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DLN: 93493134063565

Form **990** 

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

Open to Public

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

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

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

Inspection

A Fo	r the 2014 o	alendar year, or tax year beginni C Name of organization	ng 01-01-2014 , and ending 12	2-31-2014	ŀ				
	eck if applicab Fress change	THE WATERBURY YOUNG MEN'S C	CHRISTIAN						ntification number
_	_	ASSOCIATION					06-06	46988	3
	ne change	Doing business as	Doing business as						
	ial return	Number and street (or P O box if	mail is not delivered to street address)	Room/sui	te		E Telepho	ne num	ber
retu	aı ırn/termınated	136 WEST MAIN STREET	······································				(203)	754-9	622
┌ Am	ended return		ountry, and ZIP or foreign postal code						
☐ App	lication pendi	WATERBURY, CT 06702				L	<b>G</b> Gross re	ceipts \$	7,869,881
		<b>F</b> Name and address of p	rıncıpal officer		H(a)	Is this	a group	return	for
		JAMES O'ROURKE EXECU	JTIVE DIRECTOR			subord	linates?		┌ Yes 🗸 No
		WATERBURY,CT 06702			H(b)	A re all	subordıı	nates	┌ Yes ┌ No
						ınclude	ed?		
	x-exempt stat		(insert no ) 4947(a)(1) or 5	527		If "No,	." attach	a list	(see instructions)
J W	ebsite: 🕨 \	VWW WATERBURYYMCA ORG			H(c)	Group	exempti	on nur	mber ►
		on 🔽 Corporation 🗌 Trust 🦳 Associa	tion Cther 🕨		<b>L</b> Yea	ar of fom	nation 18!	58 <b>M</b>	State of legal domicile CT
Pa		mmary  describe the organization's miss							
Governance	WATE PROG WORK COMN VOLU COMN CHAR OFAL	Y-LAWS OF THE WATERBURY YRBURY YOUNG MEN'S CHRIST RAMS THAT DEVELOP HEALTH AND PROVIDES THE FOUNDA MUNITY THAT PROMOTES YOU NTEERS 157 YEARS AGO, THE MUNITY MEMBERS AND PROGR ITABLE, COMMUNITY AND SO L AGES, ABILITIES, INCOMES THY LIVING, AND SOCIAL RES ESS THE NEEDS OF THE GREA	IAN ASSOCIATION IS "TO PUNY SPIRIT, MIND, AND BODY FOOD OF THE PROGRAMS AN THE DEVELOPMENT, HEALTHY WATERBURY YMCA HAS BEEN AM PARTICIPANTS THROUGH CIAL SERVICE ORGANIZATION, ETHNICITY, AND RELIGIONS PONSIBILITY, AND ACCOMPLES	T CHRIS FOR ALL D SERVI LIVING N ABLE T HOUT ITS ON THAT S IT IS D	TIAN F THE M CES FO , AND S O OFFE S HIST CONS DEDICA	PRINCI MISSIO R THE SOCIAL ER A SU ORY TI ISTS O	PLES IN N SUPP CONST! RESPO JPPORT! HE WATI F MEN, NO O YOUT	TO PRORTS TUEN NSIBI VE NE RBUR WOME H DEV	RACTICE THROUGH ITS CHARITABLE ITS IN THE LITY FOUNDED BY ETWORK FOR RY YMCA IS A N AND CHILDREN TELOPMENT,
Activities &	Chast	this box 📭 if the organization	discontinued its apprehiens or d	anacad a	f mara t	than 2 F	10/- of the	nat na	
Ħ.	Z Check	this box 🖣 — if the organization	discontinued its operations or di	isposed o	i more i	LIIAII 25	1% 01115	net as	sets
ă	<b>3</b> Numb	er of voting members of the gove	rning body (Part VI, line 1a) .					3	25
	4 Numb	4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)						4	25
							•	5	404
	7a Total unrelated business revenue from Part VIII, column (C), line 12					•	6	221	
							•	7a 7b	0
	<b>D</b> Mat a	Total Car Bashiess Carable Income			Ť	Prior			Current Year
	8 Con	tributions and grants (Part VIII,	butions and grants (Part VIII, line 1h)			2,932,1	54	3,766,971	
Tile	<b>9</b> Pro	gram service revenue (Part VIII,				3,209,9	40	3,463,515	
Ravenue		·	nt income (Part VIII, column (A), lines 3, 4, and 7d)				35,4	52	34,468
ш.		er revenue (Part VIII, column (A		-		56,515 6,234,061		15	16,786
		al revenue—add lines 8 through 1			!			61	7,281,740
		nts and similar amounts paid (Pa					274,4	87	357,612
	<b>14</b> Ben	efits paid to or for members (Part	IX, column (A), line 4)						0
ø	<b>15</b> Sala 5-1	ries, other compensation, emplo	yee benefits (Part IX, column (A	(), lines			3,124,3	66	3,198,989
Expenses		essional fundraising fees (Part I)	X, column (A), line 11e)						0
⊕ ⊕		fundraising expenses (Part IX, column (							
Ω		er expenses (Part IX, column (A)					2,738,1	94	2,862,439
		al expenses Add lines 13–17 (m			6,137,047			6,419,040	
		enue less expenses Subtract lin			. —		97,0		862,700
<u>४</u>					Beg	_	of Currer	it	End of Year
S S S	<b>50</b> T.1	I a a a a ba (B a ab W I ba a d C)				Ye		2.5	
A.S.		al assets (Part X, line 16) al liabilities (Part X, line 26) .					4,561,3 4,561,3	-	15,377,956 4,345,737
Net Assets or Fund Balances		assets or fund balances Subtrac			·		10,110,4		11,032,219
_		nature Block	.cime 21 nominie 20 1 1 1						11,001,210
Unde my kr	r penalties		xamined this return, including a						
		d belief, it is true, correct, and co		(otner tn				an mio	
	I	d belief, it is true, correct, and co knowledge ****		otner tn		201	5-05-05		
Sign	Si	d belief, it is true, correct, and co knowledge		otner tn		201 Date			
Sign Here	<u>s</u>	d belief, it is true, correct, and co knowledge  **** gnature of officer  HN ZINNO JR PRESIDENT		(other th					
Sign Here	<u>s</u>	d belief, it is true, correct, and co knowledge  **** gnature of officer  WHN ZINNO JR PRESIDENT  The or print name and title	omplete Declaration of preparer		ate	Date	e		
Here	<u>s</u> i	d belief, it is true, correct, and co knowledge  **** gnature of officer  HN ZINNO JR PRESIDENT pe or print name and title  Print/Type preparer's name DANIEL C VOLLARO CPA	Preparer's signature DANIEL C VOLLARO CPA	Di	ate 015-05-1	Date  Checker  self-e	e If employed	PTIN P00055	5760
Here ——Paid	Si	d belief, it is true, correct, and co knowledge  **** gnature of officer  HN ZINNO JR PRESIDENT pe or print name and title  Print/Type preparer's name	Preparer's signature DANIEL C VOLLARO CPA	Di		Date  Checker  self-e	e < lambda	PTIN P00055	5760
Here Paic	<u>s</u> i	d belief, it is true, correct, and co knowledge  **** gnature of officer  HN ZINNO JR PRESIDENT pe or print name and title  Print/Type preparer's name DANIEL C VOLLARO CPA	Preparer's signature DANIEL C VOLLARO CPA	Di		Check 4 Self-e Firm's	e If employed	PTIN P00055 -121859	5760 94

Part III Statement of Program Service Accomplishm
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the total expenses, and revenue, if any, for each program service reported

Briefly describe the organization's mission

THE BY-LAWS OF THE WATERBURY YOUNG MEN'S CHRISTIAN ASSOCIATION STATE THAT THE MISSION OF THE WATERBURY YOUNG MEN'S CHRISTIAN ASSOCIATION IS "TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH 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 157 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 COMMUN

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others,

**4a** (Code ) (Expenses \$ 2,496,554 including grants of \$ 221,733 ) (Revenue \$ 950,720

YMCA CHILD DEVELOPMENT-SEE ATTACHED SCHEDULE O FOR PROGRAM DESCRIPTION YMCA CHILD DEVELOPMENT THE WATERBURY YMCA CHILD DEVELOPMENT CENTER SERVED 291 CHILDREN DAILY AND 663 OVERALL THROUGH OUR NAEYC ACCREDITED SCHOOL READINESS PRESCHOOL AND THE BEFORE AND AFTER SCHOOL PROGRAMS 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 THE SCHOOL READINESS PROGRAM IS BASED ON A SLIDING FEE SCALE AND HELPS PROVIDE HIGH QUALITY PRESCHOOL PROGRAMMING TO 184 CHILDREN WITHIN THE WATERBURY COMMUNITY AS PART OF THE YMCA MISSION TO PROMOTE YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY, THE YMCA SCHOOL READINESS PROGRAM PARTICIPATES IN THE CACEP STATE NUTRITION PROGRAM WHICH PROVIDES NUTRITIONAL MEALS AND SNACKS TO THE PRESCHOOL CENTER CHILDREN DAILY AND AT NO COST TO THE PARENTS THE YMCA FOCUSES ON THE DEVELOPMENTAL NEEDS, EDUCATION, SAFETY, AND PREPAREDNESS 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 SERVICES TO CHILDREN AND FAMILIES LIVING AND WORKING IN THE GREATER WATERBURY AREA WE STRIVE TO DEVELOP EDUCATIONAL AND ENRICHMENT ACTIVITIES BASED ON THE 40 DEVELOPMENTAL AND ENRICHMENT ACTIVITIES BASED ON THE 40 DEVELOPMENTAL AND ENRICHMENT ACTIVITIES AND INDIVIDUAL WITH UNIQUE NEEDS, ABILITIES, AND EXPERIENCES ACTIVITIES AND MATERIALS ARE PLANNED AND IMPLEMENTED TO PROMOTE LEADERSHIP, TEAM BUILDING, AND SELF-ESTEEN THE EDUCATION PLAN OF THE PROGRAM IS TO PROVIDE THE CHILDREN ENROLLED

**4b** (Code ) (Expenses \$ 1,689,436 including grants of \$ 102,911 ) (Revenue \$ 1,752,751 )

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 PERSONAL TRAINING AND OTHER SERVICES THE YMCA 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 THE YMCA IN OUR THIRD YEAR OF THE PROGRAM, LIVESTRONG AT THE YMCA IS STILL VERY WELL ATTENDED IN 2014 A TOTAL OF 46 SURVIVORS GRADUATED FROM THE FREE PROGRAM LIVESTRONG AT THE YMCA INSTRUCTORS MEET WITH SURVIVORS TWICE A WEEK FOR AN HOUR AND A HALF CLASS THE CLASSES INCLUDE BOTH A STRUCTURED STRENGTH AND CARDIO PROGRAM WITH OPPORTUNITIES FOR MEDITATION AND SHARING THE PARTICIPANTS PLEDGE TO ATTEND 20 OUT OF THE 24 CLASSES, THUS MOTIVATING PEOPLE TO CONTINUE THROUGHOUT THE PROGRAM, AND ALLOWING THEM TO GET THE BEST RESULTS 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 POSITIVE OUTCOMES OF LIVESTRONG AT THE YMCA ARE PLENTIFUL BERKELEY WARNER RECREATION CENTER THE BERKELEY WARNER RECREATION CENTER SERVES YOUTH AND TENS IN THE ADJACENT BERKELEY HEIGHTS HOUSING COMPLEX AND IS WELL ATTENDED WITH STRUCTURED ACTIVITIES FOR DIFFERENT AGE GROUPS, ENSURING AN EASILY ACCESSIBLE SAFE AND SUPERVISED ENVIRONMENT FOR AT-RISK YOUTH LIVING IN THE NEIGHBORHOOD THE YMCA BRINGS A VARIETY OF ACADEMIC, ENRICHMENT, ATHLETIC AND PREVENTION PROGRAMS TO THE CENTER OTHER ACTIVITIES AND EVENTS INCLUDE THE BERKELEY WARNER KNIGHTS DRILL TEAM IN 2014 THE YMCA EQUIPPED THE CENTER WITH NEW FITNESS EQUIPMENT, UPGRADED THE

**4c** (Code ) (Expenses \$ 505,091 including grants of \$ 32,968 ) (Revenue \$ 387,489 )

CAMP PROGRAMMING-SEE ATTACHED SCHEDULE O FOR PROGRAM DESCRIPTION CAMP PROGRAMMING THE WATERBURY YMCA HAS OPERATED YMCA CAMP MATAUCHA OUTDOOR CENTER IN WATERTOWN FOR 88 YEARS AND HAS RUN YMCA CAMP OAKASHA IN SOUTHBURY FOR 18 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 PRESON THEY BECOME THE CAMP PROGRAMS SERVED 1,069 CAMPERS AGES 5 THROUGH 15 THROUGHOUT THE SEASON, AVERAGING 252 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 YMCA WAS ABLE TO PROVIDE 32,968 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" YMCA 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 20 GROUPS, TOTALING OVER 1,183 PARTICIPANTS, THROUGH A VARIETY OF CHALLENGES INVOLVING HIGH AND LOW ROPES COURSE ELEMENTS

See Additional Data

**4d** Other program services (Describe in Schedule O )

(Expenses \$ 949,015 including grants of \$ ) (Revenue \$ 369,201 )

**4e** Total program service expenses ► 5,640,096

art TV	Check	list 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	
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? If "Yes," complete Schedule C, Part III	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? <i>If "Yes," complete Schedule D, Part I</i>	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	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
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	Yes	
L1	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 $X^{\bullet}$	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
L4a	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
L7	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		Νo
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 domestic 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 or for domestic individuals 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		No
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), 501(c)(4), and 501(c)(29) 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? <i>If "Yes," complete Schedule L, Part II</i>	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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
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		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Let Enter the number reported in Box 3 of form 10.96 Enter-0- if not applicable   1	201	Statements Regarding Other IRS Filings and Tax Compliance			_
b Enter the number of Forms W-20 included in line 1 a Enter-10- of Indit applicable is 20 bit the organization concily with backing withholding plate for reportable payments to ventors and reportable administration of the property of the		Check if Schedule O contains a response or note to any line in this Part V		Yes	.) No
Do the organization comply with backing visibility dies for reportable payments to venders and reportable gaming (gaming) enterings for previous enterings.  2a Enter the number of amployees reported on Form W.S., Transmittal of Yage and Tax Statemens, field of the claimed year ending with or within the year covered by this return.  2b If it at least one is reported on line 2a, do the organization file all required federal employment tax returns?  Note, if the sorn of lines 1 as and 2 as is greater than 250, you may be required to e-frie (see instructions)?  3c Dot the organization have unrelated business gross is unone of 51,000 more or during the year?  3c Dot the organization have unrelated business gross is unone of 51,000 more or during the year?  3d At any time during the calendar year, did the organization have an interest in, or a signature or other authority or account; or some organization have an enterest in, or a signature or other authority or accounting the complex conting to floring or country.  3d At any time during the calendar year, did the organization have an interest in, or a signature or other authority or accounting the complex country.  3d Enter the number of the firegap requirements for finct EN Form 114, Report of Foreign Bank and Financial Accounts (FBA.3)  3d If Yes, each the number of the firegap requirements for Finct EN Form 114, Report of Foreign Bank and Financial Accounts (FBA.3)  3d Was the organization approach that it was or is a party to a prohibited tax shelter transaction?  4d Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the gross that organization that here not tax deductables.  5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the gross that the organization have annual gross receipts that are normally greater than \$100,000, and did the gross that the gro	1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   12			
gameng (gameling) ammings to prize winners?  2 be first the number of employees reported on From W-3, Transmittal of Wage and Tax Statements, filed for the calendar year entire within the year covered by this return.  3 b If statements, filed for the calendar year entire within the year covered by this return.  4 b I fest least one is reported on line 2a, did the organization file all required feeral employment tax returns?  3 b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 b Did the organization and the year?  4 c I first year, has a littled a form \$90 or To first year? I've to line 3b, your day be yourded an explosition in Schedule 0.  4 c I first year, a third a form \$90 or To first year? I've to line 3b, yourded an explosition in Schedule 0.  5 c I first year, a therefore an entire the transport of the young the year of the return of the return of the foreign country?  5 c I first year, a therefore any other year of the first year?  5 c I first year, a third in a party to a prohibited tax shelter transaction at any time during the tax year?  5 c I first year, a time of the foreign country?  5 c I first year, a time of the foreign country?  5 c I first year, and the organization has a shell and remandation and any time during the tax year?  5 c I first year, and the organization has a shell and remandation and any time during the tax shelter transaction?  5 c I first year, and the organization shell of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the	b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b  0	1		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statemens, field or the calendar year entered by this return.  2a I state the number of employees reported on Inne 2a, did the organization file all required federal employment tax returns?  Note, If the sum of lines 1a and 2a is greater than 2.50, you may be required to e-file (see instructions)  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3d At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account in organization above an interest in, or a signature or other authority over, a financial account in organization above an interest in, or a signature or other authority over, a financial account in organization accounts?  4a I state the number of employment and the organization have an interest in, or a signature or other authority over, a financial account in organization accounts?  5a Was the organization business and party to a prohibited tax shelter transaction?  5b Did have taxable party notify the organization file form 8886-T?  5c Did but the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solicit any contributions that were notified account organization solicit any contributions that were notified accounts of solicit any contributions that were notified accounts or solicit any contributions that were notified accounts of solicit any contributions that were notified accounts or solicit any contributions and accounts of the solicit any contributions of the solicit and solicit and contributions of solicit any contributio	c		1c		
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b If Yes,* has it field a Form 990-1 for this year? If Yeo'r to Ine 35, provide an explanation in Schedule 0  At any time during the celender year, did the organization have an interest in, or a signature or other authority was allowed to the page.  At any time during the celender year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial Accounts (FBAR)  b If Yes,* enter the name of the foreign country See interest in the security securities account, or other financial Accounts (FBAR)  b If Yes,* enter the name of the foreign country Period See interest in the security of the organization that it was or is a party to a prohibited tax shelter transaction?  50 Wes b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  51 Wes,* to line 5 a or 5b, did the organization file form 8556-T7  52 Wes the organization have annual gross receipts that are normally greater than \$1.00,000, and did the organization object any contributions that were not tax deductible as chantable contributions?  53 Wes the organization have annual gross receipts that are normally greater than \$1.00,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chantable contributions or gifts were not tax deductible as chantable contributions and party for goods and services provided to the page?  54 Organizations that may receive deductible contributions under section 170(c).  55 Unit the organization native the donor of the value of the goods or services provided?  76 Yes very services provided to the page?  77 If Yes of the organization and the year year premiums, directly or indirectly, to pay premiums on a personal benefit contract?  78 Ves of the organization of the year year year year year.  79 If the organization received a contribution of cush fed intellectual property, did the org	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1	Yes	
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b N N  c If "Yes," to line 5 a or 5b, did the organization file Form 8886-T?  5c Sa Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization object any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  5 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282?  d If "Yes," indicate the number of Forms 8282 filed during the year.  7 c Did the organization receive any funds, directly or indirectly, to pay preniums on a personal benefit contract?  7 d Did the organization received a contribution of qualified intellectual property, did the organization file a form \$282 filed during the year or the revisition of the payment of the pay	b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
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to Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8 282?  Note the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Property of the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Property of the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  Property of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Soposoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  By Did the sponsoring organization make any taxable distributions under section 4966?  Consection 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Consection 501(c)(12) organizations. Enter  Soction 501(c)(12) organizations. Enter  Consider from members or shareholders  Consider from members or shareholders  Consider from the sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Consection 501(c)(29) qualified nonprofit health insurance issuers.  Soction 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  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 in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves any payments for indoor tanning services during the tax year?  13a   13a   13a   13a   13a   13a   1	a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	200	
file Form 8282?	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76		file Form 8282?			No
to Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 N 7 N 8 gl fthe organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 N 9 gl fthe organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 h 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Pa Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter 1 Initiation fees and capital contributions included on Part VIII, line 12 1 Ob Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Section 501(c)(12) organizations. Enter 2 Gross income from members or shareholders 3 Gross income from members or shareholders 4 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11	d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	e	· · · · · · · · · · · · · · · · · · ·	7e		No
required?	f		7f		No
Form 1098-C?	g				
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	h		7h		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	8	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time	8	1	
Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12 10a  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  1 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders	9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12 10a	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  1 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders	0	Section 501(c)(7) organizations. Enter			
facilities  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders			-		
a Gross income from members or shareholders	b		-		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1				
against amounts due or received from them)			-		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b		-		
year	2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand	b	I 12k I			
Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	.3	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
In which the organization is licensed to issue qualified health plans		Note. See the instructions for additional information the organization must report on Schedule O	13a		
4a Did the organization receive any payments for indoor tanning services during the tax year?		in which the organization is licensed to issue qualified health plans			
		150		1	l I
					Νo

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	ction 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		No
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		No
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
	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
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			i.
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	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			_
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	· '		
17	List the States with which a copy of this Form 990 is required to be filed▶CT			
18	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.			

- I Own website I ✓ Another's website I ✓ Upon request I Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►BRANDI FITZGERALD FINANCE DIR

Form 990 (2014)	
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)	a	g	e	7
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- ♣ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	for related organizations below	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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 t perso	han d n is	ne l both	box, an d	heck unless officer stee)	į	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•		
c	Total from continuation sheets to Part VII, Section A	F		
d	Total (add lines 1b and 1c)	•	200,823	13,014

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►1

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

Section	R 1	indar	ahda	nt Cor	ntractors

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

<b>(B)</b> Description of services	(C) Compensation
	(B) Description of services

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

rait v	
ω 22	1a
ant	b
, Gr Ame	С
Siffs Iar,	d
ıs, ( imi	е
itior er S	f
ribu Oth	g
Contributions, Gifts, Grants and Other Similar Amounts	b d e f g h
Program Service Revenue	2a
Pev	Ь
МСе	C
Ser	e
Jran.	f
₹ Š	а
	2a b c d e f g
	4
	4 5
	6a
	ь
	c
	d
	7a
	Ь
	C
	d 8a
nue	
Reven	
her	ь
₹	С
	9a
	b
	с 10а
	b c
	11a
	b
	С
	d
	е

Form 99		· ·						Page <b>9</b>
Part V	4++1	Statement o Check if Schedu	<b>f Revenue</b> ule O contains a respons	se or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
- S	1a	Federated cam	paigns 1a					
Grants mounts	ь	Membership du	es <b>1b</b>					
وَ ق	С	Fundraising eve	ents <b>1c</b>	43,452				
Giffs, iilar A	d	Related organiz	ations 1d					
£ E E	e	Government grants	s (contributions) <b>1e</b>	2,255,369				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	1,468,150				
ntrib d Oth	g	1a-1f \$	ons included in lines	500				
<u>යු ළ</u>	h	Total. Add lines	s 1a-1f	· · · •	3,766,971			
e				Business Code				
ll e.v.	2a	PROGRAM SERVICI		900099	1,688,980	1,688,980		
Program Serwoe Revenue	b c	PROGRAM\MEMB		900099	1,370,590	1,370,590		
Ž.	d	FACILITY USE FEES		900099	357,612 46,333	357,612 46,333		
S.	e		<u> </u>	300033	10,333	10,333		
gran	f	All other progra	am service revenue					
Š	g	Total. Add lines	L s 2a – 2f		3,463,515			
	3	Investment inc	ome (including dividend	s, interest,	56,097			56,097
	4		ar amounts) tment of tax-exempt bond po	F	30,037			30,097
	5	Royalties		▶				
		,	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) Other				
	,	from sales of assets other than inventory	523,302	7,800				
	Ь	Less cost or other basis and	526,869	25,862				
	c	sales expenses Gaın or (loss)	-3,567	-18,062				
	d	Net gain or (los	s)		-21,629	-18,062		-3,567
Other Revenue	8a	Ψ	luding ,452 s reported on line 1c)					
<u>.</u>			а	24,277				
훈	b c		penses <b>b</b> [loss) from fundraising e	24,277				
-			rom gaming activities	vents :				
	_		a					
	b c		penses <b>b</b> [loss) from gaming activ	ıtıes <b>b</b>				
		Gross sales of returns and allo	inventory, less	1				
			a	13,211				
	Ь		oods sold <b>b</b>	11,133	2,078			2,078
	С	Miscellaneous	(loss) from sales of invei	Business Code	2,078			2,078
	11a	REVENUE FRO		900099	14,708	14,708		
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨	14,708			
	12	Total revenue.	See Instructions	· · · •	7,281,740	3,460,161		54,608

	·	
Part IX	Statement of Functional Expenses	
Section 50	1(c)(3) and 501(c)(4) organizations must complete all columns	All other organizations must complete column (A)
<u> </u>		

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this				
Do no	ot include amounts reported on lines 6b,		(B)	(C)	(D)
	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 domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	357,612	357,612		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16		,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	200,823		200,823	
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	2,514,898	2,241,243	188,024	85,631
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	143,106	107,835	31,148	4,123
9	Other employee benefits	118,959	107,592	9,220	2,147
10	Payroll taxes	221,203	182,747	31,364	7,092
11	Fees for services (non-employees)	,	,	<u> </u>	,
а	Management				
b	Legal	1,637		1,637	
c	Accounting	20,000		20,000	
d	Lobbying	20,000		20,000	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	378,419	313,254	58,630	6,535
12	Advertising and promotion	44,958	43,092	1,838	28
13	Office expenses	26,890	+3,032	18,528	8,362
14	Information technology	20,890		10,320	0,302
15	Royalties				
		994 136	967.001	15.745	1 200
16 17	Occupancy	884,126	867,001	15,745	1,380
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	22.746	15 702	7 207	616
19 20		23,746	15,703	7,397	646
	Interest		204,893	23,010	
21 22	•	72,666	72,666	12.050	
	Depreciation, depletion, and amortization	621,513	607,663	13,850	
23 24	Insurance	34,485	34,485		
а	PROGRAM SUPPLIES\EXPENSES	357,455	357,455		
b	EQUIP MAINT\RENTAL	87,570	74,738	12,832	
c	VEHICLE OPERATING EXPENSE	26,712	17,212	9,500	
d	TELEPHONE	22,526	9,800	12,726	
e	All other expenses	31,833	25,105	6,282	446
25	Total functional expenses. Add lines 1 through 24e	6,419,040	5,640,096	662,554	116,390
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 Fr if following SOP 98-2 (ASC 958-720)	0,419,040	5,040,090	002,334	110,390

Part X Balance Sheet

Par	LX	Check if Schedule O contains a response or note to any line in t	hıs Pa	art X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			421,833		228,669
	2	Savings and temporary cash investments	421,000	2	220,000		
	3				362,207	3	324,482
	_	Pledges and grants receivable, net			81,463		96,346
	4 _	Accounts receivable, net				4	96,346
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	rt II d	of		5	
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and $6000000000000000000000000000000000000$	ontril nploy	outing employers		6	
82	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use				8	
	_				148,124		164,638
	9	Prepaid expenses and deferred charges		 I	140, 124	9	104,036
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	19,843,035	4		
	Ь	Less accumulated depreciation	10b	8,344,262	<u> </u>		11,498,773
	11	Investments—publicly traded securities			1,587,626	11	2,515,359
	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	538,751	15	549,689		
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			14,671,805	16	15,377,956
	17	Accounts payable and accrued expenses			195,297	17	101,307
	18	Grants payable				18	
	19	Deferred revenue			165,406	19	94,054
	20	Tax-exempt bond liabilities			3,350,000	20	3,290,000
SO.	21	Escrow or custodial account liability Complete Part IV of Sche	dule [	· .		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, employees, highest compensated employees, and disqualif		ustees,			
<u>.e</u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s .		850,690	23	860,376
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pa	t X of	Schedule		25	
	36	D			4,561,393	26	4,345,737
—	26	Total liabilities. Add lines 17 through 25			4,361,393	26	4,343,737
<u> </u>		lines 27 through 29, and lines 33 and 34.			_		
<u> </u>	27	Unrestricted net assets	9,896,237		9,803,363		
ä	28	Temporarily restricted net assets	•		197,357	28	211,289
핕	29	Permanently restricted net assets			16,818	29	1,017,567
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere ►	and			
8	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
As	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Net	33	Total net assets or fund balances			10 110 112	33	11,032,219
Ψ.		Total lice assets of faile balances	•		10,110,412		11,032,219

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)	1		7,2	281,740
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,4	119,040
3	Revenue less expenses Subtract line 2 from line 1	3		8	362,700
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10.	110,412
5	Net unrealized gains (losses) on investments	5		,	59,107
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		11,0	032,219
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				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 revie a separate basis, consolidated basis, or both	wed o	n		
	☐ 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 separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of tl	ne <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
За	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?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 06-0646988

Name: THE WATERBURY YOUNG MEN'S CHRISTIAN

**ASSOCIATION** 

#### Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 949,015 including grants of \$ ) (Revenue \$ 369,201 )
OTHER PROGRAMS CONSIST OF PROGRAM DESCRIPTION AMOUNT AQUATICS 246,826 YOUTH, TEEN, & FAMILY PROGRAMS
342,282 EXTENSION-COMMUNITY PROGRAMS 148,512 PARKING SERVICES 211,395 TOTAL 949,015

Compensated Employees, and Inde (A) Name and Title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033 (1130)	2,1033 (1130)	related organizations
(1) MIKE STALLINGS	1 00	х						0	0	0
DIRECTOR (1) GREGORY CIMMINO DIRECTOR	1 00	х						0	0	0
(2) MELANIE FELLADORE DIRECTOR	1 00	х						0	0	0
(3) JOHN LAWLOR	1 00	х						0	0	0
DIRECTOR (4) GREG FENN	3 00	.,		.,						
TREASURER (5) CHARLES OMAN	1 00	×		X				0	0	0
DIRECTOR		×						0	0	0
(6) VERNON PROCTOR DIRECTOR	1 00	х						0	0	0
(7) JONATHAN ALBERT	1 00	x						0	0	0
DIRECTOR (8) SALLY O'CONNOR	1 00	.,								
DIRECTOR (9) HAROLD SMITH	3 00	X						0	0	0
VICE-PRESIDE		Х		Х				0	0	0
(10) KYLE MORRISDIRECTOR	1 00	x						0	0	0
(11) STEVE SOLECKI	1 00	х						0	0	0
DIRECTOR (12) CHAD WABLE	1 00	X						0	0	0
DIRECTOR (13) CARL CICCHETTI	3 00							_		
SECRETARY (14) GREG ZUPKUS	1 00	X		Х				0	0	0
DIRECTOR		×						0	0	0
(15) MICHAEL O'CONNOR	1 00	х						0	0	0
DIRECTOR (16) JOSEPH SUMMA	1 00	x						0	0	0
DIRECTOR (17) JOHN ZINNO JR	3 00									
PRESIDENT  (10) MAUDIEN CARLETON	1.00	Х		X				0	0	0
(18) MAUREEN CARLETON DIRECTOR	1 00	×						0	0	О
(19) JOSEPH YAMIN	1 00	х						0	0	0
DIRECTOR (20) STEPHEN BALL	3 00	x		×				0	0	0
VICE-PRESIDE (21) VINCENT GRAZIANO	1 00							_		
DIRECTOR (22) WILLIAM WESSON	1 00	Х						0	0	0
DIRECTOR	1 00	х						0	0	0
(23) DAVID LANE	1 00	х						0	0	0
DIRECTOR (24) REGGIE LIGON	1 00	X						0	0	0
DIRECTOR									0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	A verage Position (d more than or week (list any hours and a direct for related			ne bo	ox, u an ofi trust	nless ficer tee)		(D)  Reportable compensation from the organization (W-	(E)  Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	any nours for related organizations below dotted line)		Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) JAMES O'ROURKE  EXECUTIVE DI	40 00			х				134,936	0	13,014
(1) BRANDI FITZGERALD FINANCE DIRE	40 00			х				65,887	0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134063565

OMB No 1545-0047

### SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

## **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.

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

Open to Public Inspection

Name of the organization **Employer identification number** THE WATERBURY YOUNG MEN'S CHRISTIAN ASSOCIATION 06-0646988 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

Sch	edule A (Form 990 or 990-EZ) 2014						Page <b>2</b>
Pa	Support Schedule for (Complete only if you c	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	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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						
,	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
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 VI )						
11	<b>Total support</b> Add lines 7 through 10						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto				<del></del>	<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		<del> </del>	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	<b>33 1/3% support test—2014.</b> If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and <b>stop here.</b> The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	<b>-2014.</b> If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	<b>▶</b> ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		<b>▶</b> ┌
18	<b>Private foundation.</b> If the organizations	on ala not check	ca box on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• <b>▶</b> □

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.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,650,944	2,524,046	2,470,390	2,932,154	3,766,971	14,344,505
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	3,347,248	3,061,901	3,169,767	3,242,160	3,478,223	16,299,299
3	Gross receipts from activities that are not an unrelated trade or business under section 513	69,802	74,672	58,446	56,899	37,488	297,307
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	<b>Total.</b> Add lines 1 through 5	6,067,994	5,660,619	5,698,603	6,231,213	7,282,682	30,941,111
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year						
С 8	Add lines 7a and 7b <b>Public support</b> (Subtract line 7c						
	from line 6 )						30,941,111
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
9	A mounts from line 6	6,067,994	5,660,619	5,698,603	6,231,213	7,282,682	30,941,111
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	7,797	19,039	28,138	43,429	56,097	154,500
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_							
С	Add lines 10a and 10b	7,797	19,039	28,138	43,429	56,097	154,500
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	7,797	19,039	28,138	43,429	56,097	154,500
	Net income from unrelated business activities not included in line 10b, whether or not the	7,797	19,039	28,138	43,429	56,097	154,500
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c,	6,075,791	19,039 5,679,658	5,726,741	6,274,642	7,338,779	31,095,611
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is formula in the sale of capital assets (Explain in Part VI)	6,075,791	5,679,658	5,726,741	6,274,642	7,338,779	31,095,611
11 12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)	6,075,791 for the organization	5,679,658 n's first, second,	5,726,741	6,274,642	7,338,779	31,095,611 3) organiza <u>ti</u> on,
11 12 13 14 Se	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for the check this box and stop here	6,075,791 for the organization	5,679,658 in's first, second,	5,726,741 thırd, fourth, or fi	6,274,642	7,338,779	31,095,611 3) organiza <u>ti</u> on,
11 12 13 14 Se 15	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is a check this box and stop here	6,075,791 for the organization lic Support Pe (line 8, column (1	5,679,658 n's first, second, rcentage di divided by line	5,726,741 thırd, fourth, or fi	6,274,642	7,338,779 section 501(c)(	31,095,611 3) organization, ▶
11 12 13 14 Se 15 16	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is 10 check this box and stop here  ction C. Computation of Public support percentage for 2014	6,075,791 for the organization lic Support Pe (line 8, column (1) 3 Schedule A, Pa	5,679,658 n's first, second, rcentage divided by line rt III, line 15	5,726,741 third, fourth, or fi	6,274,642	7,338,779 section 501(c)(	31,095,611 3) organization, ▶ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
11 12 13 14 Se 15 16 Se	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is 1 check this box and stop here  ction C. Computation of Public support percentage for 2014	6,075,791 for the organization lic Support Pe (line 8, column (1) 3 Schedule A, Pa	5,679,658  n's first, second,  rcentage  ) divided by line rt III, line 15 ne Percentag	5,726,741 third, fourth, or fi 13, column (f))	6,274,642 fth tax year as a	7,338,779 section 501(c)(	31,095,611 3) organization, ▶ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
11 12 13 14 Se 15 16	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is 1 check this box and stop here  ction C. Computation of Public support percentage for 2014  Public support percentage from 201  ction D. Computation of Inventor in the support percentage from 201	6,075,791  For the organization  Iic Support Per  (line 8, column (1)  3 Schedule A, Par  2014 (line 10c, co	5,679,658 In's first, second, Ircentage I) divided by line Irt III, line 15 INCOMPART OF THE Percentage Iumn (f) divided by	5,726,741 third, fourth, or fi 13, column (f)) je py line 13, columr	6,274,642 fth tax year as a	7,338,779 section 501(c)(	31,095,611 3) organization,  99 500 % 99 620 %
11 12 13 14 Se 15 16 Se 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is 10 check this box and stop here  ction C. Computation of Public support percentage for 2014  Public support percentage from 201  ction D. Computation of Inventive income percentage for 2014	6,075,791  for the organization  lic Support Pe (line 8, column (i) 3 Schedule A, Pa estment Incom 2014 (line 10 c, co	5,679,658 In's first, second, Ircentage I) divided by line Irt III, line 15 INCOMPANIENT OF THE PERCENTAGE IUMN (f) divided by Part III, line 1	5,726,741 third, fourth, or fi 13, column (f)) je by line 13, columr	6,274,642 fth tax year as a	7,338,779 section 501(c)(  15 16  17 18	31,095,611 3) organization,  P 99 500 % 99 620 % 0 % 0 %

b 33 1/3% support tests—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

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

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

## Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthe excess of income from activity	orted organizations, in		
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	ICTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
c From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
<ul> <li>h Applied to 2014 distributable amount</li> <li>i Carryover from 2009 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			1
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493134063565

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization THE WATERBURY YOUNG MEN'S CHRISTIAN ASSOCIATION Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat No 50084S Schedule C (Form 990 or 990-EZ) 2014

5 c	hedule C (Form 990 or 990-EZ) 2014					Page <b>2</b>
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	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 \$500,00	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	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	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

Schedule C (Form 990 or 990-EZ) 2014	Page 🤄
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)).	

	•	election under section 501(h)).	(;	1)		(b)	
For e		gh 11 below, provide in Part IV a detailed description of the lobbying	Yes	No	,	Amou	nt
1	legislation, including any attempt through the use of	anization attempt to influence foreign, national, state or local t to influence public opinion on a legislative matter or referendum,					
a	Volunteers?			No	4		
Ь		e compensation in expenses reported on lines 1c through 1i)?	Yes		4		
С.	Media advertisements?			No			
d	Mailings to members, legislators			No	-		
e	Publications, or published or broad			No	-		
f	Grants to other organizations for		Vac	No	+		2.626
g		neir staffs, government officials, or a legislative body? s, conventions, speeches, lectures, or any similar means?	Yes	No	1		3,626
h i	Other activities?	s, conventions, speeches, lectures, or any similar means?		No	+		
i	Total Add lines 1c through 1i			NO	+		3,626
2a		the organization to be not described in section 501(c)(3)?		No			3,020
zu b	If "Yes," enter the amount of any			110	1		
c		tax incurred by organization managers under section 4912			-		
		a section 4912 tax, did it file Form 4720 for this year?					
		ganization is exempt under section $501(c)(4)$ , section	501(c	)(5).	or s	ectic	n
	501(c)(6).	<b>3</b>	(-	, ( - ),			
						Yes	No
1		ore) dues received nondeductible by members?		Ļ	1	↓	
2		n-house lobbying expenditures of \$2,000 or less?			2	↓	
3		ry over lobbying and political expenditures from the prior year?			3	<u> </u>	
Pa		ganization is exempt under section 501(c)(4), section ither (a) BOTH Part III-A, lines 1 and 2, are answered 'd "Yes."					
1	Dues, assessments and similar a	mounts from members	1				
2	Section 162(e) nondeductible lot expenses for which the section 5	obying and political expenditures (do not include amounts of political 27(f) tax was paid).					
a	Current year		2a				
ь	Carryover from last year		2b				
c	Total		2c				
3		ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		unt on line 2c exceeds the amount on line 3, what portion of the excess arryover to the reasonable estimate of nondeductible lobbying and					
	political expenditure next year?	,	4				
5	Taxable amount of lobbying and p	political expenditures (see instructions)	5				
P	art IV Supplemental Info	ormation					
		Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groe 1 Also, complete this part for any additional information	up list),	Part I	I-A,	lines 1	Land
	Return Reference	Explanation					
SCH	EDULE C, PART II-B, LINE 1	DURING 2014, THE WATERBURY YMCA ENGAGED IN THE FOLLOW	INGAC	TIVIT	IES '	 ГО	
501	TO STATE TO STATE T	EDUCATE LEGISLATORS AND ELECTED OFFICIALS ABOUT ITS PRITHE GREATER WATERBURY, CT AREA - THE EXECUTIVE DIRECTO LEGISLATORS, THEIR STAFF, AND GOVERNMENT OFFICIALS REGISPECIFIC PROGRAMS AND OTHER ISSUES RELATING TO THE ORGORGANIZATION PAYS ANNUAL DUES TO THE CT ALLIANCE OF YMONITORS LEGISLATIVE ACTIVITIES AS THEY RELATE TO YMCAFOR THE BENEFIT OF THESE ORGANIZATIONS BY ATTENDING MELEGISLATIVE SESSIONS, ETC	ROGRAM R SPO ARDING GANIZA MCA'S 'S IN C	1S AN CE WIT G FUNI TION THE C T AND	D SE H DING - TH T AL	RVICE FOR HE LIANO JOCA	CE TES

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

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#### DLN: 93493134063565

OMB No 1545-0047

SCHEDULE D

(Form 990)

## **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.

Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. **Inspection** Internal Revenue Service Name of the organization **Employer identification number** THE WATERBURY YOUNG MEN'S CHRISTIAN ASSOCIATION 06-0646988 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenue included in Form 990, Part VIII, line 1

Part	•••• Organizations Maintaining Co	<u>llections of Art</u>	, His	toric	al Tre	eası	ıres, or O	the	<u>r Simila</u>	r As	sets (c	ontınued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other recor	ds, cl	heck a	·		_		_	nt use	of its	
а	Public exhibition		d	Γ	Loan o	rexc	hange progi	ams				
b	Scholarly research		е	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w they	furthe	r the	organızatıor	ı's ex	cempt pur	poseı	n	
5	During the year, did the organization solicit of								nılar			_ N-
Dar	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the								'es" to Fo		Yes	│ No
- 61	Part IV, line 9, or reported an an						ii aliswele	u i	es to 10	11111 9	<i>3</i> 0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	forco	ontribut	ions	or other ass	ets	not	ſ	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing ta	able		_					
										Am	ount	
C	Beginning balance						_	1c				
d	Additions during the year							1d				
e	Distributions during the year						-	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21,	for es	crow or	cust	odial accou	nt lia	ability?	ſ	Yes	□ No
_ь	If "Yes," explain the arrangement in Part XII											<u> </u>
Pa	rt V Endowment Funds. Complete						Form 990, Two years bac				(=)Four	voo vo bo ak
1a	Beginning of year balance	(a)Current year 10,810	(0	Prior y	/ear 4,423		iwo years bac	K (a)	inree years	Баск	(e)Four	rears back
b	Contributions	1,003,700			5,300		4,35	0				
c	Net investment earnings, gains, and losses						· · ·	+				
		23,521			1,087		7	3				
d	Grants or scholarships Other expenditures for facilities							+				
е	and programs											
f	Administrative expenses											
g	End of year balance	1,038,031			10,810		4,42	3				
2	Provide the estimated percentage of the curr	ent year end baland	e (lır	ne 1g,	columr	n (a))	held as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ► 97 620 %											
c	remporarily restricted endowment	80 %										
	The percentages in lines 2a, 2b, and 2c show	•										
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that a	re held	and a	administere	d for	the		Yes	No
	(i) unrelated organizations									3a(		No
	(ii) related organizations									<b>3a</b> (i	i)	No
	If "Yes" to 3a(II), are the related organization	· · · · · · · · · · · · · · · · · · ·						•		3b		
4	Describe in Part XIII the intended uses of th							1	F 00	0 0-	1.714.1	
Pali	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line :		ne o	rgani	zation	ans	werea Yes	to	Form 99	υ, Pa	rt IV, II	ine
	Description of property				Cost or c		( <b>b)</b> Cost or o basis (othe		(c) Accum depreca		(d) Bo	ook value
1a	Land			1			1,351	,649				1,351,649
b	Buildings						15,101		6,	433,336	5	8,668,384
c	Leasehold improvements						5	,500		691		4,809
d	Equipment		•				1,926	,407	1,	213,033	3	713,374
	Other						1,457	,759		697,202	2	760,557
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part >	(, colu	ımn (B	3), line 1	10(c).	)			<b> -</b>		11,498,773
									Sche	dule D	(Form	990) 2014

Part VII Investments—Other Securities. Co	mplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. C	complete if the organizati	on 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
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
		90, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal Income taxes		
		1
		†
		_
		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	-
D. La la la la tara francisco de la constante	do the toyt of the fortunation	

SCHEDULE D, PAGE 4, PART XII,

SCHEDULE D, PAGE 4, PART XII,

SCHEDULE D, PAGE 4, PART XIII

LINE 2D

LINE 4B

Par		evenue per Audited Financial State vered 'Yes' to Form 990, Part IV, line 1		nts With Revenue p	er R	<b>eturn</b> Complete If
1	Total revenue, gains, and othe	r support per audited financial statements			1	7,018,645
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) (	on investments	2a	59,107		
b	Donated services and use of fa	acılıtıes	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII )		2d	35,410		
e	Add lines <b>2a</b> through <b>2d</b> .		· · ·		2e	94,517
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	6,924,128
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII )		4b	357,612		
c	Add lines <b>4a</b> and <b>4b</b>				4c	357,612
5		<b>4c.</b> (This must equal Form 990, Part I, line			5	7,281,740
Part		<b>xpenses per Audited Financial Sta</b> swered 'Yes' to Form 990, Part IV, line			s per	Return. Complete
1		audited financial statements			1	6,096,838
2	Amounts included on line 1 but	t not on Form 990, Part IX, line 25				
а	Donated services and use of fa	icilities	2a			
b	Prior year adjustments		2b			
c	Otherlosses		2c			
d	Other (Describe in Part XIII )		2d	35,410		
e	Add lines 2a through 2d				2e	35,410
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	6,061,428
4	Amounts included on Form 990	O, Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	ıded on Form 990, Part VIII, line 7b 🔒 .	4a			
b	Other (Describe in Part XIII )		4b	357,612		
c	Add lines <b>4a</b> and <b>4b</b>				4c	357,612
5		nd <b>4c.</b> (This must equal Form 990, Part I, lin	e 18 )		5	6,419,040
Part	<b>XIII</b> Supplemental Inf	ormation				
Part		Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
SCHE	DULE D, PAGE 3, PART X	THE ORGANIZATION BELIEVES THAT I POSITIONS TAKEN, AND AS SUCH, DOI ARE MATERIAL TO THE FINANCIAL STA ORGANIZATIONS EXEMPT FROM INCO DECEMBER 31, 2011, 2012, AND 2013 A GENERALLY FOR THREE YEARS AFTER	S NOTEME ATEME ME TA ARE SU	T HAVE ANY UNCERTA NTS THE ORGANIZAT X (FORM 990) FOR THI JBJECT TO EXAMINAT	IN TA ION' EYEA	AX POSITIONS THAT S RETURN OF RS ENDED
SCHE LINE	DULE D, PAGE 4, PART XI, 2D	SPECIAL EVENT EXPENSES DEDUCTED SOLD DEDUCTED ON 990 PART VIII-LI	ON 99	0 PART VIII-LINE 8B	24,27	77 COST OF GOODS
SCHE LINE	DULE D, PAGE 4, PART XI, 1B	PROGRAM FINANCIAL ASSISTANCE BA	SED O	N NEED-IN KIND 357	,612	

DEDUCTED ON 990 VIII-LINE 10B 11,133

SPECIAL EVENT EXPENSES DEDUCTED ON 990 VIII-LINE 8B 24,277 COST OF GOODS SOLD

ENDOWMENT CONSISTS OF INDIVIDUAL DONOR-RESTRICTED FUNDS ESTABLISHED FOR A

PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS

PROGRAM FINANCIAL ASSISTANCE BASED ON NEED-IN KIND 357,612

PART V, LINE 4 - INTENDED USE OF ENDOWMENT FUNDS THE ORGANIZATION'S

VARIETY OF PURPOSES AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING

C-L-	 <b>n</b>	 $\Delta \Delta \Delta \lambda$	2014

Jenedale 2 (1 31111 33 3) 23 13		age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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DLN: 93493134063565

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

**Supplemental Information Regarding 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. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

	of the organization WATERBURY YOUNG MEN	'S CHRISTIAN	-		·		Employer ider	ntification number
	CIATION	3 CHRISTIAN					06-0646988	
Part	Fundraising Active filers are not require			janızatıo	on answered "Yes" to	Form	990, Part IV,	line 17. Form 990-EZ
1	Indicate whether the organ	ızatıon raısed funds t	through ar	ny of the 1	following activities Che	eck all th	nat apply	_
а	Mail solicitations	n-govern	ment grants					
b	Internet and email soli	ernment	t grants					
c	Phone solicitations <b>g</b> Special fundraising even						5	
d	In-person solicitations							
	Did the organization have a or key employees listed in							Г Yes
	If "Yes," list the ten highes to be compensated at least			fundraıse	rs) pursuant to agreem	ents und	der which the fu	ndraiser is
	) Name and address of ındıvıdual or entity (fundraıser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or r fundra	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1			Yes	No				
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total				<u></u> ▶				
	List all states in which the or	organization is regis	tered or li	censed to	I o solicit contributions o	r has be	en notified it is	exempt from

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contributi							
			(a) Event #1  GOLF TOURNAMENT (event type)	(b) Event #2  CICCHETTI RACE (event type)	(c) O ther events	(d) Total events (add col (a) through col (c))				
₽	1	Gross receipts	52,995	14,734		67,729				
Revenue	2	Less Contributions	38,830	4,622		43,452				
~ 	3	Gross income (line 1 minus line 2)	14,165			24,277				
	4	Cash prizes		1,240		1,240				
"	5	Noncash prizes								
nse	6	Rent/facility costs	12,170			12,170				
Expenses	7	Food and beverages .								
Direct	8	Entertainment								
ā	9	Other direct expenses .	1,995	8,872		10,867				
	10	Direct expense summary Add lin	es 4 through 9 in column	(d)		(24,277)				
	11	Net income summary Subtract li	ne 10 from line 3, column	(d)						
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		'Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than				
Revenue	1	Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))				
		Cash prizes								
Expenses	3	Non-cash prizes								
	4	Rent/facility costs								
Drea	5	Other direct expenses								
	6	Volunteer labor		✓ Yes         %           No	│ Yes	_				
		Direct expense summary Add line  Net gaming income summary Subt								
9 a b	Ist If"N	er the state(s) in which the organization licensed to conduction." No," explain	t gaming activities in eacl	n of these states?						
10a b	Wer	re any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes								

Sche	edule G (Form 990 or 990-EZ) 2014				Page <b>3</b>				
11	Does the organization conduct gaming	activities with no	onmembers?	┌ Yes	┌ No				
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity								
	formed to administer charitable gaming	,		┌ Yes	Г <sub>№</sub>				
13	Indicate the percentage of gaming activ	vities conducted	ın						
а	The organization's facility				%				
b	An outside facility				%				
14	Enter the name and address of the pers	on who prepares	the organization's gaming/special events books and records						
	Name 🟲								
	Address 🟲								
15a	Does the organization have a contract v	with a third party	from whom the organization receives gaming						
				Г ves	□ No				
b			by the organization 🕨 \$ and the	, 163	, 110				
	amount of gaming revenue retained by		·						
c	If "Yes," enter name and address of the								
	Name 🟲								
	A ddress <b>►</b>								
16	Gaming manager information								
	Name <b>▶</b>								
	Gaming manager compensation 🕨 \$								
	Description of services provided								
	Director/officer	<del>-</del> Employee	Independent contractor						
17	Mandatory distributions	2	,						
 а	,	Is the organization required under state law to make charitable distributions from the gaming proceeds to							
	-	retain the state gaming license?							
b	Enter the amount of distributions require	ed under state la	aw distributed to other exempt organizations or spent	, 103	. 110				
	in the organization's own exempt activi								
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional infori						
	Return Reference		Explanation						
			Schodulo C /Form (	200 000	F7\ 2014				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493134063565 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 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. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization THE WATERBURY YOUNG MEN'S CHRISTIAN 06-0646988 **ASSOCIATION** Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . .

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

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) CHILD CARE ASSIST	291		221,733	FEE SCH	PRO GRAM FEES
(2) HEALTH/WELLNESS ASSIST	235		102,911	FEE SCH	PRO GRAM FEES
(3) CAMP PROGRAMMING ASSIST	327		32,968	FEE SCH	PRO GRAM FEES

Part IV Supplemental I	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.				
Return Reference	Explanation				
LINE 2	IT IS THE GOAL OF THE WATERBURY YMCA TO PROVIDE SERVICES TO ANY PERSON WHO DESIRES TO PARTICIPATE IN THE ACTIVITIES 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) 2014

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(Form 990)

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.

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

OMB No 1545-0047

DLN: 93493134063565

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** THE WATERBURY YOUNG MEN'S CHRISTIAN 06-0646988 ASSOCIATION Part I Bond Issues (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (h) On (i) Pool (e) Issue price behalf of financing ıssuer Yes No Yes No Yes No CT HEALTH&EDUCFACILITIES 06-0806186 20774UM77 10-23-2008 CHILD CARE FACILITY Χ Х 3,570,000 CONSTR AUTHORITY CYNTHIA D PEOPLES Proceeds C Α В D Amount of bonds retired Amount of bonds legally defeased 2 Total proceeds of issue 3 3.570.000 Gross proceeds in reserve funds 4 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 Yes No 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? Χ 15 Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final Χ allocation of proceeds? **Private Business Use** Part III Α В C D No No No No Yes Yes Yes Yes

property financed by tax-exempt bonds?

financed property?

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-

Χ

Χ

										. agc <b>=</b>
Par	t III Private Business Use (Continued)			_	ı	_		_	ı	_
				A		B		C		D No.
За	Are there any management or service contracts that may result in private	business use	Yes	No	Yes	No	Yes	No	Yes	No
<u></u>	of bond-financed property?			Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel o outside counsel to review any management or service contracts relating t									
	property?	o the illiancea								
С	Are there any research agreements that may result in private business us financed property?	se of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel o outside counsel to review any research agreements relating to the finance									
4	Enter the percentage of financed property used in a private business use to other than a section $501(c)(3)$ organization or a state or local governments									
	Enter the percentage of financed property used in a private business use a									
,	unrelated trade or business activity carried on by your organization, anoth 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 nongovernmental person other than a 501(c)(3) organization since the boussued?			х						
ь	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 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all non- bonds of the issue are remediated in accordance with the requirements un Regulations sections 1 141-12 and 1 145-2?		Х							
Pai	rt IV Arbitrage					1	<u>I</u>	<u> </u>	-	<u> </u>
		А			В	В С			D	
		Yes	No	Yes	No	Y	es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		×							
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х							
b	Exception to rebate?		Х							
С	No rebate due?	×								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed			•		•				
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
ь	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									

		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		х						
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х						
7	Has the organization established written procedures to monitor the requirements of section 148?	х							
Pa	Tt V Procedures To Undertake Corrective Action								
		Α		В	ı	С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

Datama Dafamana	•	F
Return Reference		Explanation
COLLEGE LE DATE DEDATE		

SCHEDULE K - DATE REBATE COMPUTATION PERFORMED

CT HEALTH&EDUC FACILITIES AUTHORITY 10/23/13

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As Filed Data -

DLN: 93493134063565

OMB No 1545-0047

2014

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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

Employer identification number

06-0646988

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE BY-LAWS OF THE WATERBURY YOUNG MEN'S CHRISTIAN ASSOCIATION STATE THAT THE MISSION OF THE WATERBURY YOUNG MEN'S CHRISTIAN ASSOCIATION IS "TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH 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 157 YEARS AGO, THE WATERBURY Y MCA HAS BEEN ABLE TO OFFER A SUPPORTIVE NETWORK FOR COMMUNITY MEMBERS AND PROGRAM PARTICIPANTS THROUGHOUT ITS HISTORY THE WATERBURY Y MCA 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 2014, THE WATERBURY Y MCA WAS ABLE TO OFFER FINANCIAL ASSISTANCE TO MORE THAN 1,000 INDIVIDUALS AND FAMILIES TOTALING MORE THAN 358,000, THEREBY GRANTING ACCESS TO MEMBER SERVICES AND PROGRAMS THESE FUNDS WERE MADE AVAILABLE AS A DIRECT RESULT OF THE GENEROSITY OF YMCA SUPPORTERS WHO CONTRIBUTED OVER 164,000 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
	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

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	DESCRIPTION OF 32 POLICY MAKING VOLUNTEERS AND MORE THAN 189 PROGRAM VOLUNTEERS WHO MADE SIGNIFICANT CONTRIBUTIONS OF THEIR TIME IN THE FURTHERANCE OF Y MCA 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

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	YMCA CHILD DEVELOPMENT THE WATERBURY YMCA CHILD DEVELOPMENT CENTER SERVED 291 CHILDREN DAILY AND 663 OVERALL THROUGH OUR NAEY C ACCREDITED SCHOOL READINESS PRESCHOOL AND THE BEFORE AND AFTER SCHOOL PROGRAMS THESE PROGRAMS ARE RUN AT THE WEST MAIN STREET LOCATION AND 7 OFF-SITE LOCATIONS IN THE GREATER WATERBURY AREA THROUGH PARTINERSHIPS WITH THE LOCAL SCHOOL DISTRICTS AND BOARDS OF EDUCATION THE SCHOOL READINESS PROGRAM IS BASED ON A SLIDING FEE SCALE AND HELPS PROVIDE HIGH QUALITY PRESCHOOL PROGRAMMING TO 184 CHILDREN WITHIN THE WATERBURY COMMUNITY AS PART OF THE YMCA MISSION TO PROMOTE YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY, THE YMCA SCHOOL READINESS PROGRAM PARTICIPATES IN THE CACEP STATE NUTRITION PROGRAM WHICH PROVIDES NUTRITIONAL MEALS AND SNACKS TO THE PRESCHOOL CENTER CHILDREN DAILY AND AT NO COST TO THE PARENTS THE YMCA FOCUSES ON THE DEVELOPMENTAL NEEDS, EDUCATION, SAFETY, AND PREPAREDNESS 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 BNRICHED 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 CHILDREN AND FAMILIES LIVING AND WORKING IN THE GREATER WATERBURY AREA WE STRIVE TO DEVELOP EDUCATIONAL AND ENRICHMENT ACTIVITIES BASED ON THE 40 DEVELOPMENTAL ASSETS AND ENCOURAGE CURIOUSITY, EXPLORATION, AND INITIATIVE WE RECOGNEY AND WORKING IN THE GREATER WATERBURY AREA WE STRIVE TO DEVELOP BUILD THAN AND ENRICHMENT ACTIVITIES AND WATERALS ARE PLANNED AND INDIVIDUAL WITH HUNIQUE NEEDS, ABILITIES, AND EXPERIENCES ACTIVITIES AND WATERALS ARE PLANNED AND BUILDING, AND SEPTED COLURAGE CURIOUSITY, EXPLORATION AND ENFERIENCES ACTIVITIES AND DAILY SCHEDULE THAT MEETS AND ENHANCES THE CHILDREN ENFOLLED WITH A SAFE ENVIRONMENT AND A STRUCTURED

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Return Reference	Explanation
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, GYMNASIUM, 2 RACQUETBALL COURTS, WARM WATER THERAPY AND LAP SWIMMING POOLS, INDOOR TRACK, GROUP FITNESS STUDIO, FULLY-EQUIPPED LOCKER ROOMS AND ACCESS TO PERSONAL TRAINING AND OTHER SERVICES THE PLYMCA OFFERS A WELCOMING AT MOSPHERE 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 THE YMCA IN OUR THIRD YEAR OF THE PROGRAM, LIVESTRONG AT THE YMCA IS STILL VERY WELL ATTENDED IN 2014 A TOTAL OF 46 SURVIVORS GRADUATED FROM THE FREE PROGRAM LIVESTRONG AT THE YMCA INSTRUCTORS MEET WITH SURVIVORS TWICE A WEBY FOR AN HOUR AND A HALF CLASS THE CLASSES INCLUDE BOTH A STRUCTURED STRENGTH AND CARDIO PROGRAM WITH OPPORTUNITIES FOR MEDITATION AND SHARING THE PARTICIPANTS PLEDGE TO ATTEND 20 OUT OF THE 24 CLASSES, THUS MOTIVATING PEOPLE TO CONTINUE THROUGHOUT THE PROGRAM, AND ALLOWING THEM TO GET THE BEST RESULTS. AT THE CONCLUSION OF THE PROGRAM EACH PARTICIPANTS 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 POSITIVE OUTCOMES OF LIVESTRONG AT THE YMCA ARE PLENTIFUL BERKELEY WARNER RECREATION CENTER FREEDED, TO ENCOURAGE CONTINUED EXERCISE THERE IS A JOYOUS GRADUATION AND POTLUCK CELEBRATION AT THE CONCLUSION OF EVERY SESSION THE POSITIVE OUTCOMES OF LIVESTRONG AT THE YMCA ARE PLENTIFUL BERKELEY WARNER RECREATION CENTER SERVES YOUTH AND TEENS IN THE ADJACENT BERKELEY HEIGHTS HOUSING COMPLEX AND IS WELL ATTENDED WITH STRUCTURED ACTUMENS FOR DIFFERENT AGE GROUPS, ENSURING AN EASLY ACCESSIBLE SAFE AND SUPPRYSED ENVIRONMENT FOR AT RISK YOUTH LIVING IN THE NEIGHBORHOOD THE YMCA BRINGS A VARIETY OF ACADEMIC, ENRICHMENT, ATHLETIC AND REVENTS INCLUDING THE BERKELEY WARNER KINGHTS DRILL TEAM THE YMCA PROGRAMS

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	CAMP PROGRAMMING THE WATERBURY YMCA HAS OPERATED YMCA CAMP MATAUCHA OUTDOOR CENTER IN WATERTOWN FOR 88 YEARS AND HAS RUN YMCA CAMP OAKASHA IN SOUTHBURY FOR 18 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 1,069 CAMPERS AGES 5 THROUGH 15 THROUGHOUT THE SEASON, AVERAGING 252 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 YMCA WAS ABLE TO PROVIDE 32,968 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" YMCA 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 20 GROUPS, TOTALING OVER 1,183 PARTICIPANTS, THROUGH A VARIETY OF CHALLENGES INVOLVING HIGH AND LOW ROPES COURSE ELEMENTS

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Return Reference	Explanation
, , , ,	OTHER PROGRAMS CONSIST OF PROGRAM DESCRIPTION AMOUNT AQUATICS 246,826 YOUTH, TEEN, & FAMILY PROGRAMS 342,282 EXTENSION-COMMUNITY PROGRAMS 148,512 PARKING SERVICES 211,395 TOTAL 949,015

Return Reference	Explanation
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, COPIES OF THE 990 FORM ARE PROVIDED TO ALL BOARD OF DIRECTOR MEMBERS

Return Reference	Explanation
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.

FORM 990, PAGE 6, PART VI, COMPENSATION COMMITTEE PROCESS AND PROCEDURES THE EXECUTIVE COMPENSATION COMMITTEE, ALLOWS THE ORGANIZATION TO TAKE A SYSTEMATIC APPROACH TO MANAGING ITS EXECUTIVE COMPENSATION PLAN 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 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 DIRECTORS PERFORMANCE REVIEW THE ROLE OF THE EXECUTIVE COMPENSATION COMMITTEE IS TO PROVIDE THE NECESSARY DIRECTION TO THE OVERSIGHT OF THE ORGANIZATIONS EXECUTIVE COMPENSATION PROGRAM AND TO DEVELOP THE EXECUTIVE DIRECTOR REGARDING COMPENSATION FOR THE EXECUTIVE DIRECTOR REVIEW THE RECOMMENDATIONS OF THE EXECUTIVE DIRECTOR REGARDING COMPENSATION FOR THE FINANCE DIRECTOR AND ASSOCIATE EXECUTIVE DIRECTOR PROVIDE AN ANNUAL 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 ESTABLISHED BY THE COMPENSATION COMMITTEE. THE REPORT STATES THE ESTABLISHED COMPENSATION FOR THE EXECUTIVE DIRECTOR, FINANCE DIRECTOR, AND THE ASSOCIATE EXECUTIVE DIRECTOR THE COMMITTEE HAS THE OPPORTUNITY TO REVIEW THE EXECUTIVE COMPENSATION REPORT, SUCH SAID REPORT NOTED IN THE ASSOCIATION'S MINUTES	Return Reference	Explanation
•	PAGE 6, PART VI,	COMPRISED OF THE CURRENT WATERBURY YMCA BOARD OF DIRECTORS EXECUTIVE COMMITTEE, ALLOWS THE ORGANIZATION TO TAKE A SYSTEMATIC APPROACH TO MANAGING ITS EXECUTIVE COMPENSATION PLAN 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 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 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 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 ESTABLISHED BY THE COMPENSATION COMMITTEE. THE REPORT STATES THE ESTABLISHED COMPENSATION FOR THE EXECUTIVE DIRECTOR, FINANCE DIRECTOR, AND THE ASSOCIATE EXECUTIVE DIRECTOR.

Return Reference	Explanation
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 OUTLINED ABOVE FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR

Return Reference	Explanation
VI, LINE 19	THE ORGANIZATION'S 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
· ·	SPECIAL EVENT EXPENSES DEDUCTED ON 990 PART VIII-LINE 8B 24,277 COST OF GOODS SOLD DEDUCTED ON 990 PART VIII-LINE 10B 11,133 PROGRAM FINANCIAL ASSISTANCE BASED ON NEED-IN KIND -357,612 SPECIAL EVENT EXPENSES DEDUCTED ON 990 VIII-LINE 8B -24,277 COST OF GOODS SOLD DEDUCTED ON 990 VIII-LINE 10B -11,133 PROGRAM FINANCIAL ASSISTANCE BASED ON NEED-IN KIND 357,612