DLN: 93493133055079 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable The Waterbury Young Men's Christian Association □ Address change ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (203) 754-9622 City or town, state or province, country, and ZIP or foreign postal code Waterbury, CT  $\,$  06702  $\,$ G Gross receipts \$ 8,066,001 Name and address of principal officer H(a) Is this a group return for James O'Rourke ☐Yes **☑**No subordinates? 136 West Main Street H(b) Are all subordinates Waterbury, CT 06702 ☐Yes ☐No ıncluded? **☑** 501(c)(3) **☐** 501(c)( ) **◄** (Insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW WATERBURYYMCA ORG L Year of formation 1858 M State of legal domicile CT **K** Form of organization lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other Summary 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 23 4 23 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6 **6** Total number of volunteers (estimate if necessary) . . . . 766 Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 3,757,156 3,571,535 Ravenua 3,561,558 9 Program service revenue (Part VIII, line 2g) . 3,641,610 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 106,151 104,261 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 80,716 68,676 7,585,633 7,306,030 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 373,417 364,484 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,578,363 3,877,071 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶43,358 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,942,044 3,011,656 6,893,824 7,253,211 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 691,809 52,819 Net Assets or Fund Balances Beginning of Current Year End of Year 16,673,338 16,304,713 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 4,481,741 4,328,037 22 Net assets or fund balances Subtract line 21 from line 20 . 12,191,597 11,976,676 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-05-13 Signature of officer Sign Here Joseph Summa PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-05-08 P00055760 Paid self-employed Firm's name ► BUDWITZ & MEYERJACK PC Firm's EIN ▶ 06-1218594 Preparer Use Only Firm's address > 1122 Highland Avenue Phone no (203) 272-1621 Cheshire, CT 06410 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page <b>2</b>
Pa	nt III Sta	tement of Program Serv	vice Accomplis	hments		
	Chec	ck if Schedule O contains a re	sponse or note to a	any line in this Part III		🗆
1	Briefly desc	ribe the organization's mission	n			
THRO AND EVER	DUGH YOUTH CHILDREN CO RY CHILD AND PORT NEIGHB	DEVELOPMENT, HEALTHY LIV DMMITTED TO BRINGING ABO TEEN, IMPROVING THE COM	ING, AND SOCIAL OUT LASTING PERS MUNITIES HEALTH	RESPONSIBÌLITY THE SONAL AND SOCIAL CH I AND WELL-BEING, AI	TO ADVANCE OUR CAUSE OF STREET YMCA IS A POWERFUL ASSOCIATH ANGE WITH A FOCUS ON NURTURN PROVIDING OPPORTUNITIES TO THE HEALTHY, CONFIDENT	ION OF MEN, WOMEN, RING THE POTENTIAL OF DIVE BACK AND
2	-	anızatıon undertake any sıgnıf	icant program serv	vices during the year v	which were not listed on	□ Yes ☑ No
	•	scribe these new services on S	Schedule O			
3		anization cease conducting, or		changes in how it cond	lucts, any program	
	services?	<b>5</b> .				☐ Yes 🗹 No
	If "Yes." des	scribe these changes on Sche	dule O			
4	Section 501	e organization's program serv (c)(3) and 501(c)(4) organiza nd revenue, if any, for each p	ations are required	to report the amount	e largest program services, as meas of grants and allocations to others,	sured by expenses the total
4a	(Code	) (Expenses \$	4,504,422	including grants of \$	175,865 ) (Revenue \$	1,819,344 )
	See Additiona					
4b	(Code	) (Expenses \$	1,705,265	including grants of \$	185,353 ) (Revenue \$	1,809,972 )
	See Additiona	l Data				
4c	(Code	) (Expenses \$	201,961	including grants of \$	3,266 ) (Revenue \$	6,669 )
	See Additiona	l Data				
4d		am services (Describe in Sch	•			
	(Expenses s	1	ncluding grants of	\$	) (Revenue \$	)
4e	Total prog	ram service expenses ▶	6,411,6	48		

Form	990 (2018)			Page <b>3</b>
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 💆	1	Yes	
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		_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part 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
10	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	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its			No

9	for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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			

ın Part X, line 16<sup>7</sup> If "Yes," complete Schedule D, Part IX

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . .

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

15

16

17

18

19

21

22

12a Did the organization obtain separate, independent audited financial statements for the tax year?

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦

Νo

Nο

Nο

Νo

Νo

Νo

Nο

No

Nο

Nο

Nο

Nο

11d

11e

11f

12a

12h

13

14a

14b

15

16

17

18

19

20a

20b

21

22

Yes

Yes

Form 990 (2018)

Yes

Yes

990 (2018)			Page
Checklist of Required Schedules (continued)			
		Yes	No
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	Yes	
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	
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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
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
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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? If "Yes," complete Schedule L, Part III	27		No
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)			
	28a		No
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
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
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
<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
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
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule 1.  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 25s.  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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.  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-E2?  If "Yes," complete Schedule L, Part II.  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.  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, bey employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.  Did the organization reports of a grant selection committee member, or to a 59% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part I	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I 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." of so to line 25 and 10 the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b Did the organization maintain an escrivo account other than a refunding escrivo at any time during the year?  25c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  26c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule L, Part I.  25c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule L, Part I.  25c Did the organization on an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations on a proper than a prior year, and that the transaction has not been reported on any of the organizations from propers of the year of the organization propers of a grant or other assistance to an officer, director, trustee, key employees, indiest compensated employees, or disqualified persons" If "Yes," complete Schedule L, Part II.  25d Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV.  25d Did the organization provide a grant or other assistance to any officer, director, trust	Dut the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Part II and 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 240 through 245 and 246 complete Schedule K. If "No." or time 25a complete Schedule L. Fart II. The translation are second as a sin "on behalf of issues for bonds outstanding escrive at any time during the year? 24d complete Schedule L. Part II. And Statistical 200 greanizations. Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part II. The translation with a disqualified person in a prior year, and that the translation has not been reported on any of the organizations prior Forms 990 or 996-E2? 1f "Yes," complete Schedule L. Part II. The part III

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

No

Yes

Yes

10

0

1a

1b

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

Nο

Form **990** (2018)

10a

10b

11a

11b

12b

13b

13c

ı cı	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "National Research of the Community of t	•		ines
Se	ction A. Governing Body and Management	• •	• •	
	ction At Coverning Body and Hariagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year a 2.	3		
	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  1b  2	3		
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? .	n з		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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revent	ie Code	2.)	
		$\longrightarrow$	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		
		100		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
			Yes	
b	form?		Yes Yes	
b 12a b	form?	11a		
b 12a b	form?	11a 12a	Yes	
b 12a b	form?	11a 12a 12b	Yes Yes	
b 12a b	form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	11a 12a 12b	Yes Yes Yes	
b 12a b c	form?	11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 12a b c 13 14	form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 12a b c 13 14 15	form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
b 12a b c 13 14 15	form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	poscribe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b b See 17	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  CT  Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b b See 17	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  CT  Section C. Disclosure  List the States with which a copy of this Form 990 is required to be filed  CT  Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, 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

List persons in the following order individual compensated employees, and former such pe	trustees or dire ersons	ctors, ir	nstitu	ition	al tr	ustee	s, of	fficers, key employe	es, highest	
Check this box if neither the organization	nor any relate	d organ	ızatıo	n co	mpe	≥nsat∈	ed ar	ny current officer, di	rector, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne bo	ox, ui n offi or/tr	t che inles: ficer ruste	ss pers and a ee)	son a	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
(1) Joseph Summa	3 0	×		x				0	0	0
Chief Volunteer Officer			'		<u> </u>		'			
(2) Vernon Proctor	3 0	×		x				0	0	0
Vice-President					<u>'</u>		'	<u> </u>		
(3) Michael O'Connor	3 0	x		x				0	0	0
Secretary					!		'			
(4) Charles Oman	3 0	x		x				0	0	0
Vice-President					'		!			
(5) Jacqueline Caulfield	3 0	×		x				0	0	0
Treasurer		'			'		'			
(6) Gregory Fenn	1 0	×					\[ \]	0	0	0
Director					<u> </u>		'			
(7) Jonathan Albert	1 0	x						0	0	0
Director					<u> </u>		'		, and the second	Ŭ
(8) Maureen Carleton	1 0	×	[ '		[ /		'	0	0	0
Director			<u> </u>		<u> </u>		<u> </u>	_	_	
(9) Gregory Cimmino	1 0	×	[ '		[ /		[ '	0	0	0
Director			<u> </u>	$\bigsqcup$	$\bigsqcup'$		<u> </u>	_	-	
(10) James DePaulo	1 0	×	[ '		[		'		0	0
Director					L!		<u></u>			
(11) Vincent Graziano	1 0	x	'		[ /		'	0	0	0
Director			<u> </u>	Ľ	<u> </u>		<u> </u>	-	-	
(12) Claudia Grogean	1 0	×	'		'		!	0	0	0
Director	<u> </u>		<u> </u>	<u> </u>	<u></u>		<u></u>	-	-	-
(13) Reggie Ligon	1 0	×	'		!		'	0	0	0
Director	<u> </u>		<u> </u>	<u></u>	∟'		⊥_'			
(14) Bevin Salmon	1 0	×	'		!		'	0	0	0
Director	<u> </u>		<u> </u>	<u> </u>	∟'	<u> </u>	Ĺ_'			
(15) Adam Sımonsen	1 0	×	'		!		'	0	0	0
Director	<u> </u>		<u> </u>	<u> </u>	∟'	<u> </u>	<u> </u> '			
(16) William Wesson	1 0	×	'		!		'	0	0	0
Director	<u> </u>	<u> </u>	<u> </u>	<u>                                     </u>	′ـــــــا	<u> </u>	<u></u>			
(17) Joseph Yamın	1 0	×	'		/		'	0	o	0
Director	<u>'</u>				<u> </u>		<u> </u>			

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

(A) (B) (C) (D) (E) (F)

Name and Title (Average Peritter) (do not sheek more) (Peritter) (Perit

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, u n off	t che inles ficer	ss pers	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	Estima amount o compen from	ated f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organizati relat organiza	ed
(18) J	ohn Zınno	3 0	x							0		0
Past C			••••									
(19)	iregory Zupkus	10	×							0		0
Direct												
(20) (	arl Cicchetti	10	×							0		0
Direct			••••									
(21) S	tephen Ball	10	×							0		0
Past C			••••									
(22) L	Devin Hartley	10	×							0		0
Direct			••••									
(23) J	ohn Hopkins	10	×							0		0
Direct			••••									
(24) J	ames O'Rourke	40 0			х				161,064	0		16,612
CEO			••••						·			
(25) E	irandı Fıtzgerald	40 0			x				74,200	0		7,420
Financ	e Director											
1h S	ub-Total						<b>▶</b>					
сТ	otal from continuation sheets to Pa	art VII <b>, Section</b>			·				235,264	0		24,032
	otal (add lines 1b and 1c)			• •	-				, ,			
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived more than \$1	00,000		
											Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>	•		ee, ke	•	mplo •	oyee, d	or hi	ghest compensated		3	No
4	For any individual listed on line 1a, is organization and related organization:											
	ındıvıdual			•	•	•		•		· · · ·   _4	4 Yes	
5	Did any person listed on line 1a receiv services rendered to the organization								-		5	No
Se	ction B. Independent Contract	ors										
1	Complete this table for your five higher from the organization Report comper										ensation	
	Name a	(A) and business addre	955						Desc	(B) ription of services	(C Comper	
											1	

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 ▶ 0

Part		Statement of	Revenue									rage 3
		Check if Schedul	e O contains a	a respo	onse or note to any					<u></u>		🔽
							<b>A)</b> revenue	Rel ex fu	(B) ated or cempt nction	(C) Unrelated business revenue		(D) Revenue excluded from eax under sections
	1a	Federated campaign	ns	1a	156,890			re	venue			512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership dues		1b	0							
Gifts, Grants illar Amounts	١,	c Fundraising events		1c	55,610							
IS, (		d Related organizatio		1d	0							
Gif ilar		e Government grants (co		1e	2,729,879							
ns,	۱,	F All other contributions,	gifts, grants,		<u> </u>							
er S		and similar amounts na above	ot included	1f	629,156							
혈통	,	g Noncash contribution	ons included									
Contributions, and Other Sim		ın lınes 1a - 1f \$										
ۃ ت		h Total. Add lines 1a	·1f	•	•		3,571,535					
j.					Business	Code	1	793,807	1,793	8 807		_
N-5 II		Healthy Living				900099		762,184		2,184		
æ	_	Youth Development				900099		5,567		5,567		
Service Revenue	С	Social Responsibility				900099		3,307	•	5,307		
₹ •	d			_								
ram	е			_				0		0		0 0
Program	f	All other program se	rvice revenue		3 5	61,558				l		
		Total. Add lines 2a-2			<u> </u>			_		ı		
		Investment income (ii similar amounts)  •			interest, and other	.	121,00	18				121,008
		Income from investme			ond proceeds <b>&gt;</b>							
	5	Royalties										
			(ı) Real		(II) Personal							
	6a	Gross rents										
	b	Less rental expenses				1						
	_	: Rental income or		0		1						
	•	(loss)										
	d	Net rental income o			•	]						
	7-	Gross amount	(ı) Securit	ies	(II) Other	-						
	/ a	from sales of assets other	7	03,920								
		than inventory										
	b	Less cost or other basis and	7	10.000	668							
		sales expenses		19,999		_						
		Gain or (loss)  Net gain or (loss)		16,079		<u>'</u>	-16,74	17				-16,747
		Gross income from fi			<u> </u>	╁	10,71					10,747
ae		(not including \$	55,610	of								
-F		contributions reporte See Part IV, line 18		а	24,840							
Re	b	Less direct expense	s	ь	29,901	1						
Other Revenue	C	: Net income or (loss)	from fundrais	ing ev	ents		-5,06	1				-5,061
Oth	9a	Gross income from g See Part IV, line 19	amıng actıvıtı	es								
		,		а	1							
		Less direct expense		b								
		: Net income or (loss)		activit	ies <b>&gt;</b>	,						
	10	Gross sales of invent returns and allowand										
				а	8,713							
		Less cost of goods s		b								500
	C	Net income or (loss) Miscellaneous		inven	tory ► Business Code		-69	10				-690
	11	aREVENUE FROM PAF			900099	9	14,55	i5	14,555			
		ALTEROE I NOM FAR					,		,			
	Ь	YMCA SHARED SERV	ICE FEF		900099	,	33,60	17	33,607			
			· <b></b>									
	c	FACILITY USAGE FE			900099	,	26,16	60	26,160			
	d	All other revenue .				1	10	15	105		0	0
	e	<b>Total.</b> Add lines 11a	-11d		·		74,42	77				
	12	<b>Total revenue.</b> See	Instructions						2.625.065			00.5:0
					-		7,306,03	·υ	3,635,985		0	98,510 Form <b>990</b> (2018)

	Part	IX	State	ement	of	Functio	onal	Expenses	
$\overline{}$									

Check here  $\blacktriangleright$   $\Box$  if following SOP 98-2 (ASC 958-720)

orm	990 (2018)				Page <b>10</b>
Par Section	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	ınızatıons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			, ·	
	Grants and other assistance to domestic individuals See Part IV, line 22	364,484	364,484		
g	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0	0		
<b>4</b> E	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	235,263		235,263	
c	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	3,047,452	2,841,443	171,702	34,307
	Pension plan accruals and contributions (include section 401 k) and 403(b) employer contributions)	170,154	131,173	36,910	2,071
9 (	Other employee benefits	170,494	153,788	16,019	687
<b>10</b> F	Payroll taxes	253,708	221,096	29,997	2,615
<b>11</b> F	Fees for services (non-employees)				
a N	Management				
bι	_egal	1,511	110	1,401	
c A	Accounting	22,000		22,000	
	_obbying				
	Professional fundraising services See Part IV, line 17				
	investment management fees	8,938		8,938	
g (	Other (If line 11g amount exceeds 10% of line 25, column  A) amount, list line 11g expenses on Schedule O)	375,345	224,967	150,236	142
	Advertising and promotion	26,007	21,271	3,364	1,372
	Dffice expenses	23,271	,	23,269	2
	information technology	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	Royalties				
	Occupancy	1,044,952	1,026,698	16,783	1,471
	<u>-</u>	1,044,552	1,020,030	10,703	1,771
18 F	Payments of travel or entertainment expenses for any ederal, state, or local public officials				
	Conferences, conventions, and meetings	28,848	24,404	4,444	
	<del>_</del>	152,110	127,313	24,797	
	nterest	95,295	95,295	24,737	0
	Payments to affiliates		·		
	Depreciation, depletion, and amortization	635,719	627,434	7,733	552
<b>24</b> (	Insurance	34,847	34,847		
а	PROGRAM SUPPLIES / EXPENSES	443,374	443,224	150	
b	EQUIP MAINT/RENTAL	31,296	24,651	6,645	
c	TELEPHONE	30,815	13,903	16,912	
d	VEHICLE EXPENSE	26,425	17,588	8,837	
e e	All other expenses	30,903	17,959	12,805	139
_	Total functional expenses. Add lines 1 through 24e	7,253,211	6,411,648	798,205	43,358
<b>26</b> J	loint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2018)

Form 990 (2018)			Page <b>11</b>
Part X Balance Sheet			
Check if Schedule O contains a response or note to any line in this Part IX			🗆
	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1 Cash-non-interest-bearing	385,908	1	259,169
2 Savings and temporary cash investments	783,551	2	836,209
3 Pledges and grants receivable, net	708,547	3	761,024

21,319,231

10,412,440

32.561

0 5

0 6

0

102.365

11,112,735

3,362,572

185.099

215.018

37.720

3.493.205

585.054

150.744

4.481.741

9.941.601

970,371

1.279.625

12.191.597

16,673,338

16.673.338

0 13

0 14

0 18

8

9

10c

11 0 12

15

16

17

19

20

21

22

23

24 25

26

27

28

29

30

33

34

0 31

0 32

4

61,123

0

0

98.436

10,906,791

3,194,493

187.468

167.823

41.445 3.381.215

0

O

0

640.731

96.823

4.328.037

9.537.937

1,159,698

1.279.041

11,976,676

16,304,713

Form **990** (2018)

0

0

16.304.713

240	
7	
V	
٥	
٥	
٥	

Loans and other receivables from other disqualified persons (as defined under アンクタイプ 10a Land, buildings, and equipment cost or other

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

32

33

34

Liabilities 22

Fund Balance

ō 30

Assets 31

Net

Part II of Schedule L

Notes and loans receivable, net . Inventories for sale or use .

Prepaid expenses and deferred charges

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—other securities See Part IV, line 11 .

**Total assets.**Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and

Investments—program-related See Part IV, line 11

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

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

3a

3b

No

Form 990 (2018)

Audit Act and OMB Circular A-133?

### Additional Data

Software ID: 18007697

Software Version: 2018v3.1

**EIN:** 06-0646988

Name: The Waterbury Young Men's Christian Association

Form 990 (2018)

Form 990, Part III, Line 4a: YMCA YOUTH DEVELOPMENT. THE WATERBURY YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN. WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. THAT IS WHY WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS OUR YMCA PROGRAMS SUCH AS CHILD CARE, YOUTH SPORTS, CAMP PROGRAMS AND OTHER YOUTH PROGRAMMING, OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL AND EMOTIONAL GROWTH THE WATERBURY YMCA CHILD DEVELOPMENT CENTER SERVED 516 CHILDREN DAILY AND 802 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 OVER 212 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 CACFP STATE NUTRITION PROGRAM WHICH PROVIDES NUTRITIOUS 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 AND PROGRESSIVE LEARN-TO-SWIM LESSONS 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 ASSETS AND ENCOURAGE CURIOSITY, EXPLORATION, AND INITIATIVE WE RECOGNIZE AND ACCEPT THAT EACH CHILD IS AN INDIVIDUAL WITH UNIQUE NEEDS, ABILITIES, AND EXPERIENCES ACTIVITIES AND MATERIALS ARE PLANNED AND IMPLEMENTED TO PROMOTE LEADERSHIP, TEAM BUILDING, AND SELF-ESTEEM THE EDUCATION PLAN OF THE PROGRAM IS TO PROVIDE THE CHILDREN ENROLLED WITH A SAFE ENVIRONMENT AND A STRUCTURED DAILY SCHEDULE THAT MEETS AND ENHANCES THE NEEDS OF THE DIVERSE POPULATION SERVED CULTURAL, LANGUAGE, AND DEVELOPMENTAL DIFFERENCES ARE ACCEPTED AND RESPECTED. THERE ARE SCHEDULED INDOOR AND OUTDOOR ACTIVITIES OFFERED DAILY WHICH ALLOW THE OPPORTUNITY FOR FINE AND GROSS MOTOR DEVELOPMENT, PROBLEM SOLVING, SPORTS AND RECREATION, AND CREATIVE EXPRESSION THE PROGRAM IS CHILD NOT TEACHER BASED AND ENCOURAGES CHILDREN TO EXPLORE AND DEVELOP THEIR OWN PERSONAL THOUGHTS AND BELIEFS AND DEVELOPS TEAM BUILDING AND LEADERSHIP SKILLS CAMP PROGRAMMING THE WATERBURY YMCA HAS OPERATED YMCA CAMP MATAUCHA OUTDOOR CENTER IN WATERTOWN FOR 92 YEARS AND HAS RUN YMCA CAMP OAKASHA IN SOUTHBURY FOR 22 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 1200 CAMPERS AGES 5 THROUGH 15 THROUGHOUT THE SEASON, AVERAGING 270 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 \$43,866 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 9 GROUPS, TOTALING OVER 950 PARTICIPANTS, THROUGH A VARIETY OF CHALLENGES INVOLVING HIGH AND LOW ROPES COURSE ELEMENTS

### HEALTHY LIVING THE YMCA IS A LEADING ADVOCATE PROMOTING HEALTH AND WELL-BEING WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN. AND SHARED INTERESTS AS A RESULT, PEOPLE IN OUR COMMUNITY ARE RECEIVING THE SUPPORT,

WITH AN OBESITY CRISIS. FAMILIES STRUGGLE WITH WORK/LIFE BALANCE. AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT MEMBER SERVICES AT THE WATERBURY YMCA INCLUDES ACCESS AND USE OF A STATE-OF-THE-ART WELLNESS CENTER, GYMNASIUM, 2 RACQUETBALL COURTS, LAP SWIMMING POOL, WARM

GUIDANCE, AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND, AND BODY THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES

Form 990, Part III, Line 4b:

FUNDAMENTAL OF LEVELS, AFFORDABILITY

WATER THERAPEUTIC POOL, INDOOR TRACK, GROUP FITNESS STUDIO, FULLY-EQUIPPED LOCKER ROOMS 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 THE YMCA PROGRAMS ARE DESIGNED TO SERVE PEOPLE OF ALL AGES. ABILITIES AND INCOMES ALL YMCA PROGRAMS

FOCUS ON ADDRESSING SEVERAL PUBLIC HEALTH ISSUES INCLUDING OBESITY, DIABETES, AND HEART DISEASE BY PROVIDING ACCESSIBILITY TO THE COMMUNITY

THROUGH PROGRAMS SUCH AS OUR "OPEN DOORS FINANCIAL ASSISTANCE PROGRAM". WE WERE ABLE TO OFFER ASSISTANCE TO THOSE IN NEED ON THE MOST

Form 990, Part III, Line 4c:

SOCIAL RESPONSIBILITY THE WATERBURY YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS WE HAVE BEEN LISTENING AND RESPONDING TO OUR
COMMUNITY'S MOST CRITICAL SOCIAL NEEDS YMCA PROGRAMS SUCH AS WORKFORCE, LEARN TO SWIM, LIVESTRONG AT THE YMCA, AND OTHER PROGRAMMING ARE
EXAMPLES OF HOW WE DELIVER TRAINING. RESOURCES. AND SUPPORT THAT EMPOWER OUR NEIGHBORS TO EFFECT CHANGE. BRIDGE GAPS. AND OVERCOME

OBSTACLES WE ENGAGE YMCA MEMBERS, PARTICIPANTS, AND VOLUNTEERS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE IN OUR SIXTH YEAR OF THE PROGRAM, LIVESTRONG AT THE YMCA IS STILL VERY WELL ATTENDED. IN 2018 A TOTAL OF 40 SURVIVORS GRADUATED FROM THE FREE CANCER SURVIVOR PROGRAM 294 HAVE GRADUATED SINCE THE INCEPTION OF THE 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! THE BERKELEY WARNER RECREATION CENTER SERVES YOUTH AND TEENS 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. THE WATERBURY YMCA IS COMMITTED TO USING ITS RESOURCES IN COOPERATION WITH THE GREATER COMMUNITY AND ITS ASSOCIATED AGENCIES INCLUDING SAINT MARY'S HOSPITAL, WATERBURY HOSPITAL, THE CITY OF WATERBURY, WATERBURY YOUTH SERVICES, UNITED WAY. CONNECTICUT COMMUNITY FOUNDATION. MATTATUCK MUSEUM, BOYS' AND GIRLS' CLUB AND NUMEROUS OTHERS. ADDITIONAL COMMUNITY SERVICE PROGRAMS PROVIDED BY THE WATERBURY YMCA INCLUDE DIABETES PREVENTION, AQUATIC TESTING, AED, CPR AND FIRST AID TRAINING COURSES, AND LIFE SAVING CLASSES AND CERTIFICATIONS

efile	GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493133055079	
SCI		ULE A	Dublic (	Charity Statu	s and Dul	nlic Supp	ort	OMB No 1545-0047	
	m 990		Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 00-EZ.	r a section	<b>2018</b>	
		the Treasury	► Go to	www.irs.gov/Form	<u>990</u> for the late	st information	•	Open to Public Inspection	
Nam	e of th	ne organiza	tion Christian Association				Employer identific	ation number	
							06-0646988		
Pa he o			for Public Charity Statu a private foundation because				See instructions.		
1			onvention of churches, or as	•	•		(A)(i).		
2		,	escribed in section 170(b)(						
3			or a cooperative hospital serv		,	, ,			
4		A medical r	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state						
5		An organiza	ation operated for the benefit (iv). (Complete Part II )	of a college or unive	rsity owned or op	perated by a gov	rernmental unit descri	bed in <b>section 170</b>	
6			tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)( <i>A</i>	\)(v).		
7			ation that normally receives a <b>('0(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	ınıt or from the gener	al public described in	
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi)	(Complete Part I	I)			
9			ural research organization de rant college of agriculture Se					ege or university or a	
10	✓	from activit	ation that normally receives ties related to its exempt fun income and unrelated busing See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its si	ipport from gross	
11		An organiza	ation organized and operated	exclusively to test fo	r public safety S	ee <b>section 509</b>	(a)(4).		
12		more public	ation organized and operated ly supported organizations o i through 12d that describes	escribed in section 5	09(a)(1) or sec	ction 509(a)(2	). See section 509(a		
а		Type I. A so	supporting organization opera n(s) the power to regularly a <b>Part IV, Sections A and B.</b>	ated, supervised, or c	ontrolled by its s	upported organi	zation(s), typically by		
Ь		manageme	supporting organization supents of the supporting organizations A applete Part IV, Sections A applete	tion vested in the sar					
С			unctionally integrated. A s					ited with, its	
d		Type III n	organization(s) (see instruction-functionally integrated integrated The organization by More much seem plate Rev	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi	th its supported orgai		
e		Check this	<ul> <li>You must complete Par box if the organization receiv or Type III non-functionally</li> </ul>	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally	
f	Enter	-	of supported organizations		,				
g			ing information about the su	pported organization(	T'				
	(i) N	lame of supp organization	1 , ,	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
Гotа									
		vork Reduc	tion Act Notice, see the In	structions for	Cat No 11285	<u> </u> 	 Schedule A (Form 9	 90 or 990-E71 2019	

instructions

	(Complete only if you che III. If the organization fai						fy under Part
S	ection A. Public Support	is to quality ut	ider the tests his	ted below, pleas	se complete rai	C 111. )	
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2013	(0) 2010	(d) 2017	(e) 2010	(I) Iotai
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
	Public support. Subtract line 5 from						
	line 4						
S	ection B. Total Support		•		•		
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(4)2011	(5)2013	(6)2010	(4)2017	(6)2010	(1) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI )						
11	Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	c (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anızatıon,
	check this box and <b>stop here</b>					▶ [	
S	ection C. Computation of Public						
	Public support percentage for 2018 (line			column (f))		14	
	Public support percentage for 2017 Sch			(1)		15	
	33 1/3% support test—2018. If the			on line 13, and lin	ne 14 is 33 1/2% o		hov
тоа					ie 14 is 33 1/3 /0 0	i illore, check this	▶□
L	and <b>stop here.</b> The organization qualifi <b>33</b> 1/3% <b>support test—2017.</b> If the				and line 15 is 33 t	/3% or more chec	k this
U	• •	_			and mic 15 i5 55 1	, s to or more, enec	
	box and <b>stop here.</b> The organization of	qualifies as a pub	nicly supported or	ganization	- 12 16 16		▶□
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						ightharpoons
h	10%-facts-and-circumstances test	<b>—2017.</b> If the o	rganization did no	t check a box on li	ine 13, 16a. 16b. o	or 17a, and line	· <del>-</del>
ט	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	· -					F/	▶ □
	supported organization						

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

20

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 3,766,971 3,629,453 3,035,508 3,757,156 3,571,535 17,760,623 membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services 3,641,465 3.610.106 18.188.609 performed, or facilities furnished in 3,478,223 3.726.831 3,731,984 any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that 37,926 39,777 are not an unrelated trade or 37,488 36,349 48,053 199,593 business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 7,277,485 7,525,489 7,261,053 36,148,825 7,282,682 6,802,116 Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support. (Subtract line 7c 36,148,825 from line 6) Section B. Total Support Calendar year **(b)** 2015 (c) 2016 (d) 2017 (a) 2014 (e) 2018 (f) Total (or fiscal year beginning in) ▶ 7,277,485 7,282,682 6,802,116 7,525,489 7,261,053 36,148,825 Amounts from line 6 Gross income from interest, 10a dividends, payments received on 75,913 71,290 89,407 121,008 413,715 securities loans, rents, royalties 56,097 and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 56,097 75,913 71,290 89,407 121,008 413,715 Add lines 10a and 10b С Net income from unrelated business 11 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, 7,338,779 7,353,398 6,873,406 7,614,896 7,382,061 36,562,540 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 14 ▶□ check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) 15 15 98 87 % Public support percentage from 2017 Schedule A, Part III, line 15 16 16 99 05 % Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) 17 17 1 13 % Investment income percentage from 2017 Schedule A, Part III, line 17 0 95 %

19a 331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

▶□

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V )

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

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				
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509				

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 За Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a 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 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c 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 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 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 I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)					
	cupper unity or gamma units (community)		Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>		
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the		$\vdash$			
u	governing body of a supported organization?	11a				
h	A family member of a person described in (a) above?	11b				
	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				
	ection B. Type I Supporting Organizations	110				
	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	$\sqcup$			
2	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					
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				
_	,, , , , , , , , , , , , , , , , , , , ,			<u> </u>		
	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	j				
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 instruct	ions)				
	The organization satisfied the Activities Test Complete line 2 below	-				
	b					
	c	ınstru	ctions)			
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 <b>Part VI identify those supported organizations and explain</b> 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 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	Parent of Supported Organizations Answer (a) and (b) below.		$\vdash$			
	<ul> <li>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.</li> </ul>	3a				
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	26				

m -	
/I) See	
ıgh E	
(B) Current Year	
(optional)	

(B) Current Year

(optional)

**Current Year** 

Schedule A (Form 990 or 990-F7) 2018

Page 6

	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in		
<b>~</b>		(A) Prior Year	

	instructions. All other Type III non-functionally integrated supporting organiza	tions i	must complete Sections A	through E
	Section A - Adjusted Net Income		(A) Prior Year	(B) C (o
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		

4 5

Add lines 1 through 3

Depreciation and depletion 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) Other expenses (see instructions)

1

5

7

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a Average monthly value of securities **b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

**5** Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6

7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

8

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

4

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

temporary reduction (see instructions)

instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2 3 4

6

7

8

1

1a

**1**b

1c 1d

2

3

4

5

6

7

8

1

6

(A) Prior Year

a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater

than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. . . . . . **b** Excess from 2015. . . . . c Excess from 2016. . . . . d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

### **Additional Data**

Return Reference

# Software ID: 18007697 Software Version: 2018v3.1

EIN: 06-0646988

Name: The Waterbury Young Men's Christian Association

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

Facts And Circumstances Test

Explanation

SCHEDULE C

## Political Campaign and Lobbying Activities

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

DLN: 93493133055079

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

If "Yes," describe in Part IV

(Form 990 or 990-

EZ)

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

 Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

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

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

ployer	identification	number
064600	•	

Name of the organization Emi The Waterbury Young Men's Christian Association 06-0646988 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) 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 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No

Part	I-C Complete if the organization is exempt under section 501(c), except section 501	.(c)(3	3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	<b>&gt;</b>	\$	
	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	<b>&gt;</b>	\$	
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	<b>&gt;</b>	<u> </u>	

Did the filing organization file Form 1120-POL for this year? ☐ Yes 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

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

Schedule C (Form 990 or 990-EZ) 2018

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fil Form 5768 (election under section 501(h)).	ed			
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	)		b)
activ		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
e	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			3,58
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities?		No		
j	Total Add lines 1c through 1i				3,58
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u></u>			
Pal	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), 0	r sectio	n	
				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?		_ 1	L	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				(c)(6)
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
a	Current year	2a			
b	Carryover from last year	2b			
с 3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2c 3			
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	-3-			
7	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
P	art IV Supplemental Information				
	vide the descriptions required for Part l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), tructions), and Part ll-B, line 1 Also, complete this part for any additional information	Part II-	A, lines 1	and 2	(see
	Return Reference Explanation				
Sche	dule C, Part II-B, Line 1 DETAILED DURING 2018, THE WATERBURY YMCA ENGAGED IN THE FOLLOWING ACTIVI	TIES TO	D EDUCAT	E	
DES	CRIPTION OF THE LOBBYING VITY  LEGISLATORS AND ELECTED OFFICIALS ABOUT ITS PROGRAMS AND SERVICE WATERBURY, CT AREA - THE EXECUTIVE DIRECTOR SPOKE WITH LEGISLATE GOVERNMENT OFFICIALS REGARDING FUNDING FOR SPECIFIC PROGRAMS A TO THE ORGANIZATION - THE ORGANIZATION PAYS ANNUAL DUES TO THE CT ALLIANCE MONITORS LEGISLATIVE ACTIVITIES AS THEY RELATE TO YMC/ FOR THE BENEFIT OF THESE ORGANIZATIONS BY ATTENDING MEETINGS, CC SESSIONS, ETC	ES IN T DRS, TH ND OTH CT ALLI N'S IN C	HE GREAT HEIR STAF HER ISSUE IANCE OF IT AND AL	TER F, AND ES REL YMCA' DVOCA	ATING 5 THE FES
DES	Idule C, Part II-B, Line 1 DETAILED DURING 2018, THE WATERBURY YMCA ENGAGED IN THE FOLLOWING ACTIVITY  WATERBURY, CT AREA - THE EXECUTIVE DIRECTOR SPOKE WITH LEGISLATOR AND COVERNMENT OFFICIALS REGARDING FUNDING FOR SPECIFIC PROGRAMS ATO THE ORGANIZATION - THE ORGANIZATION PAYS ANNUAL DUES TO THE CT ALLIANCE MONITORS LEGISLATIVE ACTIVITIES AS THEY RELATE TO YMCAFOR THE BENEFIT OF THESE ORGANIZATIONS BY ATTENDING MEETINGS, COSESSIONS, ETC	ES IN T DRS, TH ND OTH CT ALLI N'S IN C	HE GREAT HEIR STAF HER ISSUE IANCE OF IT AND AL	TER F, AND ES REL YMCA' OVOCA	ATING 5 THE FES

**SCHEDULE D** 

(Form 990)

Denartment of the Treasury

**Supplemental Financial Statements** 

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

► Attach to Form 990.

OMB No 1545-0047

2018

DLN: 93493133055079

20	10
	to Public
Insp	ection

itern	nal Revenue Service	► Go to <u>www.irs.g</u>	ov/Form990 for the la	atest information.		Ir	spection
	me of the organiz				Emp	loyer identification	n number
The	Waterbury Young Mer	's Christian Association			06-0	646988	
Pa	art I Organiz	ations Maintaining Donor Advi	sed Funds or Other	Similar Funds o			
		e if the organization answered "Ye					
			(a) Donor adv	ised funds		(b)Funds and other	accounts
L	Total number at e	nd of year					
2	Aggregate value o	f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
1	Aggregate value a	t end of year					
5		ion inform all donors and donor adviso operty, subject to the organization's ex		ets held in donor ad	lvised f	unds are the	☐ Yes ☐ No
5		ion inform all grantees, donors, and do es and not for the benefit of the donor					]Yes □ No
Pa	rt III Conserv	ation Easements. Complete if th	ie organization answe	ered "Yes" on Forn	n 990.	Part IV. line 7.	
_		servation easements held by the organ			,	, , , , , , , , , , , , , , , , , , , ,	
_		of land for public use (e g , recreation	` —	,	histori	cally important land	area
							area
		f natural habitat		Preservation of a C	eruned	d historic structure	
		of open space					
2		a through 2d if the organization held a last day of the tax year	qualified conservation co	ontribution in the for	m of a	conservation  Held at the End	of the Year
а	Total number of c	onservation easements			2a		
b	Total acreage rest	ricted by conservation easements			2b		
c	Number of conser	vation easements on a certified histori	c structure included in (a	a)	2c		
d		vation easements included in (c) acqui the National Register	red after 7/25/06, and r	ot on a historic	2d		
3	Number of conser tax year ►	rvation easements modified, transferre	d, released, extinguishe	d, or terminated by	the org	janization during the	
1	Number of states	where property subject to conservatio	n easement is located <b>&gt;</b>			_	
5		ation have a written policy regarding the of the conservation easements it holds		nspection, handling	of viola	tions,	□ No
5	Staff and volunted	er hours devoted to monitoring, inspec	ting, handling of violatio	ons, and enforcing co	onserva	ation easements duri	ing the year
7	Amount of expens	ses incurred in monitoring, inspecting,	handling of violations, a	nd enforcing conser	vation (	easements during th	ie year
3	Does each conser and section 170(h	vation easement reported on line $2(d)$ $n)(4)(B)(ii)$ ?	above satisfy the requir	ements of section 1	70(h)(4	4)(B)(ı) ☐ <b>Yes</b>	□ No
•	balance sheet, an	ribe how the organization reports cons id include, if applicable, the text of the s accounting for conservation easemen	footnote to the organiza				
a	rt IIII Örganiz	ations Maintaining Collections of the organization answered "Ye	of Art, Historical Ti		er Sir	nilar Assets.	
La	If the organization art, historical trea	n elected, as permitted under SFAS 11 asures, or other similar assets held for III, the text of the footnote to its finan	6 (ASC 958), not to repo public exhibition, educat	ort in its revenue sta tion, or research in f			
b	historical treasure	n elected, as permitted under SFAS 11 es, or other similar assets held for publ s relating to these items					
(	(i) Revenue ınclude	d on Form 990, Part VIII, line 1				▶ \$	
C	ii)Assets ıncluded ıı	n Form 990, Part X				<b>▶</b> \$	
, `	-	n received or held works of art, historic	cal treasures, or other si	milar assets for fina	ncial da	ain, provide the	
_						,	

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Par	: 1111	Organizations Ma	intaining Coll	lections of A	Art, Histo	rical T	reası	ures, oi	Other	Similar As	sets (con	tinued)	
3		ing the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection ms (check all that apply)											
а		Public exhibition			d		Loan	or excha	ange prog	rams			
b		Scholarly research			е		Othe	er					
С		Preservation for future	generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII												
5		ig the year, did the orga is to be sold to raise fun								llar	☐ Yes	□ N	lo
Pai	Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.												
1a		e organization an agent, ded on Form 990, Part X		an or other int	ermediary fo	or contri	bution	ns or othe	er assets i	not	☐ Yes	□ N	lo
ь	If "Y€	es," explain the arrange	ment in Part XIII	and complete	the followin	g table				Aı	nount		_
c		nning balance		,		-			1c				_
d	_	ions during the year							1d				_
е	Dıstrı	Distributions during the year  1e						_					
f	Endır	ng balance							1f				_
<b>2</b> a	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No					_  0							
		es," explain the arranger								•	_		
	rt V	Endowment Fund											
		Endownient i und	is. complete ii	(a)Current y		Prior yea			ears back			Four yea	rs back
1a	Beginn	ing of year balance .			6,204		9,280		1,249,996		038,031	,	10,810
b	Contrib	outions			2,533	2	9,737		2,400	:	230,521	1,	003,700
С	Net inv	estment earnings, gain:	s, and losses	-8	0,906	19	7,187		76,884		-18,556		23,521
d	Grants	or scholarships											
е		expenditures for facilitie ograms	s		o		0		0		0		0
f	Admını	strative expenses .											
g	End of	year balance		1,47	7,831	1,55	6,204		1,329,280	1,2	249,996	1,	038,031
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as												
а	Board	d designated or quasi-er	ndowment 🟲	0 %									
b	Perm	anent endowment 🟲	86 55 %										
c	Temporarily restricted endowment ► 13 45 %												
	The percentages on lines 2a, 2b, and 2c should equal 100%												
3а		here endowment funds : nization by	not in the possess	sion of the org	janization th	at are h	ield an	nd admini	stered fo	r the		Yes	No
	-	nrelated organizations									3a(i)		No No
	• •	elated organizations .			· . · . · .	٠	٠				3a(ii		No
b		es" on 3a(II), are the rela				edule F	۲۶.				3b		
4	Desci	ribe in Part XIII the inte	nded uses of the	organization's	endowment	funds							
Pai	rt VI	Land, Buildings, a											
	Da	Complete if the org	anization answ (a) Cost or oth		on Form 99 Oost or other					m 990, Pai		L <b>O.</b> Book valu	
	Descri	iption of property	(a) Cost or oth (Investme		Cost or othe	ei DaSIS (	otner)	(E) ACC	umurated d	epreciation	(a) I	SOOK VAIU	e 
1a	Land					1,5	07,254						1,507,254
b	Buildin	gs				15,9	66,870			7,873,373		8	3,093,497
С	Leaseh	old improvements					11,192			1,905			9,287
d	Equipn	nent				1,6	28,468			1,098,415			530,053

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

766,700

10,906,791

1,438,747

Part VII Investments—Other Securities. C	omplete if the organizat	ion answei	ca res on ron	11 330, 1 die 14, mie 115.
See Form 990, Part X, line 12.  (a) Description of security or cate (including name of security)	gory	(b) Book value	(c) l Cost or e	Method of valuation nd-of-year market value
1) Financial derivatives				
2) Closely-held equity interests 3)Other				
A)				
3)				
0)				
;)				
)				
5)				
H)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 12	) ▶			
Investments—Program Related. Complete if the organization answer		art IV line	11c See Form	200 Part V line 13
(a) Description of investment		ook value	(c)	Method of valuation
.)			Cost or e	nd-of-year market value
2)				
· i)				
5)				
· ·)				
· ')				
3)				
<u> </u>				
9)				
9)  Datal. (Column (b) must equal Form 990, Part X, col (B) line 13	)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets. Complete if the organiza	tion answered 'Yes' on Form	m 990, Part	IV, line 11d See F	
otal. (Column (b) must equal Form 990, Part X, col (B) line 13 Part IX Other Assets. Complete if the organiza		n 990, Part	IV, line 11d See F	orm 990, Part X, line 15  (b) Book value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 13  Part IX Other Assets. Complete if the organiza  (	tion answered 'Yes' on Form	n 990, Part	IV, line 11d See F	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 13  Part IX Other Assets. Complete if the organiza  (a)	tion answered 'Yes' on Form	n 990, Part	IV, line 11d See F	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 13  Art IX Other Assets. Complete if the organiza  (1)	tion answered 'Yes' on Form	n 990, Part	IV, line 11d See F	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 13  Other Assets. Complete if the organiza  (1)	tion answered 'Yes' on Form	m 990, Part	IV, line 11d See F	
Other Assets. Complete if the organization.  Other Assets. Complete if the organization.	tion answered 'Yes' on Form	m 990, Part	IV, line 11d See F	
Other Assets. Complete if the organization of the complete in the comp	tion answered 'Yes' on Form	m 990, Part	IV, line 11d See F	
Other Assets. Complete if the organization of the complete in the comp	tion answered 'Yes' on Form	m 990, Part	IV, line 11d See F	
Other Assets. Complete if the organization of the complete in the comp	tion answered 'Yes' on Form	m 990, Part	IV, line 11d See F	
Other Assets. Complete if the organization of the complete in the comp	tion answered 'Yes' on Forma) Description	m 990, Part	IV, line 11d See F	
Other Assets. Complete if the organization of the complete if the complete if the organization of the complete if the complete if the complete if the complete if the complete	tion answered 'Yes' on Forma) Description  3) Description			(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 13  art IX  Other Assets. Complete if the organization (Column (b) must equal Form 990, Part X, col (B) line 13  Other Assets. Complete if the organization (Column (b) must equal Form 990, Part X, col (B) Part X  Other Liabilities. Complete if the organization (Column 990, Part X, line 25.	tion answered 'Yes' on Forma) Description  (a) Description  (b) line 15)  (c) ganization answered 'Yes'		 n 990, Part IV, lı	(b) Book value
Other Assets. Complete if the organization of liability.  Other Assets. Complete if the organization of liability.  Other Assets. Complete if the organization of liability.	tion answered 'Yes' on Forma) Description  (a) Description  (b) line 15)  (c) ganization answered 'Yes'	es' on Form	 n 990, Part IV, lı	(b) Book value
Other Assets. Complete if the organiza  Other Assets. Complete if the organiza  ( ) ) ) ) ) ) ) ) ) otal. (Column (b) must equal Form 990, Part X, col (E Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  (a) Description of liability	tion answered 'Yes' on Forma) Description  (a) Description  (b) line 15)  (c) ganization answered 'Yes'	es' on Form	 n 990, Part IV, lı	(b) Book value
Other Assets. Complete if the organization of the complete if the	tion answered 'Yes' on Forma) Description  (a) Description  (b) line 15)  (c) ganization answered 'Yes'	es' on Form	 n 990, Part IV, lı	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 13  art IX  Other Assets. Complete if the organization of the organization of liability of the complete if the organization of liability of the complete if the organization of liability of the complete in the organization of liability of the complete income taxes  Other Liabilities. Complete if the organization of liability of the complete income taxes	tion answered 'Yes' on Forma) Description  (a) Description  (b) line 15)  (c) ganization answered 'Yes'	es' on Form	 n 990, Part IV, lı	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 13  art IX  Other Assets. Complete if the organization of the orga	tion answered 'Yes' on Forma) Description  (a) Description  (b) line 15)  (c) ganization answered 'Yes'	es' on Form	 n 990, Part IV, lı	(b) Book value
Other Assets. Complete if the organization of the complete if the	tion answered 'Yes' on Forma) Description  (a) Description  (b) line 15)  (c) ganization answered 'Yes'	es' on Form	 n 990, Part IV, lı	(b) Book value
Other Assets. Complete if the organization of the complete if the	tion answered 'Yes' on Forma) Description  (a) Description  (b) line 15)  (c) ganization answered 'Yes'	es' on Form	 n 990, Part IV, lı	(b) Book value
Other Assets. Complete if the organization of	tion answered 'Yes' on Forma) Description  (a) Description  (b) line 15)  (c) ganization answered 'Yes'	es' on Form	 n 990, Part IV, lı	(b) Book value
Other Assets. Complete if the organization of the complete if the complete if the organization of the complete if the organization of the complete if	tion answered 'Yes' on Forma) Description  (a) Description  (b) line 15)  (c) ganization answered 'Yes'	es' on Form	 n 990, Part IV, lı	(b) Book value
Other Assets. Complete if the organization of	tion answered 'Yes' on Forma) Description  (a) Description  (b) line 15)  (c) ganization answered 'Yes'	es' on Form	 n 990, Part IV, lı	(b) Book value

Page 4

6,704,172

6,919,093

39,304

6,879,789

373.422

7,253,211

Schedule D (Form 990) 2018

1

39.304

8,938

364,484

2e

3

4c

2e 3 

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Total revenue, gains, and other support per audited financial statements . . .

-228,436 6,932,608 Amounts included on Form 990, Part VIII, line 12, but not on line 1

4 Investment expenses not included on Form 990, Part VIII, line 7b. 8,938 b 4b 364.484 373,422

2a

2b

2c 2d

4a

Explanation

4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . . 7,306,030 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Amounts included on line 1 but not on Form 990, Part IX, line 25

Other (Describe in Part XIII ) . . . . . . . . . . 4b Add lines 4a and 4b . . c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Other (Describe in Part XIII ) . . . . . .

**Supplemental Information** 

Schedule D (Form 990) 2018

Part XI

1

2

5

1

2

3

4

5

Part XIII

See Additional Data Table

Return Reference

а

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## Additional Data

Schedule D, Part V, Line 4

funds

Intended uses of endowment

Return Reference

Supplemental Information		

Explanation

THE ORGANIZATION'S ENDOWMENT CONSISTS OF INDIVIDUAL DONOR-RESTRICTED FUNDS ESTABLISHED

A VARIETY OF PURPOSES AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSET S ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR AB

FOR

SENCE OF DONOR-IMPOSED RESTRICTIONS

Name: The Waterbury Young Men's Christian Association

**EIN:** 06-0646988

Software Version: 2018v3.1

**Software ID:** 18007697

Supplemental Information					
Return Reference	Explanation				
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STA TEMENTS THE ORGANIZATION'S RETURN OF ORGANIZATIONS EXEMPT FROM INCOME TAX (FORM 990) FOR THE YEARS ENDED DECEMBER 31, 2015, 2016, AND 2017 ARE SUBJECT TO EXAMINATION BY THE IRS, G ENERALLY FOR THREE YEARS AFTER THEY WERE FILED				

Supplemental Information					
Return Reference	Explanation				
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form	SPECIAL EVENT EXPENSES DEDUCTED ON FORM 990 VIII LINE 8B - 29901 COST OF GOODS SOLD DEDUCTED ON FORM 990 VIII LINE 10B - 9403				

Supplemental Information				
Return Reference	Explanation			
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	PROGRAM FINANCIAL ASSISTANCE BASED ON NEED - IN KIND - 364484			

Supplemental Information					
Return Reference	Explanation				
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	SPECIAL EVENT EXPENSES DEDUCTED ON FORM 990 PART VIII LINE 8B - 29901 COST OF GOODS SOLD DEDUCTED ON FORM 990 PART VIII LINE 10B - 9403				

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	PROGRAM FINANCIAL ASSISTANCE BASED ON NEED - IN KIND - 364484

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE G (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

DLN: 93493133055079 OMB No 1545-0047

Open to Public

Name of the organization The Waterbury Young Men's Christian Association

Department of the Treasury

Mail solicitations

Phone solicitations

or entity (fundraiser)

Internal Revenue Service

Part I

1

8

10

Attach to Form 990 or Form 990-EZ. Inspection Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** 06-0646988 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants Solicitation of government grants ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No

Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Sche	dule G (Form 990 or 990-EZ) 2018					Page <b>3</b>
11	Does the organization conduct gaming	activities with nonmemb	pers?		☐ Yes ☐ No	
12	Is the organization a grantor, beneficia formed to administer charitable gaming		or a member of a partnership or other entity		□Yes □No	
13	Indicate the percentage of gaming activ	vity conducted in				
а	The organization's facility			13a		%
b	An outside facility			13b		%
14	Enter the name and address of the pers	son who prepares the or	ganization's gaming/special events books and re	cords		
	Name ►					
	Address ►					
15a	Does the organization have a contract version revenue?	with a third party from v	vhom the organization receives gaming		☐ Yes ☐ No	
Ь	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		organization • \$ and th	e		
С	If "Yes," enter name and address of the	e third party				
	Name					
	Address ►					
16	Gaming manager information					
	Name ►					
	Gaming manager compensation ▶ \$		······			
	Description of services provided ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor			
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable	e distributions from the gaming proceeds to		☐ Yes ☐ No	
Ь	Enter the amount of distributions required in the organization's own exempt activities.		ributed to other exempt organizations or spent  \$ \$			
Pai			nations required by Part I, line 2b, columns pplicable. Also provide any additional infor			
	Return Reference		Explanation			

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493133055079 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. 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," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number The Waterbury Young Men's Christian Association 06-0646988 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 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

# (5) (6)

Schedule I (Form 990) 2018

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

**Explanation** Return Reference

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 Schedule I, Part I, Line 2 Procedures for monitoring use of YMCA, REGARDLESS OF THEIR ABILITY TO PAY THE STANDARD MEMBERSHIP OR PROGRAM FEE THOSE NOT ABLE TO PAY THE FULL FEE MAY BE AWARDED grant funds ASSISTANCE BASED UPON A SLIDING SCALE AND DEMONSTRATED NEED. THE WATERBURY YMCA BELIEVES A STRONG SENSE OF OWNERSHIP AND PRIDE IS

Page 2

efil	e GRAPHIC pr	int - DO NOT PROCESS As	Filed Dat	a -	DLN: 934	19313	33055	079	
Sch	edule J	Com	pensati	ion Information	40	1B No	1545-0	0047	
(For	n 990)	For certain Officers, I							
			Compensa	ated Employees	line 23	2018			
► Attach to Form 990.									
•	tment of the Treasurv al Revenue Service	► Go to <u>www.irs.gov/F</u>	<u>orm990</u> for	instructions and the latest inform	nation.		to Pul ectio		
Nar	ne of the organiza				Employer identificat				
The	Waterbury Young M	en's Christian Association			06-0646988				
Pa	rt I Questi	ons Regarding Compensation							
	<u> </u>						Yes	No	
1a				the following to or for a person liste y relevant information regarding the					
	First-class	or charter travel		Housing allowance or residence for	personal use				
		companions	님	Payments for business use of person					
		nification and gross-up payments	片	Health or social club dues or initiation					
	□ Discretion	ary spending account		Personal services (e g , maid, chauf	reur, cner)				
b		kes in line 1a are checked, did the or ill of the expenses described above?		ollow a written policy regarding paym iplete Part III to explain	nent or reimbursement	1b			
2		ation require substantiation prior to r		or allowing expenses incurred by all r, regarding the items checked in line	. 1-2	2			
	directors, truste	es, officers, including the CEO/Exect	itive Directo	r, regarding the items checked in line	e la?				
3				ed to establish the compensation of the	ne				
	_	EO/Executive Director Check all tha d organization to establish compens.	1 1 7	not cneck any boxes for methods CEO/Executive Director, but explain i	n Part III				
	·								
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study					
		of other organizations	<b>7</b>	Approval by the board or compensa	tion committee				
		-	_						
4	During the year, related organiza		Part VII, Se	ction A, line 1a, with respect to the f	ling organization or a				
а	_	ance payment or change-of-control p	navment?			4a		No	
b		r receive payment from, a suppleme	•	ified retirement plan?		4b		No	
c	•	r receive payment from, an equity-b	•	· ·		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and pro	vide the app	olicable amounts for each item in Part	: III				
5		<b>), 501(c)(4), and 501(c)(29) org</b> ed on Form 990, Part VII, Section A,		-					
5		ontingent on the revenues of	iiile 1a, uiu	the organization pay or accrue any					
а	The organization	٦٦				5a		No	
b	Any related orga	anization?				5b		No	
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section A, ontingent on the net earnings of	line 1a, did	the organization pay or accrue any					
а	The organization	۶۰				<b>6</b> a		No	
b	Any related orga					6b		No	
	•	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section A, escribed in lines 5 and 6? If "Yes," do		the organization provide any nonfixed rt III	d	7		No	
8		nts reported on Form 990, Part VII, utial contract exception described in		red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe				
9	If "Yes" on line	3, did the organization also follow th	e rebuttable	presumption procedure described in	Regulations section	8		No	
	53 4958-6(c)?	ction Act Notice, see the Instruc	tions for F	000 C-t N- 5	50053T Schedule 1	9 (Earn	. 000)	2010	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nontaxable (C) Retirement and (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 James O'Rourke 161,064 (i) n 16,106 506 177,676 CEO 0 (ii)

Page <b>3</b> Page <b>3</b>					
Part III Supplemental Information					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Return Reference	Explanation				

Schedule 1 (Form 990) 2018

ef	ile GRAPHIC print - DO NOT	PROCESS As	Filed Data -									DLN: 93	49313	3055	079
	te: To capture the full conte	nt of this docum	ent, please select l	andscape mode	(11" x 8.	5") wl	hen p	rinting.			1				
	hedule K	Sur	oplemental Inf	formation o	on Tax-Exempt Bonds						OMB No 1545-0047				
(F	orm 990)		e organization answe				•		criptions,			2(	018	?	
		•	•	nd any additional		ı in Par	t VI.								
	artment of the Treasury rnal Revenue Service			Attach to Form 990 gov/Form990 for		informa	tion.						to Pub		
Nam	ne of the organization	Å L								Emplo	yer ident	ification r			
ıne	Waterbury Young Men's Christian	Association								06-06	46988				
Pä	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(	<b>(f)</b> Descripti	on of purpose	(g) De	feased	(h) 0		(i) Pool	
							behalf of fi issuer		financ	mancing					
										Yes	No	Yes	No Y	'es	No
A	CT HEALTH&ED FACILITIES	06-0806186	20774YUS4	04-01-2015	3,8	808,144			SSUE WAS AN OF THE 10-23-08		Х		Х	X	
	AUTH CHILD CARE REV BONDS 2015							A BOND ISS							
Pξ	art II Proceeds														
1	Amount of bonds retired					Α	+	E	3	C			D	<u>'                                    </u>	
2	Amount of bonds legally defease														
3	Total proceeds of issue					3,808	3,144								
4	Gross proceeds in reserve funds														
5	Capitalized interest from procee	ds													
6	Proceeds in refunding escrows .					3,808	3,144								
7	Issuance costs from proceeds .														
8	Credit enhancement from proce	eds													
9	Working capital expenditures fro														
10	Capital expenditures from proce														
11	Other spent proceeds					3,808	3,144								
12	Other unspent proceeds														
13	Year of substantial completion .			•	20	011									
					Yes	No	-	Yes	No Y	'es	No		/es	N	0
14	Were the bonds issued as part o	<del>_</del>				X									
15	Were the bonds issued as part o	f an advance refundi	ng issue?	•	Х										
16	16 Has the final allocation of proceeds been made?				Х										
17	Does the organization maintain proceeds?				x										
Pa	art III Private Business Us			<u>-</u>		<u> </u>			I			<u> </u>			
						A	T	E	3	С			D	,	
					Yes	No	•	Yes	No Y	'es	No	1	es es	N	o
1	Was the organization a partner infinanced by tax-exempt bonds?					х									
2	Are there any lease arrangemen property?			bond-financed		х									
Ear	Panerwork Peduction Act Notice	o coo the Instruct	iona for Form 000			t No 50	01025					hadula I	( (Earm	990)	2019

C

d

6

Part IV

c

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

C

No

Yes

C

No

Yes

No

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet? . . . . . . .

Exception to rebate? . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . .

Was the hedge superintegrated? . . . . . 

hedge with respect to the bond issue?

Arbitrage

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

counsel to review any research agreements relating to the financed property?

Α

Yes

Χ

Α

Χ

0 %

В

No

Yes

Х

Χ

Χ

No

Х

Х

Х

Х

Х

Page 3

No

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	×			
	N. C. I		<u> </u>		 

Χ

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

ORGANIZATION'S ALLOCATED PORTION OF THAT ISSUE PRICE WAS \$3,808,144

Schedule K (Form 990) 2018

period?

Part V

Part VI

Schedule K, Part VI

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

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

requirements of section 148? . . .

Return Reference

Term of GIC . . . . . . . . . .

Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . . . . . .

Х

Yes

Χ

THE ORGANIZATION IS A CONDUIT BORROWER IN A POOLED FINANCING ISSUE TOTAL ISSUE PRICE PER FORM 8038 LINE 18 WAS \$35,708,992 THE

No

Explanation

Yes

No

Yes

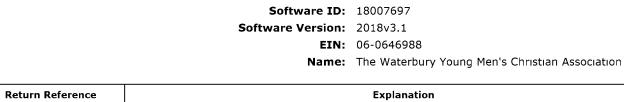
No

Yes

#### **Additional Data**

\$3,808,144

Schedule K, Part VI



THE ORGANIZATION IS A CONDUIT BORROWER IN A POOLED FINANCING ISSUE TOTAL ISSUE PRICE PER FORM 8038 LINE 18 WAS \$35,708,992 THE ORGANIZATION'S ALLOCATED PORTION OF THAT ISSUE PRICE WAS

efile GRAPHIC print - DO NOT PROCESS				As Filed Data -		DLN:	93493133055079
SCHEDUL (Form 990 or EZ)	990-	Comp	lete to pro Form 990 o	vide information for r 990-EZ or to prov ▶ Attach to Forn	on to Form 990 or 9 responses to specific questi ide any additional informatio n 990 or 990-EZ. 90 for the latest information.	ons on n.	2018 Open to Public Inspection
,	ng Men's	n Christian Association Ipplemental Ir		1		Employer ident	ification number
Return Reference					Explanation		
Form 990, Part I, Line 1 CONTINUED MISISON	HE WACE THIORTS CONSTRESPO PORTI WATEI F MEN DEDIC ES THI ITY IN FAMILI RAMS ERS W FACILI OVIDE NDICA WATEI	ATERBURY YOU! ROUGH PROGR. ITS CHARITABLE TITUENTS IN THI DNSIBILITY EST. VE NETWORK FI RBURY YMCA IS , WOMEN AND C ATED TO YOUTH ESE GOALS BY ( 12018, THE WAT IES TOTALING M THESE FUNDS /HO CONTRIBUT TIES CURRENTI PROGRAM SER PPED ACCESSIE RTOWN, CT, A D	NG MEN'S O AMS THAT E WORK AN E COMMUN ABLISHED OR COMMIN A CHARITA CHILDREN O H DEVELOP OFFERING ERBURY YN IORE THAN WERE MAD ED OVER \$ LY OWNED WICES TO BLE BUILDII AY CAMP F	CHRISTIAN ASSOCIADEVELOP HEALTHY D PROVIDES THE F ITY THAT PROMOTE 160 YEARS AGO, TH INITY MEMBERS AN ABLE, COMMUNITY A DF ALL AGES, ABILIT MENT, HEALTHY LIV PROGRAMS THAT A MCA WAS ABLE TO ( \$364,000, THEREBY ME AVAILABLE AS A 1253,000 TO THE YM BY THE WATERBUR THE COMMUNITY TO ING IN WATERBURY, ROGRAM ON THE S	HRISTIAN ASSOCIATION STA ATION IS "TO PUT CHRISTIAN I SPIRIT, MIND, AND BODY FO OUNDATION OF THE PROGRA ES YOUTH DEVELOPMENT, HI E WATERBURY YMCA HAS BE D PROGRAM PARTICIPANTS ' AND SOCIAL SERVICE ORGAN TIES, INCOMES, ETHNICITY, A AVING, AND SOCIAL RESPONSI DDRESS THE NEEDS OF THE DFFER FINANCIAL ASSISTANCY GRANTING ACCESS TO MEM DIRECT RESULT OF THE GEN CA COMMUNITY SUPPORT CA TY YMCA ALLOW US TO DO OUT HESE FACILITIES INCLUDES A CT, AN 80-ACRE OUTDOOR OF COUTHBURY TRAINING SCHOOL IN THE GREATER WATERBUR	PRINCIPLES INTO R ALL "THE MISS AMS AND SERVICE EALTHY LIVING, A EEN ABLE TO OF THROUGHOUT IT IIZATION THAT C ND RELIGIONS I BILITY, AND ACC GREATER WATE CE TO INDIVIDUA MBER SERVICES EROSITY OF YMI AMPAIGN FACILI JR CHARITABLE A 60,000 SQUARE CENTER/CAMP FA OL PROPERTY IN	D PRACTI SION SUPP CES FOR THE AND SOCIAL FER A SUP 'S HISTORY THE ONSISTS O T IS COMPLISH ERBURY COMMUN LIS AND AND PROG CA SUPPORT TIES THE WORK AND PR EFOOT HA ACILITY IN

Return Explanation
Reference

	THE YMCA HAD 23 POLICYMAKING VOLUNTEERS AND MORE THAN 766 PROGRAM VOLUNTEERS WHO MADE SIGN
· '	IFICANT CONTRIBUTIONS OF THEIR TIME IN THE FURTHERANCE OF YMCA ACTIVITIES BY ACTING AS MEN TORS. COACHES. PROGRAM LEADERS. INSTRUCTORS AND MORE THESE SERVICES DO NOT MEET THE CRITE
	RIA FOR RECOGNITION AS CONTRIBUTIONS. THEREFORE. THEIR VALUE IS NOT REFLECTED IN THIS FORM
	990

Return Reference	Explanation
Form 990,	THE ORGANIZATION'S BOARD OF DIRECTORS HAS ASSIGNED THE DUTY OF REVIEWING THE ANNUAL 990 TO
Part VI, Line	ITS STANDING FINANCE COMMITTEE THE ANNUAL 990 IS PREPARED BY THE ORGANIZATION'S ACCOUNTI
11b Review	NG FIRM WORKING CLOSELY WITH THE FINANCE DIRECTOR AND EXECUTIVE DIRECTOR COPIES OF THE CO
of form 990	MPLETED RETURN ARE PROVIDED TO ALL MEMBERS OF THE FINANCE COMMITTEE FOR REVIEW UPON REVIE
by governing	W BY THE FINANCE COMMITTEE, COPIES OF THE 990 FORM ARE PROVIDED TO ALL BOARD OF DIRECTOR M
body	EMBERS

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	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 STAT EMENT REQUIRES THE INDIVIDUAL TO ANSWER A SERIES OF QUESTIONS REGARDING TRANSACTIONS, EVEN TS AND CIRCUMSTANCES WHICH COULD LEAD TO CONFLICTS OF INTEREST THE DISCLOSURE STATEMENT A LSO 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 ACC URATE 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 OF THE ORGANIZATION SO RANSWERS 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 ACCOUNT S PAYABLE 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, Part VI, Line 15a Process to establish compensation of top management official The Authority to Determine the Total Compensation of top management official The Role of the Organization's executive compensation of top management official The Role of the Organization's executive compensation to Determine the Total Compensation committee is to provide the Necessary Direction and oversight of the Organization's executive compensation to Develop the Total Compensation for the Executive Director and Review the Recommendations of the Executive Director Regarding Compensation for the Finance Director and Associate executive Director Source of Companable Data the Objective is to Seek Total Compensation Data and Data and Benchmarks among a number of other ymcas report established by the Compensation's minutes and D is available for Review by the Committee	AG N T IT C D C C C C C C C C C C C C C C C C C

Return Reference	Explanation
Form 990, Part VI, Line	THE PROCESS FOR DETERMINING COMPENSATION AMOUNTS FOR THE ORGANIZATION'S DIRECTORS ARE INCLUDED IN THE EXECUTIVE COMPENSATION COMMITTEE PROCESS AND PROCEDURES AS OUTLINED ABOVE FOR
15b Process	THE ORGANIZATION'S EXECUTIVE DIRECTOR
to establish compensation	
of other	
employees	

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	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 A VAILABLE 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 C T SOLICITATION OF CHARITABLE FUNDS ACT AND SUBMITS THESE DOCUMENTS ANNUALLY AS REQUIRED THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, ANNUAL AUDITED FINANCI AL 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

Revenue

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service	- Total Revenue , Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , - Total Revenue , Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Form 990,	EMPLOYEE SPECIAL EVENT FUND - Total Revenue 105, Related or Exempt Function Revenue 105,
Part VIII, Line	Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514
11d Other	,
Miscellaneous	
Revenue	

Return Explanation
Reference

Form 990
Additional 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 Afforda Ble to the Community at large financial assistance is made available to those who can't a Fford 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