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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

| A Fo | r the 2013 cal | endar year, or tax year beginning 01 | L-01-2013 , 2013, and ending 12-3 | 1-2013 | | |
|--------------------------------|---|---|---|--|---|---|
| | eck if applicable | C Name of organization THE WATERBURY YOUNG MEN'S CHRIST | | | D Employer | identification number |
| ┌ Add | Iress change | ASSOCIATION | I IAIV | | 06-0646 | 988 |
| ┌ Nar | ne change | Doing Business As | | | | |
| ┌ Inıt | ıal return | Number and street (or P.O. boy if mail i | s not delivered to street address) Room/su | ıto | | |
| _ | mınated | 136 WEST MAIN STREET | 5 hot delivered to succe address) ROUIII/50 | nc. | E Telephone i | number |
| | ended return | City or town, state or province, country, | and ZIP or foreign postal code | | (203)75 | 4-9622 |
| _ | olication pending | WATERBURY, CT 06702 | and 21 or foldigit postal code | | | |
| , ,, | meacion penang | F Name and address of princip | and officer | 114-3 | | pts \$ 6,330,715 |
| | | JAMES O'ROURKE EXECUTIV | | | nis a group ret ordinates? | urn for |
| | | 136 WEST MAIN STREET WATERBURY,CT 06702 | | | | |
| | | WATERBORT, CT 00702 | | | all subordinati ided? | es |
| I Ta | x-exempt status | ▼ 501(c)(3) | rt no) | 1 | | st (see instructions) |
| | ebsite: ► WV | WW WATERBURYYMCA ORG | | ura Gro | up exemption | number 🕨 |
| | | | | 1 1 1 1 | | |
| | | Trust Association | Other - | L Year of f | ormation 1858 | M State of legal domicile CT |
| Ра | | escribe the organization's mission o | | | | |
| Governance | WATERI PROGRA WORK A COMMU VOLUN COMMU CHARIT OF ALL HEALTH | LAWS OF THE WATERBURY YOUNG BURY YOUNG MEN'S CHRISTIAN AMS THAT DEVELOP HEALTHY SPOND PROVIDES THE FOUNDATION INTY THAT PROMOTES YOUTH DETERS 156 YEARS AGO, THE WATENITY MEMBERS AND PROGRAM PARTICLE AGES, ABILITIES, INCOMES, ETHEY LIVING, AND SOCIAL RESPONSS THE NEEDS OF THE GREATER | ASSOCIATION IS "TO PUT CHRISPIRIT, MIND, AND BODY FOR ALL NOF THE PROGRAMS AND SERVIDEVELOPMENT, HEALTHY LIVING ERBURY YMCA HAS BEEN ABLE TO ARTICIPANTS THROUGHOUT IT SERVICE ORGANIZATION THATH HILL AND RELIGIONS IT IS IT | STIAN PRIN " THE MISS CES FOR TH , AND SOCI O OFFER A S HISTORY CONSISTS DEDICATED | CIPLES INTO ION SUPPOR IE CONSTITU AL RESPONS SUPPORTIVE THE WATERE OF MEN, WO TO YOUTH D | PRACTICE THROUGH TS ITS CHARITABLE JENTS IN THE IBILITY FOUNDED BY E NETWORK FOR BURY YMCA IS A MEN AND CHILDREN DEVELOPMENT, |
| | | | | | | |
| ማ ው | | | | | | |
| Ě | 2 Check t | nis box 🛏 if the organization disco | ntinued its operations or disposed o | of more than | 25% of its net | assets |
| Activities & | 3 Normalian | -6 | hady (Dark) (T. June 1.) | | 1 | a l |
| • | | of voting members of the governing of independent voting members of the | | | | 3 23 4 23 |
| | | mber of individuals employed in cale | | | _ | 5 382 |
| | | mber of volunteers (estimate if nece | | | | 6 424 |
| | | related business revenue from Part | • • | | | 7a 0 |
| | b Net unre | lated business taxable income from | 1 Form 990-T, line 34 | | 7 | 'b |
| | | | | Pri | or Year | Current Year |
| а. | 8 Contr | butions and grants (Part VIII, line | 1h) | | 2,470,390 | 2,932,154 |
|) i | _ | am service revenue (Part VIII, line | | | 3,161,255 | |
| Revenue | | tment income (Part VIII, column (A | | | 20,825 | · · · · · · · · · · · · · · · · · · · |
| _ | | revenue (Part VIII, column (A), line revenue—add lines 8 through 11 (m | | | 41,354 | 56,515 |
| | | revenue—aud imes o tinough II (in | | | 5,693,824 | 6,234,061 |
| | | s and sımılar amounts paıd (Part IX, | | | 252,786 | 274,487 |
| | | ts paid to or for members (Part IX, o | | | | 0 |
| 92 | 15 Saları 5–10 | es, other compensation, employee b N | penefits (Part IX, column (A), lines | | 3,125,718 | 3,124,366 |
| 936 | | , ssional fundraising fees (Part IX, col | umn (A), line 11e) | | -,, | 0 |
| Expenses | | ındraısıng expenses (Part IX, column (D), lır | | | | |
| ш | | expenses (Part IX, column (A), line | | | 2,727,354 | 2,738,194 |
| | | expenses Add lines 13–17 (must e | | | 6,105,858 | |
| | 19 Rever | ue less expenses Subtract line 18 | from line 12 | | -412,034 | 97,014 |
| <u>क</u> क | | | | _ | ng of Current | End of Year |
| 9.00 20.00 20.00 | 20 Takal | (Doub V. land 4.5.) | | | Year | |
| Not Assets or Fund Balances | | assets (Part X, line 16) liabilities (Part X, line 26) | | | 14,117,548 4,259,954 | |
| Z Z Z | | ssets or fund balances Subtract line | | ` | 9,857,594 | |
| | | nature Block | | | , , | , |
| my kr prepa | nowledge and irer has any k | | | nan officer) is | | |
| Here | HILL | HAEL O'CONNOR PRESIDENT | | | | |
| | | | Preparer's signature | oate Cr | eck T if PTI | |
| Paid | , | DANIEL C VOLLARO CPA | 2 | 014-05-15 se | f-employed P00 | 0055760 |
| | parer | Firm's name F BUDWITZ & MEYERJACK P | С | Fır | m's EIN ► | |
| | | Firm's address ► 1122 HIGHLAND AVE | | Ph | one no (203) 27 | 2-1621 |

CHESHIRE, CT 064101654

| Forn | 90 (2013) Page 2 |
|--|---|
| Pai | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III |
| YOU DEV FOU DEV YMC THR THA DEC | Briefly describe the organization's mission -LAWS OF THE WATERBURY YOUNG MEN'S CHRISTIAN ASSOCIATION STATE THAT THE MISSION OF THE WATERBURY -BEN'S CHRISTIAN ASSOCIATION IS "TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT OP HEALTHY SPIRIT, MIND, AND BODY FOR ALL " THE MISSION SUPPORTS ITS CHARITABLE WORK AND PROVIDES THE DATION OF THE PROGRAMS AND SERVICES FOR THE CONSTITUENTS IN THE COMMUNITY THAT PROMOTES YOUTH OPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY FOUNDED BY VOLUNTEERS 156 YEARS AGO, THE WATERBURY HAS BEEN ABLE TO OFFER A SUPPORTIVE NETWORK FOR COMMUNITY MEMBERS AND PROGRAM PARTICIPANTS IGHOUT ITS HISTORY THE WATERBURY YMCA IS A CHARITABLE, COMMUNITY AND SOCIAL SERVICE ORGANIZATION CONSISTS OF MEN, WOMEN AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, ETHNICITY, AND RELIGIONS IT IS ATED TO YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY, AND ACCOMPLISHES THESE GOALS BY ING PROGRAMS THAT ADDRESS THE NEEDS OF THE GREATER WATERBURY COMMUN |
| 2 | nd the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| 3 | f "Yes," describe these new services on Schedule O Id the organization cease conducting, or make significant changes in how it conducts, any program ervices? |
| 4 | f "Yes," describe these changes on Schedule O escribe the organization's program service accomplishments for each of its three largest program services, as measured by xpenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, ne total expenses, and revenue, if any, for each program service reported |
| 4a | (Code) (Expenses \$ 2,386,319 including grants of \$ 37,016) (Revenue \$ 721,421) YMCA CHILD DEVELOPMENT-SEE ATTACHED SCHEDULE O FOR PROGRAM DESCRIPTION YMCA CHILD DEVELOPMENT THE WATERBURY YMCA CHILD DEVELOPMENT CENTER SERVED 312 CHILDREN DAILY AND 737 OVERALL THROUGH OUR NAEYC ACCREDITED SCHOOL READINESS PRESCHOOL AND THE BEFORE AND AFTER SCHOOL PROGRAM THESE PROGRAMS ARE RUN AT THE WEST MAIN STREET LOCATION AND 7 OFF-SITE LOCATIONS IN THE GREATER WATERBURY AREA THROUGH PARTNERSHIPS WITH THE LOCAL SCHOOL DISTRICTS AND BOARDS OF EDUCATION AND 7 OFF-SITE LOCATIONS IN THE GREATER WATERBURY AREA THROUGH PARTNERSHIPS WITH THE LOCAL SCHOOL DISTRICTS AND BOARD SOF EDUCATION AND 7 OFF-SITE LOCATIONS IN THE GREATER WATERBURY AREA THROUGH PARTNERSHIPS WITH THE LOCAL SCHOOL DISTRICTS AND BOARD SOF EDUCATION AND 7 OFF-SITE LOCATION BESS PROGRAM IS BASED ON A SLIDING FEE SCALE AND HELPS PROVIDE HIGH QUALITY PRESCHOOL PROGRAMMING TO 187 CHILDREN WITHIN THE WATERBURY COMMUNITY AS PART OF THE YMCA MISSION TO PROMOTE YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY, THE YMCA PRESCHOOL PROGRAM PARTICIPATES IN THE CACFP STATE NUTRITION PROGRAM WHICH PROVIDES NUTRITIONAL MEALS AND SONACKS TO THE PRESCHOOL CENTER CHILDREN DAILY AND AT NO COST TO THE PARENTS THE YMCA FOCUSES ON THE DEVELOPMENTAL NEEDS, EDUCATION, AND SAFETY OF CHILDREN AND STRIVES TO BUILD POSITIVE RELATIONSHIPS BETWEEN PARENTS AND YMCA STAFF THE SCHOOL READINESS PROGRAM CURRICULUM IS BASED ON THE CONNECTICUT FRAMEWORKS BENCHMARKS AND IS ENRICHED WITH MANY OTHER ACTIVITIES SUCH AS YOGA, PROGRESSIVE LEARN-TO-SWIM LESSONS, AND ZUMBA THE YMCA CONTINUES TO ENRICH THE LIVES OF CHILDREN AND FAMILIES THROUGHOUT THE COMMUNITY THROUGH THE MANY CHILD DEVELOPMENTAL SERVICES WE OFFER SIMILARLY, THE WATERBURY YMCA SCHOOL AGE CHILDCARE PROGRAM IS COMMITTED TO PROVIDING AGE APPROPRIATE QUALITY CHILD DEVELOPMENT ACTIVITIES BASED ON THE 40 DEVELOPMENTAL ASSETS AND ENCOURAGE CURIOUSITY, EXPLORATION, AND INITIATIVE WE RECOGNIZE AND ACCEPT THAT EACH CHILD IS AN INDIVIDUA |
| 4b | (Code) (Expenses \$ 1,770,986 including grants of \$ 228,720) (Revenue \$ 1,866,006) MEMBERSHIP HEALTH AND WELLNESS-SEE ATTACHED SCHEDULE O FOR PROGRAM DESCRIPTION MEMBERSHIP HEALTH AND WELLNESS MEMBER SERVICES AT THE WATERBURY YMCA INCLUDES ACCESS AND USE OF A STATE-OF -THE-ART WELLNESS CENTER, GYMNASIUM, 2 RACQUETBALL COURTS, WARM WATER THERAPY AND LAP SWIMMING POOLS, INDOOR TRACK, GROUP FITNESS STUDIO, FULLY-EQUIPPED LOCKER ROOMS AND ACCESS TO BOTH PERSONAL TRAINING AND MASSAGE THERAPY. THE YMCA OFFERS A WELCOMING ATMOSPHERE WHERE HEALTH SEEKERS CAN FEEL COMFORTABLE AND RECEIVE THE ENCOURAGEMENT AND SUPPORT NEEDED TO CONTINUE HEALTH'L LIVING THROUGH THE GUIDANCE OF TRAINED PROFESSIONALS. LIVESTRONG AT THE YMCA IN OUR SECOND YEAR OF THE PROGRAM, LIVESTRONG AT THE YMCA IS STILL VERY WELL ATTENDED IN 2013, A TOTAL OF 68 CANCER SURVIVORS GRADUATED FROM THE PROGRAM, AND WE HAVE A WAITING LIST FOR OUR NEXT SESSION. OUR LIVESTRONG AT THE YMCA INSTRUCTORS MEET WITH OUR SURVIVORS TWICE A WEEK, FOR AN HOUR AND A HALF CLASSE THE CLASSES INCLUDE BOTH A STRUCTURED STRENGTH AND CARDID PROFEASIONALS. LIVESTRONG THE PROGRAM, AND ALLOWING THEM TO GET THE BEST RESULTS. THE SURVIVORS GET A FREE 3-MONTH YMCA MEMBERSHIP DURING THE CLASS TIME, AND COME INTO THE YAT ANY TIME DURING THOSE 12 WEEKS. THEY ARE EVEN ALLOWED TO BRING A CARETAKER, FAMILY MEMBER, OR FRIEND WITH THEM AS A GUEST EVEN ALLOWED TO BRING A CARETAKER, FAMILY MEMBER, OR FRIEND WITH THEM AS A GUEST EVEN ALLOWED TO BRING A CARETAKER, FAMILY MEMBER, OR FRIEND WITH THEM AS A GUEST EVEN TIME THEY COME AT THE CONCLUSION OF THE PROGRAM EACH PARTICIPANT IS OFFERED A SPECIAL REDUCED MEMBERSHIP RATE, TOGETHER WITH FINANCIAL ASSISTANCE IF NEEDED, TO ENCOURAGE CONTINUED EXERCISE THERE IS A JOYOUS GRADUATION AND POTLUCK CELEBRATION AT THE CONCLUSION OF EVERY SESSION THE WATERBURY HOUSING AUTHORITY RE- OPENED THE BERKELEY WARNER RECREATION CENTER THE CENTER IS GROUPS, ENSURING AN EASILY ACCESSIBLE, SAFE, AND SUPERVISED FLYNKONMENT FOR AT-RISK YOUTH LIVING IN THE REFERENCE OF |

YOUTH SERVICES, UNITED WAY, WATERBURY BOARD OF EDUCATION, AND CONNECTICUT COMMUNITY FOUNDATION, AMONG OTHERS ADDITIONAL COMMUNITY SERVICE PROGRAMS PROVIDED BY THE WATERBURY YMCA INCLUDE AQUATIC TESTING, AED, CPR AND FIRST AID TRAINING COURSES, AND LIFE SAVING CLASSES AND CERTIFICATIONS ALL YMCA PROGRAMS FOCUS ON ADDRESSING SEVERAL PUBLIC HEALTH ISSUES INCLUDING OBESITY, DIABETES, AND HEART DISEASE BY PROVIDING ACCESSIBILITY TO THE COMMUNITY THROUGH PROGRAMS SUCH AS OUR "OPEN DOORS FINANCIAL ASSISTANCE PROGRAM", WE WERE ABLE TO OFFER ASSISTANCE TO THOSE IN NEED ON THE MOST FUNDAMENTAL OF LEVELS, AFFORDABILITY IN 2013 WE CONTINUED TO OFFER TWO SUCH PROGRAMS IN RESPONSE TO THE ECONOMIC HARDSHIP EXPERIENCED BY THE COMMUNITY, THE CAMP ECONOMIC RELIEF PAYMENT PROGRAM AND THE YCARES PROGRAM WHICH FULLY SUBSIDIZED MEMBERSHIPS FOR A SIX MONTH PERIOD TO MEMBERS WHO LOST THEIR JOBS ALL FINANCIAL SUBSIDIES WERE MADE POSSIBLE THROUGH THE CHARITABLE GIVING OF THE PUBLIC AT LARGE

444,251 including grants of \$ CAMP PROGRAMMING-SEE ATTACHED SCHEDULE O FOR PROGRAM DESCRIPTION CAMP PROGRAMMING THE WATERBURY YMCA HAS OPERATED YMCA CAMP MATAUCHA OUTDOOR CENTER IN WATERTOWN FOR 87 YEARS AND HAS RUN YMCA CAMP OAKASHA IN SOUTHBURY FOR 17 YEARS CONTINUING ITS CHARITABLE MISSION OF OFFERING DAY CAMPING EXPERIENCES THAT ARE AIMED TO TEACHING POSITIVE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY BOTH YMCA CAMP MATAUCHA AND YMCA CAMP OAKASHA ARE ABLE TO DO THIS THROUGH A FOCUS ON YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY THE YMCA BELIEVES THAT THE EXPERIENCE A CHILD HAS AT CAMP GREATLY AFFECTS THE VALUES THEY LEARN AND THE PERSON THEY BECOME THE CAMP PROGRAMS SERVED 1,848 CAMPERS AGES 5 THROUGH 15 THROUGHOUT THE SEASON, AVERAGING 308 CAMPERS PER DAY OVER THE 9-WEEK CAMP SEASON CAMPERS HAD THE OPPORTUNITY TO PARTICIPATE IN ENRICHING ACTIVITIES INCLUDING ARCHERY, SWIMMING, ARTS & CRAFTS, BOATING, FIELD GAMES, NATURE, HIKING, LOW AND HIGH ROPES CHALLENGES, FAMILY NIGHTS, FAMILY OVERNIGHTS, SPORTS, ROCK CLÍMBING, AND MORE THE WATERBURY YMCA WAS ABLE TO PROVIDE 27,126 IN CAMP SCHOLARSHIPS THAT WERE PROVIDED TO CHILDREN OF FINANCIALLY DISADVANTAGED FAMILIES THESE CHILDREN HAD THE OPPORTUNITY TO EXPERIENCE WHOLESOME VALUES AND MAKE NEW FRIENDS IN AN ENRICHING ENVIRONMENT WITH OUR HAND-SELECTED "PROFESSIONAL ROLE MODELS" IN 2013, THE YMCA ACQUIRED PROPERTY ON NORTHFIELD ROAD WHICH ADDED 30 ACRES TO THE OUTDOOR CENTER Y CAMP MATAUCHA FACILITIES ARE ALSO A VALUABLE OUTDOOR RESOURCE FOR VARIOUS COMMUNITY GROUPS SUCH AS SCHOOLS, CHURCHES, AND CIVIC ORGANIZATIONS IN ADDITION TO NUMEROUS AT-RISK YOUTH AND TEEN GROUPS WHO UTILIZE THE ADVENTURE CHALLENGE COURSE THE YMCA TEAMBUILDING AND LEADERSHIP PROGRAM IS DESIGNED TO HELP GROUPS FOCUS ON TEAM BUILDING, IMPROVING COMMUNICATION, AND DEVELOPING TRUST IN ADDITION, THE LEADERSHIP PROGRAM ENCOURAGES GOAL SETTING, GROUP DECISION-MAKING, AND BUILDING SELF-CONFIDENCE YMCA CAMP MATAUCHA PROVIDED CERTIFIED STAFF TO LEAD A TOTAL OF 28 GROUPS, TOTÁLING OVER 1,120 PARTICIPÁNTS, THROUGH A VARIETY OF CHALLENGES INVOLVING HIGH AND LOW

803,487 including grants of \$) (Revenue \$

OTHER PROGRAMS CONSIST OF PROGRAM DESCRIPTION AMOUNT AQUATICS 253,086 YOUTH, TEEN, & FAMILY PROGRAMS 226,370 EXTENSION-COMMUNITY PROGRAMS 138,536 PARKING SERVICES 185,495 TOTAL 803,487

Other program services (Describe in Schedule O)

ROPES COURSE ELEMENTS

803,487 including grants of \$) (Revenue \$ (Expenses \$ 349,320)

Total program service expenses 🕨 5,405,043

| 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)? If "Yes," complete Schedule A | 1 | Yes | 140 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😼 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | Yes | |
| 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> | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1 | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2 | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9 | | No |
| 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> | 10 | Yes | |
| 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 | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | No |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| 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? If "Yes," complete Schedule D, Part IX | 11d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f E}$ | 11e | | No |
| 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)? If "Yes," complete Schedule D, Part X | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 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? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 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? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 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? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | 23 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Νo |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | | | 1 |
| | | 28a | | No |
| Ь | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νo |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νo |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 | Yes | |

| G I | Statements Regarding Other 1RS Fillings and Tax Compliance | | | _ |
|-----|---|----------------|-----|-----------|
| | Check if Schedule O contains a response or note to any line in this Part V | • | Yes | . l No |
| 3 | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 14 | | 163 | 140 |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1c | | |
| 1 | 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 | | | |
|) | 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 | Yes | |
| ì | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 1 | 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 | | No |
|) | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| ı | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| , | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | | 5c | | |
| | 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 | | No |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | 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 | Yes | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | N |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 70 | | IN |
| | 11 Yes, indicate the number of Forms 8282 med during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | | |
| | contract? | 7e | | N |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | N |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter | _ - | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the | | | |
| | year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | 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 | | |
| | 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 | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | N |
| | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O | 14h | | |

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

| Se | ection A. Governing Body and Management | | | |
|---|--|--|-----------------------------|------------------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | 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? | 2 | | Νo |
| 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? . | 3 | | Νo |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 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? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 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 | 9 | | No |
| | | | | |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ıe Cod | e.) |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ue Cod Yes | e.) No |
| | Did the organization have local chapters, branches, or affiliates? | evenu 10a | | |
| 10a | | | | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b | | No |
| 10a b 11a | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes | No |
| 10a b 11a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes | No |
| 10a b 11a b 12a | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a | Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a | Yes Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b | Yes Yes Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b | Yes Yes Yes Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes Yes | No No |

- 17 List the States with which a copy of this Form 990 is required to be filed ►CT
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ▶BRANDI FITZGERALD FINANCE DIR 136 WEST MAIN STREET
 WATERBURY,CT 06702 (203)754-9622

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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) A verage hours per week (list any hours | more pers | than on is | one bot | not box h ar or/tr | offic ustee | ess er e) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
|---------------------------------|---|-----------------------------------|-----------------------|----------------|-----------------------------|------------------------------|-----------------|--|--|--|
| | for related organizations below dotted line) | Individual trustée or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | from the organization and related organizations |
| (1) MIKE STALLINGS | 1 00 | х | | | | | | 0 | 0 | 0 |
| DIRECTOR | | | | | | | | , and the second | | |
| (2) GREGORY CIMMINO | 1 00 | x | | | | | | 0 | 0 | 0 |
| DIRECTOR (3) MELANIE FELLADORE | 1.00 | <u> </u> | | | | - | | | | |
| DIRECTOR | 1 00 | x | | | | | | 0 | 0 | 0 |
| (4) JOHN LAWLOR | 1 00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (5) GREG FENN | 3 00 | | | | | | | | | |
| TREASURER | | X | | Х | | | | 0 | 0 | 0 |
| (6) CHARLES OMAN | 1 00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0 |
| (7) VERNON PROCTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| DIRECTOR | | ^ | | | | | | ľ | 0 | 0 |
| (8) JONATHAN ALBERT | 1 00 | х | | | | | | 0 | 0 | 0 |
| DIRECTOR | | | | | | | | | | |
| (9) SALLY O'CONNOR | 1 00 | × | | | | | | 0 | 0 | 0 |
| DIRECTOR | | | | | | | | | | |
| (10) HAROLD SMITH | 3 00 | l x | | | | | | 0 | 0 | 0 |
| DIR & EXEC C | | | | | | | | | | |
| (11) HANK SPELLMAN | 1 00 | l x | | | | | | 0 | 0 | 0 |
| DIRECTOR | | | | | | | | | _ | |
| (12) STEVE SOLECKI | 1 00 | × | | | | | | 0 | 0 | 0 |
| DIRECTOR | | | | | | | | Ĭ | | |
| (13) CHAD WABLE | 1 00 | x | | | | | | 0 | 0 | 0 |
| DIRECTOR | | | | | | | | Ů | 0 | |
| (14) CARL CICCHETTI | 3 00 | × | | l _x | | | | 0 | 0 | 0 |
| SECRETARY | | | | Ĺ | | | | Ů | 0 | |
| (15) GREG ZUPKUS | 1 00 | × | | | | | | 0 | 0 | 0 |
| DIRECTOR | | | | | | | | | U | |
| (16) MICHAEL O'CONNOR | 3 00 | | | х | | | | 0 | 0 | 0 |
| PRESIDENT | | X | | L^ | L | L | L | <u> </u> | | |
| (17) JOSEPH SUMMA | 1 00 | Ü | | | | | | | | |
| DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| | | | | • | | • | | | | Form 990 (2013) |

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

| | (A) Name and Title | (B) A verage hours per week (list any hours | more pers | than on is | one bot | note boo | chec k, unle n offic rustee | ess er | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | Estin amount compe from | the . |
|------------|---|---|-----------------------------------|-----------------------|------------|--------------|--------------------------------------|-----------|---|--|----------------------------------|----------|
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Keş employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organi and re organiz | elated |
| (18) JOH | IN ZINNO JR | 3 00 | х | | x | | | | 0 | | 0 | 0 |
| VICE-PR | ESIDE Jreen Carleton | 1 00 | | | | | | | | | <u> </u> | |
| DIRECTO | | 1 00 | х | | | | | | 0 | | o | 0 |
| | SEPH YAMIN | 1 00 | | | | | | | | | | |
| DIRECTO | OR . | | X | | | | | | 0 | | 0 | 0 |
| (21) STE | PHEN BALL | 3 00 | х | | x | | | | 0 | | 0 | 0 |
| VICE-PR | | | | | | | | | | | <u> </u> | |
| | CENT GRAZIANO | 1 00 | x | | | | | | 0 | | o | 0 |
| (23) WII | DR LIAM WESSON | 1 00 | | | | | | | | | - | |
| DIRECTO | | | х | | | | | | 0 | | o | 0 |
| | /ID LANE | 1 00 | † | | | | | | | | _ | |
| DIRECTO | OR . | | Х | | | | | | 0 | | 0 | 0 |
| (25) JAM | 1ES O'ROURKE | 40 00 | | | x | | | | 124,467 | | o | 12,447 |
| EXECUTI | VE DI SAN TALBOT 1113-83013 | 40 00 | | | | | | | | | <u> </u> | |
| FINANCE | | 40 00 | | | х | | | | 45,888 | | o | 4,589 |
| | ANDI FITZGERALD81213-PRESENT | 40 00 | | | | | | | | | 1 | |
| FINANCE | DIRE | | | | X | | | | 18,790 | | 0 | 0 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | <u> </u> | |
| 41. 6 | Note Table I | | | | | | <u> </u> | | | | | |
| | Sub-Total | | | • | • | | . ⊢ | | | | | |
| | Total (add lines 1b and 1c) | - | | . · . | | | ▶ ⊨ | | 189,145 | | | 17,036 |
| 2 T | otal number of individuals (includir 100,000 of reportable compensati | ng but not limited to | those | | ed a | bove | e) who | rec | eived more than | l | | |
| | | | | | | | | | | | Yes | No |
| | old the organization list any former | | | | | | | r hıg | hest compensate | d employee | | |
| 0 | n line 1a? <i>If "Yes," complete Schedu</i> | le J for such individ | lual . | • | • | • | • | • | | 3 | 3 | No |
| О | or any individual listed on line 1a, i rganization and related organization adividual | | | | | | | | | om the | | No |
| 5 D | old any person listed on line 1a rece | eive or accrue com | pensat | ion f | rom | any | unrel | ated | l organızatıon or ır | | 1 | <u> </u> |
| s | ervices rendered to the organizatio | n? If "Yes," comple | te Sche | dule. | J for | suc | h pers | on | | [| 5 | No |
| Sect | tion B. Independent Contra | ctors | | | | | | | | | | |
| | omplete this table for your five high | · | | | | | | | | | | |
| с | ompensation from the organization | (A) | tion for | the | cale | enda | ryear | end | | (B) | | r C) |
| | Name a | nd business address | | | | | | | | on of services | | nsation |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | tal number of independent contract 00,000 of compensation from the o | | not lım | ıted t | o th | ose | listed | dabo | ove) who received | more than | | |

| Form 99 | | | | | | | | Page 9 |
|---|----------|---|---|--------------------------|----------------------|--|--------------------------------|--|
| Part V | /##1 | Statement of Check of Schedu | f Revenue ile O contains a respon: | se or note to any lir | ne in this Part VIII | | | |
| | | CHECK II SCHOOL | ne o concums a respon | se of flore to diff if | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ာ ဖ | 1a | Federated camp | paigns 1a | | | | | |
| ant | ь | Membership du | es 1b | | | | | |
| المَّ ق | С | Fundraising eve | ents 1c | 33,300 | | | | |
| iffs ar / | d | Related organiz | ations 1d | | | | | |
| s, G imil | e | Government grants | (contributions) 1e | 1,968,092 | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | f | All other contribution similar amounts no | ons, gifts, grants, and 1f t included above | 930,762 | | | | |
| ifi Offi | g | Noncash contribution 1a-1f \$ | ons included in lines | 302 | | | | |
| Cor | h | Total. Add lines | s 1a-1f | . · · . ▶ | 2,932,154 | | | |
| <u> </u> | | | _ | Business Code | | | | |
| ven | 2a | PROGRAM SERVICE | FEES | 900099 | 1,496,070 | 1,496,070 | | |
| <u>\$</u> | Ь | MEMBERSHIP DUES | | 900099 | 1,397,236 | 1,397,236 | | |
| ¥. | C | PROGRAM\MEMB F | | 900099 | 274,487 | 274,487 | | |
| Š | d e | FACILITY USE FEES | · | 900099 | 42,147 | 42,147 | | |
| ran | f | All other progra | m service revenue | | | | | |
| Program Serwce Revenue | | Total. Add lines | | | 3,209,940 | | | |
| | g 3 | | ome (including dividend | | | | | |
| | _ | and other simila | aramounts) | 🟲 📗 | 43,429 | | | 43,429 |
| | 4 5 | Royalties | tment of tax-exempt bond p | roceeds | | | | |
| | | Royalties | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents | () | () | | | | |
| | ь | Less rental expenses | | | | | | |
| | c | Rental income or (loss) | | | | | | |
| | d | ' ' | me or (loss) | | | | | |
| | | | (ı) Securities | (II) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 56,073 | | | | | |
| | ь | Less cost or other basis and | 56,098 | 7,952 | | | | |
| | _ | sales expenses Gain or (loss) | -25 | -7,952 | | | | |
| | c d | · · · · · · · · · · · · · · · · · · · | s) | | -7,977 | -7,952 | | -25 |
| | 8a | Gross income fr | rom fundraising | - | | | | |
| Other Revenue | | ٣ | 300 reported on line 1c) | | | | | |
| <u>*</u> | | • | a | 42,045 | | | | |
| Ě | | | penses b | 22,497 | 19,548 | | | 19,548 |
| • | c 9a | | loss) from fundraising e rom gaming activities | vents | 19,546 | | | 19,546 |
| | | See Part IV, lin | | | | | | |
| | l | - | penses b | | | | | |
| | | - | loss) from gaming activ | ities | | | | |
| | 10a | Gross sales of i returns and allo | wances . | 14.054 | | | | |
| | ь | Less cost of go | a oodssold b | 14,854 | | | | |
| | | - | loss) from sales of inve | 10,107 ntory . | 4,747 | | | 4,747 |
| | | Miscellaneous | | Business Code | | | | |
| | 11a | INSURANCE P | ROCEEDS | 900099 | 18,434 | 18,434 | | |
| | ь | REVENUE FRO | M PARKING | 900099 | 13,786 | 13,786 | | |
| | c | | <u> </u> | | | | | |
| | d | All other revenu | L | L . | | | | |
| | 12 | | 11a-11d | · · · • | 32,220 | | | |
| | 12 | lotal revenue. S | See Instructions | · · · • | 6,234,061 | 3,234,208 | | 67,699 |

Part IX Statement of Functional Expenses

| | section 501(c)(3) and 501(c)(4) o | rganizations must complete all columns | All other organizations must complete column (A | () |
|--|-----------------------------------|--|---|----|
|--|-----------------------------------|--|---|----|

| | on 501(c)(3) and 501(c)(4) organizations must complete all columns. All | | | nete column (A) | |
|----------|--|-----------------------|---------------------------------------|---------------------------------------|-------------------------|
| | Check if Schedule O contains a response or note to any line in this | | (B) | (c) | <u> </u> (D) |
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 274,487 | 274,487 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 189,145 | | 189,145 | |
| 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 | 2,444,707 | 2,190,680 | 200,300 | 53,727 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 142,437 | 104,075 | 36,482 | 1,880 |
| 9 | Other employee benefits | 137,002 | 122,958 | 13,237 | 807 |
| 10 | Payroll taxes | 211,075 | 176,168 | 30,674 | 4,233 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 3,816 | | 3,816 | |
| С | Accounting | 19,500 | | 19,500 | |
| 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 | 295,716 | 249,491 | 45,388 | 837 |
| 12 | Schedule O) | | , , , , , , , , , , , , , , , , , , , | · · · · · · · · · · · · · · · · · · · | |
| 12 13 | Advertising and promotion | 42,516 | 39,472 | 1,816 | 1,228 6,043 |
| | Information technology | 20,562 | | 14,519 | 6,043 |
| 14 | | | | | |
| 15 | Royalties | 022.740 | 005.643 | 15.540 | 1 150 |
| 16 | Occupancy | 923,710 | 905,612 | 16,640 | 1,458 |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 16,138 | 10,936 | 3,981 | 1,221 |
| 20 | Interest | 231,564 | 207,200 | 24,364 | |
| 21 | Payments to affiliates | 60,912 | 60,912 | | |
| 22 | Depreciation, depletion, and amortization | 659,761 | 644,652 | 15,109 | |
| 23 | Insurance | 14,482 | 14,482 | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | PROGRAM SUPPLIES\EXPENSES | 292,203 | 292,203 | | |
| b | EQUIP MAINT\RENTAL | 80,590 | 68,745 | 11,845 | |
| c | TELEPHONE | 25,196 | 8,384 | 16,812 | |
| d | VEHICLE OPERATING EXPENSE | 18,517 | 12,737 | 5,763 | 17 |
| e | All other expenses | 33,011 | 21,849 | 10,293 | 869 |
| 25 | Total functional expenses. Add lines 1 through 24e | 6,137,047 | 5,405,043 | 659,684 | 72,320 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2013)

Part X Balance Sheet

| Par | t X | Balance Sheet Check if Schedule O contains a response or note to any line in | this P | art X | | | |
|--------------|-----|---|------------------|------------------|-------------------|-------------|------------------------|
| | | , | | | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash-non-interest-bearing | | | 369,254 | 1 | 421,833 |
| | 2 | Savings and temporary cash investments | | | 400 400 | 2 | 202 207 |
| | 3 | Pledges and grants receivable, net | | | 186,132 | | 362,207 |
| | 4 | Accounts receivable, net | | | 91,648 | 4 | 81,463 |
| | 5 | Loans and other receivables from current and former officers, employees, and highest compensated employees Complete P Schedule L | art II | of | | 5 | |
| its | 6 | Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule | contri employ | buting employers | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| 4 | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 109.256 | 9 | 148,124 |
| | 10a | Land, buildings, and equipment cost or other basis Complete | | Ι | , | | |
| | | Part VI of Schedule D | 10a | 19,398,809 | | | |
| | b | Less accumulated depreciation | 10b | 7,867,008 | 11,541,056 | 10 c | 11,531,801 |
| | 11 | Investments—publicly traded securities | | | 1,095,320 | 11 | 1,587,626 |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | | | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 724,882 | 15 | 538,751 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) $$. | | | 14,117,548 | 16 | 14,671,805 |
| | 17 | Accounts payable and accrued expenses | | | 197,536 | 17 | 195,297 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 133,659 | 19 | 165,406 |
| | 20 | Tax-exempt bond liabilities | | | 3,410,000 | 20 | 3,350,000 |
| ای | 21 | Escrow or custodial account liability Complete Part IV of Sch | edule | D | | 21 | |
| Liabilitie | 22 | Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual | | rustees, | | | |
| <u> </u> | | persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third partie | es . | • | 518,759 | 23 | 850,690 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa D | art X of | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 4,259,954 | 26 | 4,561,393 |
| Sá | | Organizations that follow SFAS 117 (ASC 958), check here ▶ | | | | | |
| Fund Balance | 27 | lines 27 through 29, and lines 33 and 34. | | | 0.707.004 | ~- | 0.000.007 |
| <u> </u> | 27 | Unrestricted net assets | | | 9,797,201 | 27 | 9,896,237 |
| <u>~</u> | 28 | Temporarily restricted net assets | | | 50,393 | 28 | 197,357 |
| ĭ | 29 | Permanently restricted net assets | | | 10,000 | 29 | 16,818 |
| or FL | | Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34. | | and | | | |
| 욯 | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other | funds | | | 32 | |
| Net | 33 | Total net assets or fund balances | • • | | 9,857,594 | 33 | 10,110,412 |
| | 34 | Total liabilities and net assets/fund balances | • • | | 14,117,548 | 34 | 14,671,805 |
| | | | | | | | Form 990 (2013) |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | ୮ |
|-----|---|---------|----------------|----------|----------|
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | , l | | 6 3 | 234,061 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | <u> </u> | |
| | | 2 | | 6,3 | 137,047 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 97,014 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | | | |
| | <u></u> | 4 | | 9,8 | 357,594 |
| 5 | Net unrealized gains (losses) on investments | 5 | | - | 155,804 |
| 6 | Donated services and use of facilities | | | | <u> </u> |
| | - | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | | | | |
| | | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 10,: | 110,412 |
| Par | t XII Financial Statements and Reporting | • | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both | wed on | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both | rate | | | |
| | ▼ Separate basis | | | | |
| C | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant? | t of th | e 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | ı | | | |
| 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? | 9 | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | 3b | | |

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As Filed Data -

DLN: 93493135042064

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

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. ▶ See separate instructions.

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

| Name of the organization |
|-------------------------------------|
| THE WATERBURY YOUNG MEN'S CHRISTIAN |
| ASSOCIATION |

Employer identification number

06-0646988

| The o | rganı | | | te foundation becaus | | | | | | | | | |
|-------|----------|----------|----------------------------|--|------------------------|---------------|------------------------|---------------------|------------------|----------------|----------|------------------------|----------|
| 1 | Γ | A chur | ch, conventi | on of churches, or a | ssociation of | fchurches d | lescribed in s | ection 170(| b)(1)(A)(i). | | | | |
| 2 | Γ | A scho | ol described | in section 170(b)(1 | .)(A)(ii). (At | tach Sched | ule E) | | | | | | |
| 3 | Γ | A hosp | ital or a coo | perative hospital se | rvice organiz | zatıon descr | ıbed ın sectio | n 170(b)(1 |)(A)(iii). | | | | |
| 4 | Γ | | | h organization operat ity, and state | ted in conjun | ction with a | hospital des | cribed in se | ction 170(b)(| 1)(A)(ii | i). Ente | r the | |
| 5 | Γ | | | erated for the benefi | t of a college | or universi | ty owned or o | perated by | a government | tal unit c | lescribe | <u>−</u> d ın | _ |
| | | sect ior | 170(b)(1)(| (A)(iv). (Complete P | art II) | | | | | | | | |
| 6 | Γ | A feder | al, state, or | local government or | government | tal unit desc | rıbed ın sect i | on 170(b)(| 1)(A)(v). | | | | |
| 7 | Г - | describ | oed in sectio | at normally receives on 170(b)(1)(A)(vi). | (Complete F | art II) | | _ | ental unit or fi | rom the | general | public | |
| 8 | <u> </u> | | • | described in section | | | • | • | | | | | |
| 9 | <u>~</u> | _ | | at normally receives | | | | | • | - | | _ | S |
| | | • | | rities related to its ex | • | - | | • • | ` ' | | | | |
| | | • | | oss investment inco | | | | • | | tax) fror | n busın | esses | |
| | _ | | | ganızatıon after June | | | | | | | | | |
| 10 | <u> </u> | | | ganized and operated | | | | | | | | | _ |
| 11 | ļ | | | ganized and operated ly supported organiz | | | | | | | | | |
| | | the box | that descri | bes the type of supp Type II c | orting organ | ızatıon and | complete line | s 11e throເ | ıgh 11h | | · | ,,,, | |
| e | Г | | | ox, I certify that the | | | | | | | | | |
| | · | | | on managers and otl | | | | | | | | | |
| _ | | | 1 509(a)(2) | | | | | | | | | | |
| f | | | rganization this box | received a written de | etermination | from the IR | S that it is a | Type I, Typ | e II, or I ype | III supp | orting | organiz | zation, |
| g | | Since A | ugust 17, 2 | 2006, has the organ | zation accep | oted any gift | or contributi | on from any | of the | | | | • |
| | | | ng persons? erson who d | rectly or indirectly o | ontrols eith | er alone or | together with | nersons de | scribed in (ii) | | | Yes | No |
| | | | | governing body of th | - | | - | persons de | seribed iii (ii) | | 11g(i) | 163 | 140 |
| | | • | | er of a person descri | | _ | | | | <u> </u> | 11g(ii) | $\vdash \vdash \vdash$ | |
| | | ` ' | • | lled entity of a perso | ` ' | | above? | | | ⊢ | 11g(iii) | \vdash | |
| h | | | | ng information about | | ., ., | | | | Ľ | 9() | | |
| | | | | | одрро | - u g u u . | (0) | | | | | | |
| (i |) Nam | ne of | (ii) EIN | (iii) Type of | (iv) Is | the | (v) Did you | ı notıfy | (vi) Is | the | (| ∕ii) An | nount of |
| | uppor | | | organization | organizat | | the organi | | organizat | | | mone | etary |
| or | ganiza | ation | | (described on | col (i) lıs | | ın col (i) d | • | col (i) org | | | supp | oort |
| | | | | lines 1 - 9 above or IRC section | your gove docume | _ | suppor | τ, | in the U | 5 / | | | |
| | | | | (see | docume | ne. | | | | | | | |
| | | | | instructions)) | Yes | Ne | Yes | No | Yes | N _a | | | |
| | | | | | res | No | res | No | res | No | | | |
| | | | | | | - | + | | + | | -+ | | |
| Total | | | | | | - | + | | + | | -+ | | |
| Total | | | | | | L | | <u> </u> | | | | | |

| Sch | edule A (Form 990 or 990-EZ) 2013 | | | | | | Page 2 |
|-----|--|---------------------------|--------------------|----------------------|---------------------|----------------|--------------------|
| Pa | (Complete only if you o | hecked the bo | x on line 5, 7, | or 8 of Part I o | r if the organiza | ation failed | to qualify under |
| _ | Part III. If the organiza ection A. Public Support | tion fails to qu | alify under the | tests listed bel | low, please con | iplete Part . | .111.) |
| | endar year (or fiscal year beginning | (-) 2000 | (1-) 2010 | (-) 2011 | (4) 2012 | (-) 201 | (5) T. I. |
| | in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 201: | 3 (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 | | | | | | |
| 3 | behalf The value of services or facilities | | | | | | |
| 3 | 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 | | | | | | |
| S | ection B. Total Support | I | <u> </u> | | I | | I |
| | endar year (or fiscal year beginning | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | in) ► | (a) 2009 | (b) 2010 | (6) 2011 | (u) 2012 | (e) 2013 | (I) I otal |
| 7 | A mounts 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 IV) | | | | | | |
| 11 | Total support (Add lines 7 through 10) | | | | | | |
| 12 | Gross receipts from related activities | es, etc (see inst | ructions) | • | | 12 | 1 |
| 13 | First five years. If the Form 990 is t | for the organizati | on's first, second | l, thırd, fourth, or | fifth tax year as a | 501(c)(3) o | rganızatıon, check |
| | this box and stop here | | | | <u> </u> | <u> </u> | <u></u> |
| | ection C. Computation of Pub | | | 4.4 1 (5) | | | |
| 14 | Public support percentage for 2013 | | | 11, column (f)) | | 14 | |
| 15 | Public support percentage for 2012 | · · | • | | | 15 | _ |
| 16a | 33 1/3% support test—2013. If the condition have | | | | line 14 is 33 1/3% | or more, che | ck this box |
| b | and stop here. The organization qua 33 1/3% support test—2012. If the | | | | and line 15 is 33 | 8 1/3% or more | |
| | box and stop here. The organization | | | | , 10 00 | . 40.001111011 | ► F |
| 17a | 10%-facts-and-circumstances test- | -2013. If the org | anızatıon dıd not | check a box on lı | | | |
| | is 10% or more, and if the organizat | | | | | | |
| | in Part IV how the organization mee | ts the "facts-and | d-circumstances' | test The organ | ızatıon qualıfıes a | s a publicly s | |
| Ь | organization 10%-facts-and-circumstances test- | -2012 . If the ora | anization did not | check a hov on li | ne 13 16a 16b | or 17a and L | ▶ 厂 |
| | 15 is 10% or more, and if the organ | | | | | | |
| | Explain in Part IV how the organizat | | | | | | ublicly |
| | supported organization | | | | 4-71 | | ▶ □ |
| 18 | Private foundation. If the organizat instructions | ion aid not check | k a box on line 13 | , 16a, 16b, 1/a, | or 1/p, check thi | s pox and se | e ▶□ |
| | | | | | | | г, |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | | , | | | | | |
|----------|--|---------------------|--------------------|---------------------|--------------------|---------------|------------------------|------------------|
| Cale | ndar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 20 | 013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 2,386,781 | 2,650,944 | 2,524,046 | 2,470,390 | 2 | ,932,154 | 12,964,315 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 3,125,637 | 3,347,248 | 3,061,901 | 3,169,767 | 3 | ,242,160 | 15,946,713 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | 65,766 | 69,802 | 74,672 | 58,446 | | 56,899 | 325,585 |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 6 | Total. Add lines 1 through 5 | 5,578,184 | 6,067,994 | 5,660,619 | 5,698,603 | 6 | ,231,213 | 29,236,613 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | |
| b | A mounts 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 | | | | | | | |
| C | Add lines 7a and 7b | | | | | | | |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | | 29,236,613 |
| | ction B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 20 | 13 | (f) Total |
| 9 | A mounts from line 6 | 5,578,184 | 6,067,994 | 5,660,619 | 5,698,603 | 6 | ,231,213 | 29,236,613 |
| 10a | Gross income from interest, | | | | | | | |
| | dividends, payments received on securities loans, rents, royalties and income from similar sources | 12,207 | 7,797 | 19,039 | 28,138 | | 43,429 | 110,610 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| c | Add lines 10a and 10b | 12,207 | 7,797 | 19,039 | 28,138 | | 43,429 | 110,610 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, | 5,590,391 | 6,075,791 | 5,679,658 | 5,726,741 | 6 | ,274,642 | 29,347,223 |
| 14 | 11, and 12) First five years. If the Form 990 is formally the base and the base of the form 990 is formally the formal formally the formal formally the formal formally the formal form | or the organization | n's first, second, | thırd, fourth, or f | ifth tax year as a | 501(c)(| 3) organı | |
| Se | check this box and stop here ction C. Computation of Publ | ic Support Pe | rcentage | | | | | ▶ |
| 15 | Public support percentage for 2013 | | | 13, column (f)) | | 15 | | 99 620 % |
| 16 | Public support percentage from 201 | | • | , | | 16 | | 99 600 % |
| | ction D. Computation of Inve | | <u> </u> | | | 1 10 | I . | |
| <u> </u> | Investment income percentage for 2 | | | | n (f)) | 17 | | 0 % |
| 18 | Investment income percentage from | | | | . , , | 18 | | |
| | | | | | | | | |
| | 33 1/3% support tests—2013. If the | | | | line 15 is more t | | <u>I</u> 3% , and I | ine 17 is not |

33 1/3% support tests—2012. 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 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

| Part IV | | formation. Provide the explanations required by Part II, line 10; Part II, ne 12. Also complete this part for any additional information. (See instru | |
|---------|---------------|--|--------------------|
| | | | |
| | | Facts And Circumstances Test | |
| | | | |
| Retu | ırn Reference | Explanation | |
| | | Schodulo A / Form 0 | 000 er 000 E7) 201 |

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493135042064

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes" to 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" to 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.

| f the | e organization answered "Yes Section 501(c)(4), (5), or (6) orga | nat have NOT filed Form 5768 (election s'' to Form 990, Part IV, Line 5 (Pro anizations Complete Part III | | n 990-EZ, Part V, line 35c (| Proxy Tax), then |
|----------|---|---|--|--|--|
| | me of the organization E WATERBURY YOUNG MEN'S CHRISTIA | N | | Employer ident | tification number |
| ASS | SOCIATION | | | 06-0646988 | |
| Par | t I-A Complete if the or | ganization is exempt under | section 501(| c) or is a section 527 | organization. |
| 1 | Provide a description of the or | ganızatıon's dırect and ındırect politic | al campaign act | ivities in Part IV | |
| 2 | Political expenditures | | | > | \$ |
| 3 | Volunteer hours | | | | |
| Do# | t I P Complete if the or | ganization is exempt under | soction FO1/ | c)(2) | |
| 1 | | e tax incurred by the organization und | | | * |
| 2 | | e tax incurred by organization manag | | | * |
| | · | | | 114933 | → |
| 3 | | ection 4955 tax, did it file Form 472 | o for this year? | | |
| 4a | Was a correction made? | | | | Yes No |
| b Par | If "Yes," describe in Part IV | ganization is exempt under | section 501/ | c) except section 50 | 1(c)(3) |
| 1 | | ended by the filing organization for se | | | <u> </u> |
| 2 | | organization's funds contributed to ot | · | | > |
| 2 | exempt function activities | organización s funds contributed to ot | ner organizacions | s for section 527 ▶ | \$ |
| 3 | Total exempt function expendi | tures Add lines 1 and 2 Enter here a | and on Form 112 | 0-POL, line 17b | \$ |
| 4 | Did the filing organization file F | Form 1120-POL for this year? | | | ☐ Yes ☐ No |
| 5 | organization made payments f amount of political contribution | nd employer identification number (E) For each organization listed, enter the ns received that were promptly and d political action committee (PAC) If | e amount paid fro irectly delivered | om the filing organization's f to a separate political orga | unds Also enter the nızatıon, such as a |
| | (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0- |
| | | | | | |
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| Sch | hedule C (Form 990 or 990-EZ) 2013 | | | | | Page 2 |
|-----|--|---------------------------|----------------------------------|-----------------------------|--|-------------------------------------|
| P | art II-A Complete if the organization | is exempt under | section 501(| c)(3) and file | ed Form 5768 | |
| _ | under section 501(h)). | | Link in Donk IV an | | | a adduces FIN |
| ٠. | Check ► If the filing organization belongs to a expenses, and share of excess lobb | | list in Part IV ea | ch amiliated gro | up members nam | e, address, EIN, |
| 3 | Check ► ☐ If the filing organization checked bo | | ol" provisions app | ly | | |
| | Limits on Lobbying E (The term "expenditures" means ar | | l.) | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lobbying expenditures to influence public o | ppinion (grass roots lob | bying) | | | |
| b | Total lobbying expenditures to influence a legisl | ative body (direct lobb | yıng) | | | |
| c | Total lobbying expenditures (add lines 1a and 1 | b) | | | | |
| d | Other exempt purpose expenditures | | | | | |
| e | Total exempt purpose expenditures (add lines 1 | c and 1d) | | | | |
| f | Lobbying nontaxable amount Enter the amount to | from the following table | ın both | | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontax | able amount is: | | | |
| | Not over \$500,000 | 20% of the amount on lir | ne 1e | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the | e excess over \$500,0 | 00 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the | e excess over \$1,000 | ,000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the | excess over \$1,500,0 | 000 | | |
| | Over \$17,000,000 | \$1,000,000 | | | | |
| | | 1.6 | | | | |
| _ | Grassroots nontaxable amount (enter 25% of lir | • | | | | |
| | Subtract line 1g from line 1a If zero or less, ent | | | _ | | 1 |
| | Subtract line 1f from line 1c If zero or less, ente | | | L | | 1 |
| j | If there is an amount other than zero on either lii section 4911 tax for this year? | ne 1h or line 1ı, did the | organization file | Form 4720 repo | orting | ┌ Yes ┌ No |
| | (Some organizations that made a columns below. See t | he instructions fo | ection do not r lines 2a thro | have to con ough 2f on p | | ne five |
| | Lobbying Exp | enditures During | 4-Year Avera | ging Period | 1 | 1 |
| | Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (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))

Grassroots lobbying expenditures

| inedule C (I | MIN 550 01 550 EZ/2015 | г | raye . |
|--------------|--|-----|--------|
| 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)). | | |
| | | | |

| | filed Form 5768 (election under section 501(h)). | | | | | | |
|-------|--|---------|---------|-------|------|-------|--|
| For e | or each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying | | | | | | |
| activ | , | Yes | No | Α | moun | it | |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | | | | |
| а | Volunteers? | | Νo | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | | | | |
| С | Media advertisements? | | Νo |] | | | |
| d | Mailings to members, legislators, or the public? | | Νo | | | | |
| е | Publications, or published or broadcast statements? | | Νo | | | | |
| f | Grants to other organizations for lobbying purposes? | | Νo | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | | | 3,598 | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | | | | |
| i | O ther activities? | | Νo | | | | |
| j | Total Add lines 1c through 1i | | | | | 3,598 | |
| 2a | Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$? | | Νo | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | 1 | | | |
| 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? | | | | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | 1 501(c |)(5), c | or se | ctio | n | |
| | | | _ | | 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 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 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year Carryover from last year 2b 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 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 4 political expenditure next year? 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, line 2, and Part II-B, line 1 Also, complete this part for any additional information

| Return Reference | Explanation |
|-------------------------------|--|
| SCHEDULE C, PART II-B, LINE 1 | DURING 2013, THE WATERBURY YMCA ENGAGED IN THE FOLLOWING ACTIVITIES TO EDUCATE LEGISLATORS AND ELECTED OFFICIALS ABOUT ITS PROGRAMS AND SERVICES IN THE GREATER WATERBURY, CT AREA - THE EXECUTIVE DIRECTOR SPOKE WITH LEGISLATORS, THEIR STAFF, AND GOVERNMENT OFFICIALS REGARDING FUNDING FOR SPECIFIC PROGRAMS AND OTHER ISSUES RELATING TO THE ORGANIZATION - THE ORGANIZATION PAYS ANNUAL DUES TO THE CT ALLIANCE OF YMCA'S THE CT ALLIANCE MONITORS LEGISLATIVE ACTIVITIES AS THEY RELATE TO YMCA'S IN CT AND ADVOCATES FOR THE BENEFIT OF THESE ORGANIZATIONS BY ATTENDING MEETINGS, CONFERENCES, LEGISLATIVE SESSIONS, ETC |
| | |
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| 201124416 3 (1 31111 333 31 333 12) 2313 | 1 age - | | |
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| Part IV Supplemental Information | | | |
| Return Reference | Explanation | | |
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Schedule D (Form 990) 2013

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DLN: 93493135042064

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) Open to Public

| mal Rev | enue Service | and its instruct | ions is at <u>www.irs.gov/form990</u> . | | Inspection |
|---------|---------------------------------|--|---|-----------|-------------------------------|
| | of the organ | | | Emp | loyer identification number |
| | ATERBURY YOUN ATION | IG MEN'S CHRISTIAN | | 06-0 | 0646988 |
| art | I Organ | izations Maintaining Donor Adv | vised Funds or Other Similar Fu | | |
| | organiz | zation answered "Yes" to Form 990 | | | |
| | | | (a) Donor advised funds | | (b) Funds and other accounts |
| | otal number a | | | | |
| | | tributions to (during year) | | | |
| | | nts from (during year) | | | |
| A | ggregate valu | e at end of year | | | |
| | | zation inform all donors and donor adviso irganization's property, subject to the or | | or advı | rsed Yes No |
| u: | sed only for c | zation inform all grantees, donors, and do haritable purposes and not for the benef | | | |
| | | ermissible private benefit? | the organization answered "Vos" to | o Forn | <u> </u> |
| | | rvation Easements. Complete if | | o rom | 11 990, Part IV, lille 7. |
| | | conservation easements held by the orgo on of land for public use (e g , recreation | | histori | ically important land area |
| , | | of natural habitat | | | d historic structure |
| | | on of open space | , | | |
| • | | s 2a through 2d if the organization held a | qualified conservation contribution in t | he form | n of a conservation |
| | • | he last day of the tax year | qualified conscivation contribution in c | 110 10111 | in or a conservation |
| | | | | | Held at the End of the Year |
| Т | otal number o | f conservation easements | | 2a | |
| Т | otal acreage | restricted by conservation easements | | 2b | |
| N | umber of con | servation easements on a certified histo | rıc structure ıncluded ın (a) | 2c | |
| | | servation easements included in (c) acq ure listed in the National Register | uired after 8/17/06, and not on a | 2d | |
| N | umber of con | servation easements modified, transferr | ed, released, extinguished, or terminate | d by th | ne organization during |
| th | ne tax year 🛌 | | | | |
| N | umber of stat | es where property subject to conservati | on easement is located 🛌 | | |
| D | oes the orgar | nization have a written policy regarding t f the conservation easements it holds? | | dling of | violations, and Yes No |
| S | taff and volun | teer hours devoted to monitoring, inspe | cting, and enforcing conservation easen | nents d | during the year |
| | | | | | |
| | • | enses incurred in monitoring, inspecting | , and enforcing conservation easements | during | g the year |
| | · \$ | | | | |
| a | nd section 17 | servation easement reported on line 2(o(h)(4)(B)(ii)? | | | ☐ Yes ☐ No |
| b | alance sheet, | escribe how the organization reports cor and include, if applicable, the text of the n's accounting for conservation easeme | e footnote to the organization's financial | | |
| art I | U Organ | izations Maintaining Collection ete if the organization answered "Y | s of Art, Historical Treasures, | or Otl | her Similar Assets. |
| w | orks of art, hi | tion elected, as permitted under SFAS 1 storical treasures, or other similar asse le, in Part XIII, the text of the footnote t | ts held for public exhibition, education, | or rese | arch in furtherance of public |
| If w | the organiza orks of art, hi | tion elected, as permitted under SFAS 1 storical treasures, or other similar asse te the following amounts relating to these | 16 (ASC 958), to report in its revenue s ts held for public exhibition, education, o | statem | ent and balance sheet |
| (i |) Revenues i | ncluded in Form 990, Part VIII, line 1 | | | ► \$ |
| (i | i) Assets incl | luded in Form 990, Part X | | | ▶ \$ |
| Ιf | the organiza | tion received or held works of art, histori nts required to be reported under SFAS | • | r finan | cial gain, provide the |
| | _ | uded in Form 990, Part VIII, line 1 | · | | ▶ \$ |
| - 1 | c., acc men | and an internal solution and virily mile i | | | · + |

b Assets included in Form 990, Part X

| Part | Itt Organizations Maintaining Co | llections of Art, I | <u>Histo</u> | <u> pric</u> | <u>al Trea</u> | sures, or C |)the | <u>r Similar As</u> | sets (c | ontinued) |
|--|--|---------------------------------------|---------------|----------------------|----------------|------------------|----------------|------------------------------|----------|------------------|
| | Using the organization's acquisition, accessicollection items (check all that apply) | on, and other records | , chec | ck a | ny of the | following that | are a | ı sıgnıfıcant use | of its | |
| a | Public exhibition | | d [| | Loan or e | exchange prog | rams | ; | | |
| ь [| Scholarly research | | e [| _ | Other | | | | | |
| c | Preservation for future generations | | | | | | | | | |
| | Provide a description of the organization's co Part XIII | llections and explain | how t | hey | further th | he organizatioi | n's ex | xempt purpose ı | n | |
| | During the year, did the organization solicit o | | | | | | | | - | - |
| Part | assets to be sold to raise funds rather than t IV Escrow and Custodial Arrange | | | | | | | | Yes | ☐ No |
| Part | Part IV, line 9, or reported an am | | | | | | u i | es to roillis | 790, | |
| | Is the organization an agent, trustee, custod ncluded on Form 990, Part X? | | | | | | sets | | ┌ Yes | ┌ No |
| b 1 | f "Yes," explain the arrangement in Part XII | I and complete the fo | llowin | ıg ta | ble | _ | | | | |
| | | | | | | - | | An | nount | |
| C | Beginning balance | | | | | - | 1 c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| e | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | | |
| 2a | Old the organization include an amount on Fo | rm 990, Part X, line 2 | 21? | | | | | | │ Yes | ┌ No |
| b : | f "Yes," explain the arrangement in Part XII | I Check here if the e | xplana | atıo | n has bee | en provided in | Part | XIII | | Γ |
| Part | V Endowment Funds. Complete | | | | | | | | | |
| 1- | Reginning of year balance | (a)Current year 10,073 | (b) Pr | or y | ear b (| (c)Two years bac | k (d) | Three years back | (e)Four | years back |
| | Beginning of year balance | 6,818 | | | 10,000 | | + | | | |
| | Net investment earnings, gains, and losses | 0,010 | | | 10,000 | | + | | | |
| | | 1,087 | | | 73 | | \bot | | | |
| | Grants or scholarships | | | | | | + | | | |
| | Other expenditures for facilities and programs | | | | | | | | | |
| | Administrative expenses | | | | | | \dagger | | | |
| | End of year balance | 17,978 | | | 10,073 | | | | | |
| 2 | ı Provide the estimated percentage of the curr | ent year end balance | (line : | 1 g, | column (a | a)) held as | | | | |
| | Board designated or quasi-endowment | · | • | | • | ., | | | | |
| | Permanent endowment - 93 550 % | | | | | | | | | |
| | | 50 % | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c show | ıld equal 100% | | | | | | | | |
| 3a / | Are there endowment funds not in the posses | ssion of the organizati | on tha | at aı | e held ar | nd administere | d for | the | | |
| | organization by | | | | | | | <u> </u> | Yes | + |
| | (i) unrelated organizations | | | • | | | • | 3a(| | No No |
| | (ii) related organizations | | | | | | • | <u>Sa(</u> | | 1 100 |
| | Describe in Part XIII the intended uses of th | · | | | | | • | | | |
| Part | VI Land, Buildings, and Equipme | nt. Complete if the | | | | nswered 'Ye | s' to | Form 990, Pa | rt IV, I | ine |
| | 11a. See Form 990, Part X, line 1 | .0. | | /- \ / | Cost or othe | - n | | I (-) A | 1 (4) 0 | |
| | Description of property | | | | (investmer | | | (c) Accumulated depreciation | (a) 6 | ook value |
| 1a La | and | | | | | 1,35 | 1,649 | | | 1,351,649 |
| L P | ulldings | | | | | 14,662 | 2,810 | 6,077,81 | 5 | 8,584,995 |
| D B | | | | | | | | 1 | | |
| | easehold improvements | | · L | | | | 5,500 | 55 | 3 | 4,947 |
| c Le | easehold improvements | | · · | | | | 5,500 5,839 | | + | 4,947 770,608 |
| c Le d Ee e O | quipment | · · · · · · · · · · · · · · · · · · · | · - | | | 1,920 1,455 | 5,839 2,011 | 1,156,23 632,40 | 1 | |

| See Form 990, Part X, line 12. (a) Description of security or category | (b)Book value | (c) Method of valuation |
|---|---------------------------|--|
| (including name of security) | (2)2001. Turus | Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2)Closely-held equity interests Other | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | F | |
| Part VIII Investments—Program Related. C | omplete ıf the organızatı | ion answered 'Yes' to Form 990, Part IV, line 11c. |
| See Form 990, Part X, line 13. (a) Description of investment | (b) Book value | (c) Method of valuation |
| (a) Description of investment | (b) Book value | Cost or end-of-year market value |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | + | |
| Part IX Other Assets. Complete if the organization | | |
| (a) Descr | ription | (b) Book value |
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| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 | | |
| Part X Other Liabilities. Complete if the organization of the organization of the property | anization answered 'Yes' | to Form 990, Part IV, line 11e or 11f. See |
| 1 (a) Description of liability | (b) Book value | |
| Federal income taxes | | |
| | | |
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| | 1 | 4 |
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| | + | - |
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| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | <u> </u> | † |
| Total (Column (b) mast equal form 330, fart A, coll b) mic 23 / | | |

| Par | Reconciliation of Revenue per Audited Financial Statements With Revenue the organization answered 'Yes' to Form 990, Part IV, line 12a. | per F | Return Complete If |
|---------------|---|----------|---------------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 6,147,982 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | 1 | |
| b | Donated services and use of facilities | 7 | |
| c | Recoveries of prior year grants | 7 | |
| d | Other (Describe in Part XIII) | 4 | |
| e | Add lines 2a through 2d | 2e | 188,408 |
| 3 | Subtract line 2e from line 1 | 3 | 5,959,574 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$ | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIII) | 7 | |
| c | Add lines 4a and 4b | 4c | 274,487 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 6,234,061 |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expense | s pe | r Return. Complete |
| 1 | If the organization answered 'Yes' to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | 1 | 5,895,164 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | <u> </u> | 3,893,104 |
| ے a | Donated services and use of facilities | | |
| a b | Prior year adjustments | - | |
| c | Other losses | \dashv | |
| d | Other (Describe in Part XIII) | _ | |
| e e | Add lines 2a through 2d | | 32,604 |
| 3 | Subtract line 2e from line 1 | 3 | 5,862,560 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | <u> </u> | 3,552,555 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII) | 7 | |
| c | Add lines 4a and 4b | | 274,487 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 6,137,047 |
| _ | t XIII Supplemental Information | | 0,237,317 |
| P rov Part | ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part in the complete the complete this part in the complete this part in the complete this part in the complete the | | ıde any addıtıonal |

| Return Reference | Explanation |
|--|---|
| SCHEDULE D, PAGE 2, PART V, LINE 4 | THE ORGANIZATION'S ENDOWMENT CONSISTS OF A DONOR-RESTRICTED FUND ESTABLISHED TO PROVIDE SUPPORT FOR THE CICCHETTI ROAD RACE WHICH IS HELD ANNUALLY, A DONOR-RESTRICTED FUND ESTABLISHED TO PROVIDE SUPPORT FOR THE YMCA YOUTH AND GOVERNMENT PROGRAM, AND THE YMCA GENERAL ENDOWMENT FUND |
| SCHEDULE D, PAGE 3, PART X | THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS THE ORGANIZATION'S RETURN OF ORGANIZATIONS EXEMPT FROM INCOME TAX (FORM 990) FOR THE YEARS ENDED DECEMBER 31, 2010, 2011, AND 2012 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED |
| SCHEDULE D, PAGE 4, PART XI, LINE 2D | SPECIAL EVENT EXPENSES DEDUCTED ON 990 PART VIII-LINE 8B 22,497 COST OF GOODS SOLD DEDUCTED ON 990 PART VIII-LINE 10B 10,107 |
| SCHEDULE D, PAGE 4, PART XI, LINE 4B | PROGRAM FINANCIAL ASSISTANCE BASED ON NEED-IN KIND 274,487 |
| SCHEDULE D, PAGE 4, PART XII, LINE 2D | SPECIAL EVENT EXPENSES DEDUCTED ON 990 VIII-LINE 8B 22,497 COST OF GOODS SOLD DEDUCTED ON 990 VIII-LINE 10B 10,107 |
| SCHEDULE D, PAGE 4, PART XII, LINE 4B | PROGRAM FINANCIAL ASSISTANCE BASED ON NEED-IN KIND 274,487 |

| | <u> </u> | |
|-----------|-------------------|----------------------|
| Part XIII | Supplemental Info | ormation (continued) |
| Ret | turn Reference | Explanation |
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Schedule D (Form 990) 2013

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DLN: 93493135042064

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

| me of the organization E WATERBURY YOUNG MEN | 'S CHRISTIAN | | | | | Employer iden | tification number | | |
|--|--|---------------------------|---|--------------------------------------|-----------|---|--|--|--|
| SOCIATION | | | | | | 06-0646988 | | | |
| | t ivities. Complete s are not required | | | on answered "Yes" to part. | to Form | n 990, Part IV | , line 17. | | |
| Indicate whether the organ | nization raised funds t | through a | ny of the f | ollowing activities Che | eck all t | nat apply | | | |
| Mail solicitations | | | | | | | | | |
| Internet and email soli | citations | | f | ☐ Solicitation of gov | ernmen | t grants | | | |
| Phone solicitations | | | g | Special fundraisin | g event | 5 | | | |
| In-person solicitations | 5 | | | | | | | | |
| Did the organization have a or key employees listed in | | | | | | | Г _{Yes} Г _N | | |
| If "Yes," list the ten highes to be compensated at leas | | | fundraise | rs) pursuant to agreem | ents und | der which the fui | ndraiser is | | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | fundrais custo cont | Did ser have ody or rol of outions? | (iv) Gross receipts from activity | (or | mount paid to retained by) aiser listed in col (i) | (vi) A mount paid to (or retained by) organization | | |
| | | Yes | No | | | | | | |
| | | | | | | | | | |
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| tal | | | • | | | | | | |
| List all states in which the registration or licensing | organization is regist | tered or li | censed to | solicit contributions o | r has be | en notified it is | exempt from | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Sche | dule | G (Form 990 or 990-EZ) 2013 | | | | Page 2 |
|--------------|-------|---|--|--|-------------------------------------|--|
| Pai | rt II | Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of | aising event contributi | | | |
| | | | (a) Event #1 GOLF TOURNAMENT (event type) | (b) Event #2 CICCHETTI RACE (event type) | (c) O ther events 2 (total number) | (d) Total events (add col (a) through col (c)) |
| <u>⊕</u> | 1 | Gross receipts | 41,050 | 15,187 | | 75,345 |
| Revenue | 2 | Less Contributions | , | <u>'</u> | | |
| 2 | 3 | Gross income (line 1 | 28,700 | 4,600 | | 33,300 |
| | | minus line 2) | 12,350 | 10,587 | 19,108 | 42,045 |
| | 4 | Cash prizes | | 1,239 | | 1,239 |
| £O. | 5 | Noncash prizes | | | | |
| Expenses | 6 | Rent/facility costs | 10,625 | 5 | | 10,625 |
| 쯊 | 7 | Food and beverages . | | | | |
| Direct | 8 | Entertainment | | | | |
| à | 9 | Other direct expenses . | 1,725 | 8,328 | 580 | 10,633 |
| | 10 | Direct expense summary Add lir | nes 4 through 9 in column | (d) | | (22,497) |
| | 11 | Net income summary Subtract li | | | | 19,548 |
| Par | t II | | | "Yes" to Form 990, Pa | rt IV, line 19, or repo | l . |
| Reveilue | | \$15,000 on Form 990-EZ, li | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| Rey | 1 | Gross revenue | | | | (-// |
| - မွ | 2 | Cash prizes | | | | |
| kpenses | 3 | Non-cash prizes | | | | |
| ш | 4 | Rent/facility costs | | | | |
| Direct | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | ┌ Yes <u>%</u> ┌ No | ┌ Yes <u>%</u> ┌ No | ┌ Yes <u>%</u> ┌ No | |
| | 7 | Direct expense summary Add line | es 2 through 5 in column (| d) | • | |
| | 8 | Net gaming income summary Sub | tract line 7 from line 1, co | olumn (d) | 🛌 | |
| 9 | Ent | ter the state(s) in which the organiz | ation operates gaming ac | tivities | | |
| a b | Ist | the organization licensed to operate | e gaming activities in eacl | n of these states? | | |
| 10a b | | re any of the organization's gaming Yes," explain | licenses revoked, susper | nded or terminated during | the tax year? | |

| | | | | | | 1: |
|----------|--|------------------------|---|----------------------|----------------|---------|
| Does | s the organization operate gaming activi | ties with nonmember | rs? | | T Yes T No | |
| 12 | Is the organization a grantor, beneficia | | | | | |
| | formed to administer charitable gaming | g [,] | | | · Fyes [| – No |
| 13 | Indicate the percentage of gaming act | ıvıty operated ın | | | | |
| а | The organization's facility | | | | | % |
| b | An outside facility | | | 13b | | % |
| 14 | Enter the name and address of the per | son who prepares the | e organization's gaming/special e | vents books and reco | ords | |
| | Name ▶ | | | | | |
| | Address 🟲 | | | | | |
| 15a b | Does the organization have a contract revenue? | evenue received by t | the organization 🟲 \$ | | · · 「Yes「 | – No |
| | amount of gaming revenue retained by | the third party 🟲 \$ _ | | | | |
| C | If "Yes," enter name and address of th | e thırd party | | | | |
| | Name ▶ | | | | | |
| | Address ► | | | | | |
| 16 | Gaming manager information | | | | | |
| | Name 🕨 | | | | | |
| | Gaming manager compensation ► \$ | | | | | |
| | Description of services provided | | | | | |
| | Director/officer | T Employee | ☐ Independent cor | ntractor | | |
| 17 | Mandatory distributions | | | | | |
| а | Is the organization required under stat | e law to make charit | able distributions from the gaming | g proceeds to | | |
| | retain the state gaming license? | | | | ┌ Yes 「 | — No |
| b | Enter the amount of distributions requi | red under state law (| distributed to other exempt organi | ızatıons or spent | | |
| | ın the organızatıon's own exempt actıv | ities during the tax y | ∕ear ⊳ \$ | | | |
| Pai | | 5b, 15c, 16, and 1 | xplanations required by Part I 7b, as applicable. Also compl | | | and |
| | Return Reference | | Explanat | ıon | | |
| | | <u> </u> | <u> </u> | | rm 990 or 990- | 7) 2012 |

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

DLN: 93493135042064

Open to Public Inspection

Employer identification number

| THE WATERBURY YOUNG MEN'S C | HRISTIAN | | | | | | |
|--|---|--|--|---|---|--|-------------------------------------|
| ASSOCIATION | | | | | | 06-0646988 | |
| Part I General Informati | on on Grants and | d Assistance | | | | | |
| Does the organization maintain the selection criteria used to a Describe in Part IV the organical | award the grants or as | sıstance? | | | the grants or assist | tance, and | F Yes □ |
| Part II Grants and Other A Form 990, Part IV, II | | | rganizations in the more than \$5,000. Pa | | | | es" to |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of gra or assistance |
| | | | | | | | |
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| 2 Entembedal Control | [[[] [] [] [] [] [] [] [] [] | | had on the long of the Life | | | | |
| 2 Enter total number of section ! | | | | | | _ | |
| 3 Enter total number of other org | yanızatıons listed in tr | ie iilie i table | | | | F | |

(a)Type of grant or assistance

(f)Description of non-cash assistance

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

(d)A mount of

(e)Method of valuation

(c)A mount of

(b) Number of

| | recipients | cash grant | non-cash assistance | (book, FMV, appraisal, other) | | | |
|------------------------------|------------------------------------|----------------------|--------------------------|----------------------------------|-------------------------|--|--|
| (1) CHILD CARE ASSIST | 117 | | 37,016 | FEE SCH | PROGRAM FEES | | |
| (2) HEALTH/WELLNESS ASSIST | 905 | | 228,720 | FEE SCH | PROGRAM FEES | | |
| (3) CAMP PROGRAMMING ASSIST | 22 | | 8,751 | FEE SCH | PROGRAM FEES | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Part IV Supplemental Info | ormation. Provide the infor | mation required in P | art I, line 2, Part III, | column (b), and any other | additional information. | | |
| Return Reference Explanation | | | | | | | |

Return Reference

SCHEDULE I, PAGE 1, PART I,
LINE 2

AND PROGRAMS OF THE YMCA, REGARDLESS OF THEIR ABILITY TO PAY THE STANDARD MEMBERSHIP OR PROGRAM FEE THOSE NOT ABLE
TO PAY THE FULL FEE MAY BE AWARDED ASSISTANCE BASED UPON A SLIDING SCALE AND DEMONSTRATED NEED THE WATERBURY YMCA
BELIEVES A STRONG SENSE OF OWNERSHIP AND PRIDE IS DEVELOPED IF THE FINANCIAL AID RECIPIENT CONTRIBUTES TO THE COST
OF THEIR INVOLVEMENT THEREFORE, APPLICANTS WILL BE ASKED TO PAY A PORTION OF THE FEE ELIGIBILITY IS REVIEWED PRIOR TO
THE BEGINNING OF THE NEXT PROGRAM OR MEMBERSHIP PERIOD

Schedule I (Form 990) 2013

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(Form 990)

Department of the Treasury

Supplemental Information on Tax Exempt Bonds

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

► Attach to Form 990. ► See separate instructions.

►Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

DLN: 93493135042064

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** THE WATERBURY YOUNG MEN'S CHRISTIAN 06-0646988 ASSOCIATION Part I Bond Issues (h) O n (i) Pool (g) Defeased behalf of financing (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose ıssuer Yes No Yes No Yes No CT HEALTH&EDUCFACILITIES CHILD CARE FACILITY AUTHORITY 06-0806186 20774UM77 10-23-2008 3,570,000 Χ Χ Χ CONSTR CYNTHIA D PEOPLES Part III Proceeds В C D Α Amount of bonds retired Amount of bonds legally defeased 2 3 Total proceeds of issue 3,570,000 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds Proceeds in refunding escrows 6 Issuance costs from proceeds 7 107,652 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 3,462,348 Other spent proceeds 11 Other unspent proceeds 12 Year of substantial completion 13 2011 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ 14 Were the bonds issued as part of an advance refunding issue? 15 Х Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final 17 Χ allocation of proceeds? **Private Business Use** Part III Α В С D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

2

Χ

| | (| , | | |
|----------|---------|-----------------|-----|------------|
| Part III | Private | Business | Use | (Continued |
| | | | | |

| | , | A | | В | | С | | D | |
|----|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | | х | | | | | | |
| 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? | | | | | | | | |
| С | Are there any research agreements that may result in private business use of bond-financed property? | | Х | | | | | | |
| 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 | | | | | | | | |
| 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 | | | | | | | | |
| 7 | Does the bond issue meet the private security or payment test? | | Х | | | | | | |
| 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? | | х | | | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | _ |
| С | 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? | X | | | | | | | |

Part IV Arbitrage

| | | | A | | В | | С | | |
|----|--|-----|----|-----|-------------|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T? | | Х | | | | | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| а | Rebate not due yet? | | Х | | | | | | |
| b | Exception to rebate? | | X | | | | | | |
| С | No rebate due? | X | | | | | | | |
| | If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | Х | | | | | | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | | | | | |
| b | Name of provider | | | | | | | | |
| С | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| е | Was the hedge terminated? | | | | | | | | |
| | Schedule K (Form 990) 201 | | | | 1 990) 2013 | | | | |

Part IV Arbitrage (Continued)

| | | | <i>P</i> | 1 | В | | L | | ט | |
|----|--|---|----------------|--------------|--------------|--------------|---------------|------|-----|----|
| | | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested i contract (GIC)? | ın a guaranteed ınvestment | | Х | | | | | | |
| b | Name of provider | | | | | | | | | |
| С | Term of GIC | | | | | | | | | |
| d | Was the regulatory safe harbor value of the GIC satisfied? | for establishing the fair market | | | | | | | | |
| 6 | Were any gross proceeds inves period? | ted beyond an available temporary | | x | | | | | | |
| 7 | Has the organization established the requirements of section 148 | ed written procedures to monitor 8? | х | | | | | | | |
| Pa | rt V Procedures To Unde | ertake Corrective Action | | | _ | | | | | |
| | | | | \ | В | | С | | D | |
| | | | Yes | No | Yes | No | Yes | No | Yes | No |
| | Has the organization establishe that violations of federal tax rec and corrected through the volur self-remediation is not availabl | quirements are timely identified ntary closing agreement program if | | | | | | | | |
| | | | • | • | • | • | • | | • | |
| Pa | art VI Supplemental Inf | <mark>formation.</mark> Provide additional inforn | nation for res | ponses to qu | estions on S | chedule K (s | ee instructio | ns). | | |
| | Return Reference | | | | Explanation | | | | | |
| | EDULE K - DATE REBATE 1PUTATION PERFORMED | CT HEALTH&EDUC FACILITIES AUTH | IORITY 10/23/ | 13 | | | | | | |

Schedule K (Form 990) 2013

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As Filed Data -

DLN: 93493135042064

Employer identification number

OMB No 1545-0047

2013

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization

THE WATERBURY YOUNG MEN'S CHRISTIAN

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

ASSOCIATION 06-0646988 **Explanation** Return Reference FORM 990 -THE BY-LAWS OF THE WATERBURY YOUNG MEN'S CHRISTIAN ASSOCIATION STATE THAT THE MISSION OF THE ORGANIZATION'S WATERBURY YOUNG MEN'S CHRISTIAN ASSOCIATION IS "TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH MISSION PROGRAMS THAT DEVELOP HEALTHY SPIRIT, MIND, AND BODY FOR ALL "THE MISSION SUPPORTS ITS CHARITABLE WORK AND PROVIDES THE FOUNDATION OF THE PROGRAMS AND SERVICES FOR THE CONSTITUENTS IN THE COMMUNITY THAT PROMOTES YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY FOUNDED BY VOLUNTEERS 156 YEARS AGO, THE WATERBURY YMCA HAS BEEN ABLE TO OFFER A SUPPORTIVE NETWORK FOR COMMUNITY MEMBERS AND PROGRAM PARTICIPANTS THROUGHOUT ITS HISTORY THE WATERBURY YMCA IS A CHARITABLE, COMMUNITY AND SOCIAL SERVICE ORGANIZATION THAT CONSISTS OF MEN, WOMEN AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, ETHNICITY, AND RELIGIONS IT IS DEDICATED TO YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY, AND ACCOMPLISHES THESE GOALS BY OFFERING PROGRAMS THAT ADDRESS THE NEEDS OF THE GREATER WATERBURY COMMUNITY IN 2013, THE WATERBURY YMCA WAS ABLE TO OFFER FINANCIAL ASSISTANCE TO MORE THAN 1,000 INDIVIDUALS AND FAMILIES TOTALLING MORE THAN 274,000, THEREBY GRANTING ACCESS TO PROGRAMS THESE FUNDS WERE MADE AVAILABLE AS A DIRECT RESULT OF THE GENEROSITY OF YMCA SUPPORTERS WHO CONTRIBUTED OVER 149,000 TO THE YMCA COMMUNITY SUPPORT CAMPAIGN FACILITIES THE FACILITIES CURRENTLY OWNED BY THE WATERBURY YMCA ALLOW US TO DO OUR CHARITABLE WORK AND PROVIDE PROGRAM SERVICES TO THE COMMUNITY THESE FACILITIES INCLUDES A 60,000 SQUARE FOOT HANDICAPPED ACCESSIBLE BUILDING IN WATERBURY, CT, AN 80-ACRE OUTDOOR CENTER/CAMP FACILITY IN WATERTOWN, CT, A DAY CAMP PROGRAM ON THE SOUTHBURY TRAINING SCHOOL PROPERTY IN SOUTHBURY, CT AS WELL AS 7 OFF-SITE CHILDCARE PROGRAMS IN THE GREATER WATERBURY AREA

| Return Reference | Explanation |
|---------------------|---|
| FORM 990 | ADDITIONAL INFORMATION OTHER INFORMATION RELATED TO PROGRAM AND COMMUNITY SERVICES THE WATERBURY YMCA STRIVES TO SERVE A BROAD CROSS SECTION OF ITS COMMUNITY ENSURING SERVICES ARE ACCESSIBLE AND AFFORDABLE TO THE COMMUNITY AT LARGE. FINANCIAL ASSISTANCE IS MADE AVAILABLE TO THOSE WHO CAN'T AFFORD THE FULL FEE. THIS IS MADE POSSIBLE BY THE SUPPORT RECEIVED FROM THE GREATER WATERBURY UNITED WAY, YMCA COMMUNITY SUPPORT CAMPAIGN, AND THROUGH THE GENEROSITY OF OTHER FOUNDATIONS AND DONORS. DURING 2013, THE WATERBURY YMCA COLLABORATED WITH THE FOLLOWING ORGANIZATIONS AND AGENCIES. GREATER WATERBURY BOYS AND GIRLS CLUB BRIDGE TO SUCCESS CHASE COLLEGIATE SCHOOL CHILDREN'S COMMUNITY SCHOOL CITY OF WATERBURY CONNECTICUT COMMUNITY FOUNDATION GIRLS, INC. GREATER WATERBURY UNITED WAY IMMACULATE. CONCEPTION CHURCH KIWANIS CLUB MATTATUCK MUSEUM MATURITY WORKS NAUGATUCK VALLEY COMMUNITY COLLEGE. NEW OPPORTUNITIES FOR WATERBURY NORTHWEST REGIONAL WORK FORCE PALACE THEATRE PHY SICAL THERAPY AND SPORTS MEDICINE POST UNIVERSITY REGION 15 BOARD OF EDUCATION REGION 16 BOARD OF EDUCATION SAINT MARY'S HOSPITAL SOUTHBURY TRAINING SCHOOL THE STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH UNITED WAY UNIVERSITY OF CONNECTICUT WATERBURY AREA AMERICAN RED CROSS WATERBURY BOARD OF EDUCATION WATERBURY CHAMBER OF COMMERCE WATERBURY DEVELOPMENT CORPORATION WATERBURY HOSPITAL WATERBURY YOUTH SERVICES WATER/OAK YOUTH CENTER, INC. WATERTOWN BOARD OF EDUCATION WESTERN CT AREA AGENCY ON AGING YESHIVA GEDOLA OF WATERBURY. |
| | |

| Return Reference | Explanation |
|--|---|
| FORM 990, PAGE 1, PART I, LINE 6 | DESCRIPTION OF THE ORGANIZATION'S VOLUNTEERS AND THEIR ACTIVITIES THE YMCA HAD 29 POLICY MAKING VOLUNTEERS AND MORE THAN 395 PROGRAM VOLUNTEERS WHO MADE SIGNIFICANT CONTRIBUTIONS OF THEIR TIME IN THE FURTHERANCE OF YMCA ACTIVITIES BY ACTING AS MENTORS, COACHES, PROGRAM LEADERS, INSTRUCTORS AND MORE. THESE SERVICES DO NOT MEET THE CRITERIA FOR RECOGNITION AS CONTRIBUTIONS, THEREFORE, THEIR VALUE IS NOT REFLECTED IN THIS FORM 990 |

| Reference | |
|--|---|
| PORM 990, PAGE 2, PART III, LINE 4A YMCA CHILD DEVELOPMENT THE WATERBURY YMCA CHILD DEVELOPMENT CENTER SERVED 312 CHILDR PROGRAM. THESE PROGRAMS ARE RUN AT THE WEST MAIN STREET LOCATION AND 7 OFF-SITE LOCATION PROGRAM THESE PROGRAMS ARE RUN AT THE WEST MAIN STREET LOCATION AND 7 OFF-SITE LOCATION PROGRAM THESE PROGRAMS ARE RUN AT THE WEST MAIN STREET LOCATION AND 7 OFF-SITE LOCATION GREATER WATERBURY AREA THROUGH PARTNERSHIPS WITH THE LOCAL SCHOOL DISTRICTS AND BOAR EDUCATION THE SCHOOL READINESS PROGRAM IS BASED ON A SLIDING FEE SCALE AND HELPS PROVID PRESCHOOL PROGRAMMING TO 187 CHILDREN WITHIN THE WATERBURY COMMUNITY AS PART OF THE YEROMOTE YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY, THE YMCA PRESCHOOL PARTICIPATES IN THE CACEP STATE NUTRITION PROGRAM WHICH PROVIDES NUTRITIONAL MEALS AND S PRESCHOOL CENTER CHILDREN DAILY AND AT NO COST TO THE PARENTS THE YMCA FOCUSES ON THE NEEDS, EDUCATION, AND SAFETY OF CHILDREN AND STRIVES TO BUILD POSITIVE RELATIONSHIPS BETWING AND STRIVES TO BUILD POSITIVE RELATIONSHIPS BETWING AND STRIVES TO BUILD POSITIVE RELATIONSHIPS BETWING AND ZUMBA THEY YMCA CONTINUES TO ENRICH THE LIVES OF CHILDREN AND FAMILIES THROUGHOUT TO THROUGH THE MANY CHILD DEVELOPMENTAL SERVICES WE OFFER SIMILARLY, THE WATERBURY YMCA CHILDREN AND FAMILIES LIVING AND WORKING IN THE GREATER WATERBURY AREA WE STRIVE TO DEV EDUCATIONAL AND BNRICHMENT ACTIVITIES BASED ON THE 40 DEVELOPMENTAL ASSETS AND ENCOUR EXPLORATION, AND INITIATIVE WE RECOGNIZE AND ACCEPT THAT EACH CHILD IS AN INDIVIDUAL WITH I ABILITIES, AND EXPERIENCES ACTIVITIES AND MATERIALS ARE PLANNED AND IMPLEMENTED TO PROMOTE AND SERVED CULTURAL, LANGUAGE, AND DEVELOPMENTAL DIFFERENCES ARE ACCEPTED AN THERE ARE SCHEDULED INDOOR AND OUTDOOR ACTIVITIES OFFERED DAILY WHICH ALLOW THE OPPOR AND GROSS MOTOR DEVELOPMENT, PROBLEM SOLVING, SPORTS AND RECREATION, AND CREATIVE EX PROGRAM IS CHILD NOT TEACHER BASED AND ENCOURAGES CHILDREN TO EXPLORE AND DEVELOP THE THOUGHTS AND DEVELOPMENT, PROBLEM SOLVING, SPORTS AND LEADERSHIP SKILLS | RE AND AFTER SCHOOL OCATIONS IN THE ND BOARDS OF PROVIDE HIGH QUALITY OF THE YMCA MISSION TO ESCHOOL PROGRAM AND SNACKS TO THE ON THE DEVELOPMENTAL BETWEEN PARENTS AND FRAMEWORKS LEARN-TO-SWIM LESSONS, HOUT THE COMMUNITY Y YMCA SCHOOL AGE PMENT SERVICES TO TO DEVELOP NCOURAGE CURIOUSITY, WITH UNIQUE NEEDS, PROMOTE LEADERSHIP, CHILDREN ENROLLED WITH NEEDS OF THE DIVERSE TED AND RESPECTED DPPORTUNITY FOR FINE TIVE EXPRESSION THE |

T

| Return Reference | Explanation |
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| FORM 990, PAGE 2, PART III, LINE 4B | MEMBERSHIP HEALTH AND WELLNESS MEMBER SERVICES AT THE WATERBURY Y MCA INCLUDES ACCESS AND USE OF A STATE-OF -THE-ART WELLNESS CENTER, GY MINASUM, 2 RACQUETBALL COURTS, WARM WATER THERAPY AND LAP SYMMING POOLS, INDOOR TRACK, GROUP FITNESS STUDIO, FULLY-EQUIPPED LOCKER ROOMS AND ACCESS TO BOTH PERSONAL TRAINING AND MASSAGE THERAPY. THEY MCA OFFERS A WELCOMING ATMOSPHERE WHERE HEALTH SEEKERS CAN FEEL COMFORTABLE AND RECEIVE THE ENCOURAGEMENT AND SUPPORT NEEDED TO CONTINUE HEALTHY LIVING THROUGH THE GUIDANCE OF TRAINED PROFESSIONALS. LIVESTRONG AT THEY MCA IN OUR SECONDY VEAR OF THE PROGRAM, LIVESTRONG AT THEY WAS A NOUR SECONDY VEAR OF THE PROGRAM, LIVESTRONG AT THEY WAS A WAITING LIST FOR OUR NEXT SESSION OUR LIVESTRONG AT THE Y MCA IN STRENGTH AND WELL ATTRIDED IN 2013, A TOTAL OF 68 CANCER SURVIVORS GRADUATED FROM THE PROGRAM, AND WE HAVE A WAITING LIST FOR OUR NEXT SESSION. OUR LIVESTRONG AT THE YMCA IN STRENGTH WITH OUR SURVIVORS TWICE A WEEK, FOR AN HOUR AND A HALF CLASS. THE CLASSES INCLUDE BOTH A STRUCTURED STRENGTH AND CARDIO PROGRAM WITH OFFORTUNITIES FOR MEDITATION AND SHARING THE PARTICIPANTS PLEDGE TO ATTEND 20 OUT OF THE 24 CLASSES, THUS MOTIVATION FOR CONTINUE. THE PROGRAM, AND ALLOWING THEM TO GET THE SEST RESULTS THE SURVIVORS GET A FREE 3-MONTH YMCA MEMBERSHIP DURING THE CLASS TIME, AND COME INTO THE Y AT ANY TIME DURING THOSE 12 WEEKS THEY ARE EVEN ALLOWED TO BRING A CARETAKER, FAMILY MEMBER, OR FRIEND WITH THEM AS A QUEST EVERY TIME THEY COME AT THE CONCLUSION OF THE PROGRAM EACH PARTICIPANT IS OFFERED A SPECIAL REDUCED MEMBERSHIP RATE, TOGETHER WITH FINANCIAL ASSISTANCE IF NEEDED, TO ENCOURAGE CONTINUED EXERCISE THERE IS A JOYOUS GRADUATION AND POTILUCK CELEBRATION AT THE CONCLUSION OF EVERY SESSION THE POSITIVE OUTCOMES OF LIVESTRONG AT THE YMCA ARE PLENTIFIED BERKELEY WARNER RECREATION CENTER THE GENERE STRUCTURED ACTIVITIES FOR DEPOTICUAL CELEBRATION AND THE CONCLUSION OF EVERY SESSION THE POSITIVE OUTCOMES OF LIVESTRONG AT THE YMCA ARE PLENTIFIED BERKELEY WARNER RECREATION CENTER THE CENTE |
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| Return Reference | Explanation |
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| FORM 990, PAGE 2, PART III, LINE 4C | CAMP PROGRAMMING THE WATERBURY Y MCA HAS OPERATED Y MCA CAMP MATAUCHA OUTDOOR CENTER IN WATERTOWN FOR 87 YEARS AND HAS RUN Y MCA CAMP OAKASHA IN SOUTHBURY FOR 17 YEARS CONTINUING ITS CHARITABLE MISSION OF OFFERING DAY CAMPING EXPERIENCES THAT ARE AIMED TO TEACHING POSITIVE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY BOTH Y MCA CAMP MATAUCHA AND Y MCA CAMP OAKASHA ARE ABLE TO DO THIS THROUGH A FOCUS ON Y OUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY THE Y MCA BELIEVES THAT THE EXPERIENCE A CHILD HAS AT CAMP GREATLY AFFECTS THE VALUES THEY LEARN AND THE PERSON THEY BECOME THE CAMP PROGRAMS SERVED 1,848 CAMPERS AGES 5 THROUGH 15 THROUGHOUT THE SEASON, AVERAGING 308 CAMPERS PER DAY OVER THE 9-WEEK CAMP SEASON CAMPERS HAD THE OPPORTUNITY TO PARTICIPATE IN ENRICHING ACTIVITIES INCLUDING ARCHERY, SWIMMING, ARTS & CRAFTS, BOATING, FIELD GAMES, NATURE, HIKING, LOW AND HIGH ROPES CHALLENGES, FAMILY NIGHTS, FAMILY OVERNIGHTS, SPORTS, ROCK CLIMBING, AND MORE THE WATERBURY Y MCA WAS ABLE TO PROVIDE 27,126 IN CAMP SCHOLARSHIPS THAT WERE PROVIDED TO CHILDREN OF FINANCIALLY DISADVANTAGED FAMILIES THESE CHILDREN HAD THE OPPORTUNITY TO EXPERIENCE WHOLESOME VALUES AND MAKE NEW FRIENDS IN AN ENRICHING ENVIRONMENT WITH OUR HAND-SELECTED "PROFESSIONAL ROLE MODELS" IN 2013, THE Y MCA ACQUIRED PROPERTY ON NORTHFIELD ROAD WHICH ADDED 30 ACRES TO THE OUTDOOR CENTER Y MCA CAMP MATAUCHA FACILITIES ARE ALSO A VALUABLE OUTDOOR RESOURCE FOR VARIOUS COMMUNITY GROUPS SUCH AS SCHOOLS, CHURCHES, AND CIVIC ORGANIZATIONS IN ADDITION TO NUMEROUS AT-RISK YOUTH AND TEEN GROUPS WHO UTILIZE THE ADVENTURE CHALLENGE COURSE THE Y MCA TEAMBUILDING AND LEADERSHIP PROGRAM IS DESIGNED TO HELP GROUPS FOCUS ON TEAM BUILDING, IMPROVING COMMUNICATION, AND DEVELOPING TRUST. IN ADDITION, THE LEADERSHIP PROGRAM IS DESIGNED TO HELP GROUPS FOCUS ON TEAM BUILDING, IMPROVING COMMUNICATION, AND DEVELOPING TRUST. IN ADDITION, THE LEADERSHIP PROGRAM IS DECIDED CERTIFIED STAFF TO LEAD A TOTAL OF 28 GROUPS, TOTALING OVER 1,120 PARTICIPANTS, THROUGH A |
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| Return Reference | Explanation |
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| ' ' | OTHER PROGRAMS CONSIST OF PROGRAM DESCRIPTION AMOUNT AQUATICS 253,086 YOUTH, TEEN, & FAMILY PROGRAMS 226,370 EXTENSION-COMMUNITY PROGRAMS 138,536 PARKING SERVICES 185,495 TOTAL 803,487 |

| Return Reference | Explanation |
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| FORM 990, PAGE 6, PART VI, LINE 11B | THE ORGANIZATION'S BOARD OF DIRECTORS HAS ASSIGNED THE DUTY OF REVIEWING THE ANNUAL 990 TO ITS STANDING FINANCE COMMITTEE. THE ANNUAL 990 IS PREPARED BY THE ORGANIZATION'S ACCOUNTING FIRM WORKING CLOSELY WITH THE DIRECTOR OF FINANCE AND EXECUTIVE DIRECTOR COPIES OF THE COMPLETED RETURN ARE PROVIDED TO ALL MEMBERS OF THE FINANCE COMMITTEE FOR REVIEW BEFORE FILING UPON REVIEW AND APPROVAL BY THE FINANCE COMMITTEE, COPIES OF THE 990 FORM ARE PROVIDED TO ALL BOARD OF DIRECTOR MEMBERS BEFORE THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE. |

| Return Reference | Explanation |
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| FORM 990, PAGE 6, PART VI, LINE 12C | ALL BOARD OF DIRECTOR MEMBERS, OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT OF DISCLOSURE ANNUALLY. THIS DISCLOSURE STATEMENT REQUIRES THE INDIVIDUAL TO ANSWER A SERIES OF QUESTIONS REGARDING TRANSACTIONS, EVENTS AND CIRCUMSTANCES WHICH COULD LEAD TO CONFLICTS OF INTEREST. THE DISCLOSURE STATEMENT ALSO REQUIRES THE INDIVIDUAL TO SIGN THAT THEY HAVE READ AND UNDERSTAND THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. AND THAT THEIR RESPONSES TO THE QUESTIONS ARE COMPLETE AND ACCURATE. THE COMPLETED ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCE DIRECTOR OF THE ORGANIZATION. THE EXECUTIVE DIRECTOR AND FINANCE DIRECTOR CONTACT ANY INDIVIDUAL IF THERE ARE QUESTIONS OR ANSWERS TO QUESTIONS ON THE DISCLOSURE STATEMENT THAT NEED CLARIFICATION OR FURTHER RESEARCH. IF IT IS DETERMINED THAT A CONFLICT DOES EXIST WITH RESPECT TO A MATTER, THE ORGANIZATION ENFORCES THE POLICY BY MAKING SURE THAT THE PERSON WITH THE CONFLICT DOES NOT PARTICIPATE IN THE DECISION-MAKING PROCESS CONTEMPORANEOUS DOCUMENTATION IS MAINTAINED OF HOW ALL CONFLICT MATTERS ARE RESOLVED. THE FINANCE DIRECTOR MAINTAINS RECORDS OF INDIVIDUAL BUSINESS TRANSACTIONS AND RELATIONSHIPS REPORTED ON THE DISCLOSURE STATEMENTS AS WELL AS KNOWN TRANSACTIONS FROM ACCOUNTS PAY ABLE AND GENERAL LEDGER RECORDS. THESE TRANSACTIONS AND OTHER CONFLICT MATTERS ARE COMPILED AND PROVIDED TO THE ORGANIZATION'S ACCOUNTING FIRM FOR INCLUSION IN THE ANNUAL 990 RETURN AS NECESSARY. |
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| EXECUTIVE COMPENSATION COMMITTEE PROCESS AND PROCEDURES THE EXECUTIVE COMPENSATION COMMITTEE ALLOWS THE ORGANIZATION TO TAKE A SYSTEMATIC APPROACH TO MANAGING ITS EXECUTIVE COMPENSATION PLAN IN KEEPING WITH THE OVERSIGHT AND FIDUCIARY RESPONSIBILITIES OF THE BOARD, THE EXECUTIVE COMPENSATION COMMITTEE WILL REMAIN A STANDING COMMITTEE OF THE BOARD OF DIRECTORS THE EXECUTIVE COMPENSATION COMMITTEE HAS THE AUTHORITY TO DETERMINE THE TOTAL COMPENSATION PACKAGES OF ITS EXECUTIVE SAND COMPLY WITH INTERNAL SANCTIONS ALSO, THIS COMMITTEE COMPLETES THE EXECUTIVE DIRECTOR'S PERFORMANCE REVIEW THE COMMITTEE IS COMPENSATION FOR THE EXECUTIVE DIRECTOR'S EXECUTIVE COMMITTEE. THIS IS A BODY OF VOLUNTEERS WITH KNOWLEDGE OF THE KEY EMPLOYEES' CONTRIBUTIONS TO THE ORGANIZATION WHO HAVE NO PROFESSIONAL ASSOCIATIONS/BUSINESS RELATIONSHIP WITH THE PERSONS UNDER REVIEW THE ROLE OF THE EXECUTIVE COMPENSATION COMMITTEE IS TO PROVIDE THE NECESSARY DIRECTION TO THE OVERSIGHT OF THE ORGANIZATIONS EXECUTIVE DIRECTOR REVIEW THE RECOMMENDATIONS OF THE EXECUTIVE DIRECTOR REGARDING COMPENSATION FOR THE FINANCE DIRECTOR AND ASSOCIATE EXECUTIVE DIRECTOR PROVIDE AN ANNUAL COMPENSATION REPORT TO THE BOARD OF DIRECTORS SOURCE OF COMPARABLE DATA. THE OBJECTIVE IS TO SEEK TOTAL COMPENSATION DATA OBTAINED FROM AN INDEPENDENT SOURCE, IF POSSIBLE. IN OUR CASE THE COMMITTEE CHAIR UTILIZED YUSA DATA AND BENCHMARKED AMONG A NUMBER OF OTHER YMCAS REPORT TO THE BOARD OF DIRECTORS. THE REPORT STATES THE ESTABLISHED COMPENSATION FOR THE EXECUTIVE DIRECTOR, FINANCE DIRECTOR, AND THE ASSOCIATE EXECUTIVE DIRECTOR. THE BOARD OF DIRECTORS THE REPORT STATES THE ESTABLISHED COMPENSATION FOR THE EXECUTIVE DIRECTOR, FINANCE DIRECTOR, AND THE ASSOCIATE EXECUTIVE DIRECTOR. THE BOARD OF DIRECTORS THE REPORT STATES THE ESTABLISHED COMPENSATION FOR THE EXECUTIVE DIRECTOR, FINANCE DIRECTOR, AND THE ASSOCIATE EXECUTIVE DIRECTOR. THE BOARD OF DIRECTORS THE REPORT STATES THE ESTABLISHED COMPENSATION SINDIFFES REPORT, SUCH SAID REPORT NOTED IN THE ASSOCIATIONS MINUTES. | Return Reference | Explanation |
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| | PAGE 6, PART VI, | THE ORGANIZATION TO TAKE A SYSTEMATIC APPROACH TO MANAGING ITS EXECUTIVE COMPENSATION PLAN IN KEEPING WITH THE OVERSIGHT AND FIDUCIARY RESPONSIBILITIES OF THE BOARD, THE EXECUTIVE COMPENSATION COMMITTEE WILL REMAIN A STANDING COMMITTEE OF THE BOARD OF DIRECTORS THE EXECUTIVE COMPENSATION COMMITTEE HAS THE AUTHORITY TO DETERMINE THE TOTAL COMPENSATION PACKAGES OF ITS EXECUTIVES AND COMPLY WITH INTERNAL SANCTIONS ALSO, THIS COMMITTEE COMPLETES THE EXECUTIVE DIRECTOR'S PERFORMANCE REVIEW THE COMMITTEE IS COMPRISED OF THE CURRENT WATERBURY YMCA BOARD OF DIRECTORS EXECUTIVE COMMITTEE. THIS IS A BODY OF VOLUNTEERS WITH KNOWLEDGE OF THE KEY EMPLOYEES' CONTRIBUTIONS TO THE ORGANIZATION WHO HAVE NO PROFESSIONAL ASSOCIATIONS/BUSINESS RELATIONSHIP WITH THE PERSONS UNDER REVIEW. THE ROLE OF THE EXECUTIVE COMPENSATION COMMITTEE IS TO PROVIDE THE NECESSARY DIRECTION TO THE OVERSIGHT OF THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM AND TO DEVELOP THE TOTAL COMPENSATION AND BENEFITS PACKAGE OF THE EXECUTIVE DIRECTOR REVIEW THE RECOMMENDATIONS OF THE EXECUTIVE DIRECTOR REGARDING COMPENSATION FOR THE FINANCE DIRECTOR AND ASSOCIATE EXECUTIVE DIRECTOR PROVIDE AN ANNUAL COMPENSATION REPORT TO THE BOARD OF DIRECTORS SOURCE OF COMPARABLE DATA. THE OBJECTIVE IS TO SEEK TOTAL COMPENSATION DATA OBTAINED FROM AN INDEPENDENT SOURCE, IF POSSIBLE IN OUR CASE THE COMMITTEE CHAIR UTILIZED YUSA DATA AND BENCHMARKED AMONG A NUMBER OF OTHER YMCAS REPORT TO THE BOARD OF DIRECTORS. THE REPORT STATES THE ESTABLISHED COMPENSATION FOR THE EXECUTIVE DIRECTOR, FINANCE DIRECTOR, AND THE ASSOCIATE EXECUTIVE DIRECTOR. FINANCE DIRECTOR, AND THE ASSOCIATE EXECUTIVE DIRECTOR. THE BOARD HAS THE OPPORTUNITY. TO REVIEW THE EXECUTIVE COMPENSATION COMMITTEES REPORT, SUCH |

| Return Reference | Explanation |
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| FORM 990, PAGE 6, PART VI, LINE 15B | THE PROCESS FOR DETERMINING COMPENSATION AMOUNTS FOR THE ORGANIZATION'S FINANCE DIRECTOR AND ASSOCIATE EXECUTIVE DIRECTOR ARE INCLUDED IN THE EXECUTIVE COMPENSATION COMMITTEE PROCESS AND PROCEDURES AS OULINED ABOVE FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR |

| Return Reference | Explanation |
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| VI, LINE 19 | THE ORGANIZATIONS ANNUAL 990 FILING IS AVAILABLE FOR INSPECTION ON THE PUBLICLY AVAILABLE WEBSITE GUIDE STAR THE ORGANIZATION'S ANNUAL 990 FILING AND ANNUAL CERTIFIED AUDIT ARE AVAILABLE FOR PUBLIC INSPECTION AT THE CONNECTICUT PUBLIC CHARITIES UNIT OF THE CONNECTICUT ATTORNEY GENERAL'S OFFICE IN HARTFORD CT THE ORGANIZATION REGISTERS ANNUALLY UNDER THE CT SOLICITATION OF CHARITABLE FUNDS ACT AND SUBMITS THESE DOCUMENTS ANNUALLY AS REQUIRED THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, ANNUAL AUDITED FINANCIAL STATEMENTS AND ANNUAL 990 FILING ARE AVAILABLE FOR INSPECTION BY MEMBERS OF THE PUBLIC AT THE ORGANIZATION'S PLACE OF BUSINESS DURING NORMAL BUSINESS HOURS APPOINTMENTS FOR REVIEW OF THESE DOCUMENTS MUST BE MADE WITH THE ORGANIZATION'S FINANCE DIRECTOR IN ADVANCE |

| Return Reference | Explanation |
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| FORM 990, PART XI, LINE 9 | SPECIAL EVENT EXPENSES DEDUCTED ON 990 PART VIII-LINE 8B 22,497 COST OF GOODS SOLD DEDUCTED ON 990 PART VIII-LINE 10B 10,107 PROGRAM FINANCIAL ASSISTANCE BASED ON NEED-IN KIND -274,487 SPECIAL EVENT EXPENSES DEDUCTED ON 990 VIII-LINE 8B -22,497 COST OF GOODS SOLD DEDUCTED ON 990 VIII-LINE 10B -10,107 PROGRAM FINANCIAL ASSISTANCE BASED ON NEED-IN KIND 274,487 |