPLE DEPARTMENT FOR PROCESSING.

SENIOR LEADERSHIP TEAM - ALL INCREASES ARE PROPOSED BY THE CEO'S DIRECT REPORTS, MUST BE APPROVED BY THE CEO, WITH INPUT FROM THE CHAIR AND VICE CHAIR, IF ANY, OF THE BOARD OF TRUSTEES, AND COMMUNICATED TO THE PEOPLE DEPARTMENT FOR PROCESSING.

Name of the organization

Employer identification number



Name of the organization CITY YEAR, INC.	Employer identification number 22-2882549
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ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CONNELLY PARTNERS LLC 46 WALTHAM ST FL 4 BOSTON, MA 02118	ADVERTISING SERVICES	735,455.
ISAACSON MILLER, INC. 263 SUMMER STREET BOSTON, MA 02210	TALENT ACQUISITION	133,682.
PARADIGM PROPERTIES LLC 93 SUMMER STREET, 2ND FLOOR BOSTON, MA 02110	PROPERTY MANAGEMENT	138,423.
KPMG LLP 60 SOUTH STREET BOSTON, MA 02111	AUDIT/TAX SERVICES	170,670.
THE SHERIDIAN GROUP, INC. 320 FRANKLIN STREET MOUNTAIN VIEW, CA 94041	POLITICAL STRATEGY	150,689.