

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047  
**2020**  
Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020**

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

**C** Name of organization: SOUTHINGTON-CHESHIRE COMMUNITY YMCA  
 Doing business as:  
 Number and street (or P.O. box if mail is not delivered to street address): 29 HIGH STREET Room/suite:  
 City or town, state or province, country, and ZIP or foreign postal code: SOUTHINGTON, CT 06489

**D** Employer identification number: 06-0646905  
**E** Telephone number: (860) 628-5597  
**G** Gross receipts \$ 9,029,796

**F** Name and address of principal officer:  
 MARK POOLER  
 29 HIGH STREET  
 SOUTHINGTON, CT 06489

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.SCCYMCA.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶  
**L** Year of formation: 1928 **M** State of legal domicile: CT

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
 THE ASSOCIATION'S MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. OUR BOARD OF DIRECTORS HAS ADOPTED THE FOLLOWING VISION STATEMENT: OUR YMCA IS DEDICATED TO BEING A KEY RESOURCE FOR AND PARTNER WITH OUR COMMUNITIES. WE ASPIRE TO BE A LEADER IN PROVIDING DIVERSE PROGRAMS AND SERVICES THAT PROMOTE GOOD CHARACTER AND HEALTHY LIFESTYLES. AS THE HEART OF SOUTHINGTON AND CHESHIRE, THE YMCA IS COMMITTED TO BUILDING STRONG KIDS, STRONG FAMILIES AND STRONG COMMUNITIES.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	21
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	20
<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	797
<b>6</b> Total number of volunteers (estimate if necessary)	6	298
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	702,040	666,164
<b>9</b> Program service revenue (Part VIII, line 2g)	10,401,151	6,352,362
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	130,978	4,479
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	198,788	166,598
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,432,957	7,189,603
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	329,885	111,037
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,446,475	6,099,858
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶229,728		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,494,429	2,588,810
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,270,789	8,799,705
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	162,168	-1,610,102

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	18,072,124	17,992,751
<b>21</b> Total liabilities (Part X, line 26)	2,011,259	2,970,582
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	16,060,865	15,022,169

**Part II Signature Block**  
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2021-04-20  
 MARK POOLER CEO  
 Type or print name and title

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ CLIFTONLARSONALLEN LLP		2021-04-23		P01551484
Firm's address ▶ 29 SOUTH MAIN STREET 4TH FLOOR			Firm's EIN ▶ 41-0746749	
WEST HARTFORD, CT 06107			Phone no. (860) 561-4000	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE ASSOCIATION'S PURPOSE IS THE ORGANIZATION, DEVELOPMENT AND CONSERVATION OF YMCA ACTIVITIES AND TO PROMOTE THE SPIRITUAL, INTELLECTUAL, SOCIAL AND PHYSICAL WELFARE OF PEOPLE IN THE TOWNS OF SOUTHLINGTON (INCLUDING MARION, MILLDALE, AND PLANTSVILLE) AND CHESHIRE. THE ASSOCIATION'S MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. WE ASSIST PEOPLE IN LEARNING CHARACTER-BUILDING SKILLS, I.E. CARING, HONESTY, RESPECT AND RESPONSIBILITY THAT WILL ENRICH THEIR LIVES, HELP THEM TO GROW AND TO REALIZE THEIR FULL POTENTIAL. THE YMCA IS A MEMBERSHIP ASSOCIATION OF MEN, WOMEN AND CHILDREN OF ALL AGES, ABILITIES, INCOMES, RACES AND RELIGIONS. WE ARE DEDICATED TO NURTURING THE POTENTIAL OF YOUTH AND TEENS, IMPROVING THE NATION'S HEALTH AND WELL-BEING AND PROVIDING OPPORTUNITIES TO SUPPORT OUR COMMUNITY NEIGHBORS.

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

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

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

4a (Code: ) (Expenses \$ 3,470,571 including grants of \$ 76,783 ) (Revenue \$ 2,958,671 )
See Additional Data

4b (Code: ) (Expenses \$ 2,456,283 including grants of \$ 10,677 ) (Revenue \$ 2,206,832 )
See Additional Data

4c (Code: ) (Expenses \$ 1,346,788 including grants of \$ 23,577 ) (Revenue \$ 1,160,709 )
See Additional Data

(Code: ) (Expenses \$ 85,852 including grants of \$ ) (Revenue \$ 26,150 )

SOCIAL RESPONSIBILITY - OTHER PROGRAM SERVICES ENCOMPASS FAMILIES, YOUTH SPECIAL EVENTS, ARTS AND HUMANITIES, VACATION PROGRAMS, SENIOR CITIZENS AND COMMUNITY PARTNERSHIPS. WHEN OUR YMCA WAS CLOSED FOR 3 MONTHS DURING THE PANDEMIC, WE REPURPOSED SOME OF OUR STAFF TO LEND A HAND IN THE COMMUNITY. WE MADE OVER 3,000 CHECK IN PHONE CALLS TO SENIOR CITIZENS, DISTRIBUTED 2,229 WEEKS OF GROCERIES WITH BREAD FOR LIFE, AND CREATED AND DONATED 1,100 FACE MASKS. WE ALSO HOSTED MULTIPLE BLOOD DRIVES RESULTING IN THE COLLECTION OF 194 UNITS OF BLOOD. THE YMCA SENIOR CITIZENS CLUB MEETS WEEKLY AT THE YMCA AND SERVES OVER 25 SENIORS. A MONTHLY LUNCH SEMINAR SERIES TO PROVIDE HEALTH, FINANCIAL AND OTHER TOPICS OF INTEREST TO SENIORS IS PROVIDED FREE OF CHARGE. EACH SEMINAR ATTRACTS APPROXIMATELY 60 SENIORS. UNFORTUNATELY, THIS PROGRAM HAD TO BE TEMPORARILY CANCELED WHEN COVID-19 CLOSED DOWN OUR YMCA IN MARCH 2020. WE PLAN TO RESUME THESE EVENTS ONCE IT IS SAFE TO DO SO. OUR YMCA IS COMMITTED TO USING ITS RESOURCES IN COOPERATION WITH THE LARGER COMMUNITY AND ITS AGENCIES. OUR SOUTHLINGTON BRANCH IS THE DESIGNATED PRIMARY DISASTER SHELTER FOR THE TOWN. IT IS A MEMBER OF THE COMMUNITY ACTION ORIENTED TASK FORCE SOUTHLINGTON SOS, WHOSE MISSION IS TO PROVIDE AID FOR VICTIMS OF NATURAL DISASTERS, PROMOTE READINESS IN CASE OF FUTURE DISASTERS AND ADDRESS SOCIAL SERVICE NEEDS. COMMUNITY SERVICE PROGRAMS PROVIDED BY THE YMCA INCLUDE AQUATIC AND FITNESS TESTING, CPR AND FIRST AID TRAINING COURSES AND LIFESAIVING CLASSES AND CERTIFICATION. OUR STAFF WORKS CLOSELY WITH TOWN SOCIAL SERVICES AND YOUTH DEPARTMENTS TO FIND SERVICES NOT OFFERED BY THE YMCA FOR THOSE IN NEED. OUR FACILITIES ARE FOOD COLLECTION SITES FOR BREAD FOR LIFE. OUR YMCA HAS FORMED A COLLABORATION WITH ALTA AND THE UNITED WAY TO PROVIDE ALTERNATIVE EDUCATION STUDENTS TEAM BUILDING SKILLS THAT IMPROVE THEIR COMMUNICATION AND DECISION MAKING. THE PROGRAM MEETS REGULARLY AT THEIR SCHOOL, THE YMCA OR YMCA CAMP SLOPER. OUR YMCA HAS TAKEN A LEADERSHIP POSITION IN CONJUNCTION WITH STEPS (SOUTHLINGTON TOWN WIDE EFFORT TO PROMOTE SUCCESS). STEPS IS A COALITION OF TOWN ORGANIZATIONS THAT HAS ADOPTED THE 40 DEVELOPMENTAL ASSETS AS A WAY TO PROVIDE CHILDREN THE SUPPORT NEEDED TO MAKE POSITIVE CHOICES IN THEIR LIVES, AVOID RISKY BEHAVIORS AND PREVENT TEEN SUICIDE. WE ARE ALSO AN ACTIVE PARTICIPANT IN THE SOUTHLINGTON INTERFAITH CLERGY ASSOCIATION WHICH DEALS WITH VARIOUS SOCIAL ISSUES IN TOWN AND KEEPS OUR FAITH COMMUNITY CONNECTED. OUR YMCA PARTICIPATES IN THE NATIONAL YMCA MOVEMENT "PHC" (PIONEERING HEALTHY COMMUNITIES), A PUBLIC HEALTH INITIATIVE TO MAKE HEALTHY LIVING A REALITY FOR MILLIONS OF AMERICANS. THE INITIATIVE IS IN RESPONSE TO AMERICA'S GROWING OBESITY, CHRONIC DISEASE AND HEALTH CARE CRISIS. THE THREE STRATEGIES OF "PCH" ARE ORGANIZATIONAL IMPROVEMENT, COMMUNITY LEADERSHIP AND STRATEGIC PARTNERSHIPS. WE HAVE RECEIVED GRANT FUNDING FROM THE ROBERT WOOD JOHNSON FOUNDATION FOR "PCH", A YMCA LED TOWN COALITION CALLED ACTIVATE SOUTHLINGTON TO REDUCE OBESITY AND CREATE A HEALTHIER COMMUNITY THROUGH POLICY AND ENVIRONMENTAL CHANGE. IN ADDITION, OUR YMCA HAS COLLABORATIONS WITH HARTFORD HEALTH CARE AND LOCAL MEDICAL PROFESSIONALS TO ENHANCE OVERALL HEALTH WITHIN THE COMMUNITY. DURING THE YEAR, WORKSHOPS DESIGNED TO HELP INDIVIDUALS AND FAMILIES WITH EATING HABITS, HEALTHY LIFESTYLES, DISEASE DETECTION AND PREVENTION, AND PARENTING WERE PROVIDED FREE OF CHARGE TO THE PUBLIC. THE Y HAS ALSO HAD PARTICIPATION AND LEADERSHIP ROLES IN OTHER COMMUNITY GROUPS SUCH AS THE JUVENILE REVIEW BOARD, CHAMBER OF COMMERCE HEALTH AND WELLNESS COMMITTEE AND THE FARM HERITAGE COMMITTEE. OUR YMCA COLLABORATES WITH HARTFORD HEALTH CARE IN AN ANNUAL COMMUNITY EVENT CALLED THE HEALTHY FAMILY FUN FEST. THIS FREE EVENT IS FILLED WITH HEALTH INFORMATION, SPEAKERS, SCREENINGS, DEMONSTRATIONS AND FUN ACTIVITIES FOR ALL AGES. IT IS USUALLY ATTENDED BY OVER 3,000 PEOPLE. IN 2020, OUR YMCA PARTICIPATED IN THE RACE 4 CHASE KIDS' TRIATHLON PROGRAM. THIRTY EIGHT LOCAL CHILDREN BETWEEN THE AGES OF 6 AND 12 WERE TREATED TO A FREE 2 WEEK PROGRAM THAT CULMINATED IN A TRIATHLON AT YMCA CAMP SLOPER. RACE 4 CHASE WAS CREATED IN HONOR AND MEMORY OF CHASE KOWALSKI, A SEVEN YEAR OLD BOY WHO WAS KILLED IN THE SANDY HOOK TRAGEDY IN 2012. OVERALL, OUR YMCA MAINTAINS COMMUNITY COLLABORATIONS WITH OVER 120 AGENCIES, GROUPS, FOUNDATIONS AND BUSINESSES. WE ALSO PROVIDE VOLUNTEER OPPORTUNITIES FOR YOUTH AND ADULTS IN TOWN, SUCH AS THE TOGETHERHOOD INITIATIVE. GROUPS OF VOLUNTEERS ARE ORGANIZED TO PERFORM NEEDED TASKS AROUND TOWN, FROM YARD MAINTENANCE TO COMMUNITY PROJECTS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 85,852 including grants of \$ ) (Revenue \$ 26,150 )

4e Total program service expenses 7,359,494

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial statements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> <span style="float: right;">797</span>			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b>2b</b>	Yes
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .			<b>3a</b>	No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .			<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			<b>4a</b>	No
<b>b</b> If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			<b>5a</b>	No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b>	No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .			<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .			<b>6a</b>	No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			<b>7a</b>	Yes
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			<b>7b</b>	Yes
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			<b>7c</b>	No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<b>7e</b>	No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			<b>7f</b>	No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .				
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			<b>14a</b>	No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .			<b>14b</b>	
<b>15</b> 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? . . . . . <b>If "Yes," see instructions and file Form 4720, Schedule N.</b>			<b>15</b>	No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>If "Yes," complete Form 4720, Schedule O.</b>			<b>16</b>	No

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed. CT
18 Section 6104 requires an organization to make its Form 1023 (or 1024-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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: TABITHA STEIN CFO 29 HIGH STREET SOUTHLINGTON, CT 06489 (860) 426-9514

**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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK POOLER ..... CEO	45.00 .....	X		X			142,800	0	28,463	
(2) TABITHA STEIN ..... CFO	45.00 .....			X			100,361	0	11,532	
(3) PAUL BEDARD ..... PRESIDENT	4.00 .....	X		X			0	0	0	
(4) JACQUELINE LARAMEE ..... VICE PRESIDENT I	4.00 .....	X		X			0	0	0	
(5) DANIEL MASSUCCI ..... TREASURER	2.00 .....	X		X			0	0	0	
(6) LINDA MAXWELL ..... VICE PRESIDENT II	2.00 .....	X		X			0	0	0	
(7) CHRISTOPHER ESPOSITO ..... CHESHIRE PRESIDENT	2.00 .....	X		X			0	0	0	
(8) ANTHONY SHEFFY ..... SECRETARY	2.00 .....	X		X			0	0	0	
(9) AJ GARSTANG ..... DIRECTOR	2.00 .....	X					0	0	0	
(10) GAIL KELLY ..... DIRECTOR	2.00 .....	X					0	0	0	
(11) PAULA KNIGHT ..... DIRECTOR	2.00 .....	X					0	0	0	
(12) ANTHONY MICHAUD ..... DIRECTOR	2.00 .....	X					0	0	0	
(13) PATRICK MULHOLLAND ..... DIRECTOR	2.00 .....	X					0	0	0	
(14) DANIEL PURUSHOTHAM ..... DIRECTOR	1.00 .....	X					0	0	0	
(15) STEVE GIUDICE ..... DIRECTOR	2.00 .....	X					0	0	0	
(16) LISA CONNOLLY ..... DIRECTOR	2.00 .....	X					0	0	0	
(17) CRISTIN BUCKLEY ..... DIRECTOR	2.00 .....	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) HACAH GOGGIN DIRECTOR	2.00	X						0	0	0	
(19) CHAD BUTLER DIRECTOR	2.00	X						0	0	0	
(20) LAUREN FORGIONE DIRECTOR	2.00	X						0	0	0	
(21) WILLIAM PESCE DIRECTOR	2.00	X						0	0	0	
(22) BETHANY ROSIN DIRECTOR	2.00	X						0	0	0	
<b>1b Sub-Total</b>											
<b>1c Total from continuation sheets to Part VII, Section A</b>											
<b>1d Total (add lines 1b and 1c)</b>								243,161	0		39,995

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **2**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**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 VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	24,613				
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	66,800				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	10,000				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	564,751				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>					
	<b>h Total.</b> Add lines 1a-1f . . . . .			666,164			
<b>Program Service Revenue</b>	<b>2a</b> YOUTH DEVELOPMENT	Business Code					
		624410	4,592,983	4,592,983			
	<b>b</b> HEALTHY LIVING	813410	1,733,229	1,733,229			
	<b>c</b> SOCIAL RESPONSIBILITY	813410	26,150	26,150			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f. . . . .		6,352,362					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		177,954			177,954	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>6b</b> Less: rental expenses					
		<b>6c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>7b</b> Less: cost or other basis and sales expenses		1,749,842	11,828		
		<b>7c</b> Gain or (loss)		-173,547	72		
		<b>d</b> Net gain or (loss) . . . . .		-173,475			-173,475
	<b>8a</b> Gross income from fundraising events (not including \$ 66,800 of contributions reported on line 1c). See Part IV, line 18 . . . . .						
		<b>8b</b> Less: direct expenses . . . . .		195,493	55,199		
		<b>c</b> Net income or (loss) from fundraising events . . . . .		140,294			140,294
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .						
		<b>9b</b> Less: direct expenses . . . . .					
		<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>10b</b> Less: cost of goods sold . . . . .		36,808	23,324			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		13,484			13,484	
<b>11a</b> MISCELLANEOUS	Miscellaneous Revenue	Business Code					
		900099	12,820			12,820	
	<b>b</b>						
	<b>c</b>						
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			12,820				
<b>12 Total revenue.</b> See instructions . . . . .			7,189,603	6,352,362	0	171,077	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	111,037	111,037		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	271,156	31,853	183,561	55,742
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	4,492,460	3,861,892	536,456	94,112
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .	718,607	551,656	133,639	33,312
<b>10</b> Payroll taxes . . . . .	617,635	501,167	93,380	23,088
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	10,716		10,716	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	41,843		41,843	
<b>12</b> Advertising and promotion . . . . .	16,068	13,858	716	1,494
<b>13</b> Office expenses . . . . .	134,382	121,783	10,788	1,811
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	879,867	853,892	25,975	
<b>17</b> Travel . . . . .	12,114	12,074	40	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	24,814	20,481	4,260	73
<b>20</b> Interest . . . . .	42,958	26,921	16,037	
<b>21</b> Payments to affiliates . . . . .	91,001	88,851		2,150
<b>22</b> Depreciation, depletion, and amortization . . . . .	777,775	756,948	19,327	1,500
<b>23</b> Insurance . . . . .	154,384	132,622	21,762	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> EQUIPMENT	160,861	120,754	25,935	14,172
<b>b</b> BANK, CC AND DRAFT FEES	115,441	112,083	1,154	2,204
<b>c</b> CONTRACT SERVICES	97,146	20,545	76,531	70
<b>d</b> DUES, SUBSCRIPTIONS AND	28,840	21,077	7,763	
<b>e</b> All other expenses	600		600	
<b>25</b> Total functional expenses. Add lines 1 through 24e	8,799,705	7,359,494	1,210,483	229,728
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	831,517	<b>1</b>	1,107,884
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	106,310	<b>3</b>	110,583
	<b>4</b> Accounts receivable, net . . . . .	106,431	<b>4</b>	91,515
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	221,819	<b>9</b>	87,720
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	22,178,549		
	<b>b</b> Less: accumulated depreciation	11,430,620	11,475,160	<b>10c</b> 10,747,929
	<b>11</b> Investments—publicly traded securities . . . . .	3,377,580	<b>11</b>	3,953,238
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	315,477	<b>12</b>	86,291
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,637,830	<b>15</b>	1,807,591
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	18,072,124	<b>16</b>	17,992,751	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	404,688	<b>17</b>	371,790
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	669,278	<b>19</b>	104,622
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	937,293	<b>23</b>	2,494,170
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,011,259	<b>26</b>	2,970,582
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	12,727,850	<b>27</b>	11,376,202
	<b>28</b> Net assets with donor restrictions . . . . .	3,333,015	<b>28</b>	3,645,967
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	16,060,865	<b>32</b>	15,022,169	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	18,072,124	<b>33</b>	17,992,751	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,189,603
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,799,705
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,610,102
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	16,060,865
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	401,645
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	169,761
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	15,022,169

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 06-0646905

**Name:** SOUTHINGTON-CHESHIRE COMMUNITY YMCA

Form 990 (2020)

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## Form 990, Part III, Line 4a:

YOUTH DEVELOPMENT - CHILD CARE AND YOUTH PROGRAMS - OUR YMCA IS THE LARGEST PROVIDER OF CHILD CARE IN BOTH SOUTHINGTON AND CHESHIRE. THE Y OFFERS HIGH QUALITY CHILD CARE ACTIVITIES FOR PRESCHOOL AND SCHOOL AGE CHILDREN FROM ALL ASPECTS OF THE COMMUNITY. IN ADDITION, WE PROVIDE PROGRAMS FOR AT RISK TEENS DESIGNED TO PROVIDE INDIVIDUAL GROWTH AND TEAM BUILDING SKILLS THROUGH EXTRACURRICULAR ACTIVITIES. IT SHOULD BE NOTED THAT IN MARCH OF 2020, OUR YMCA FACILITIES WERE CLOSED DOWN FOR APPROXIMATELY 3 MONTHS BECAUSE OF THE COVID-19 GLOBAL PANDEMIC. WE WERE ABLE TO OPEN A LIMITED EMERGENCY CHILDCARE PROGRAM DURING SOME OF THAT TIME PERIOD FOR HOSPITAL STAFF, FIRST RESPONDERS AND ESSENTIAL WORKERS. WE OFFER A VARIETY OF STATE LICENSED CHILDCARE PROGRAMS FOR CHILDREN AGES 3 TO 12 YEARS OLD. THIS INCLUDES 660 CHILDREN ENROLLED IN FULL DAY/PART-TIME PRE-SCHOOL CHILD CARE, NURSERY SCHOOL AND BEFORE AND AFTER SCHOOL CARE FOR SCHOOL AGED CHILDREN OF WORKING PARENTS. WE ALSO OFFER A JUMPSTART PROGRAM FOR CHILDREN WHO ARE ELIGIBLE, BUT NOT QUITE READY FOR KINDERGARTEN. DUE TO THE COVID-19 PANDEMIC, OUR CHILDCARE ENROLLMENT IN 2020 WAS ONLY 55% OF THAT OF A NORMAL YEAR. WE HAVE BEEN A COMMUNITY LEADER IN CHILD CARE FOR MORE THAN 50 YEARS AND CONTINUE TO PROVIDE QUALITY PROGRAMS DESIGNED TO MEET THE INDIVIDUAL NEEDS OF THE CHILD AND FAMILY AS A WHOLE. OUR RELENTLESS MISSION IS TO HELP MAINTAIN STRONG FAMILIES THROUGH QUALITY CHILD CARE THAT HELPS CHILDREN DEVELOP POSITIVE BEHAVIOR, SELF-ESTEEM AND LEADERSHIP QUALITIES. WITH SUPPORT FROM THE UNITED WAY, COMMUNITY FOUNDATIONS, LOCAL BUSINESSES AND INDIVIDUAL DONORS, WE MAINTAIN A CHILDCARE ASSISTANCE PROGRAM TO HELP SINGLE PARENT AND LOW INCOME FAMILIES REMAIN ACTIVELY EMPLOYED IN OUR COMMUNITY. IN 2020, THE YMCA PROVIDED OVER \$76,780 OF ASSISTANCE FOR 123 CHILDREN, WHICH WAS ONLY 40% OF OUR USUAL ASSISTANCE GIVEN IN A NON-PANDEMIC YEAR. THE YMCA YOUTH OUTREACH PROGRAM IS A "Y ON WHEELS" PROGRAM PROVIDED TO CHILDREN IN OUR LOW INCOME AND AT RISK NEIGHBORHOODS. ON A REGULAR BASIS, Y STAFF MEMBERS PACK THEIR CARS WITH SNACKS, CRAFTS, GAMES AND SPORTS EQUIPMENT. THEY MEET THESE CHILDREN ON THEIR "OWN TURF" PROVIDING ACTIVITIES DURING THE "AT RISK" AFTERNOON HOURS WHEN SCHOOL IS OVER BUT PARENTS HAVE NOT ARRIVED HOME FROM WORK. THE OUTREACH PROGRAM TEAMS OUR YOUTH WITH YOUNG ADULT ROLE MODELS AND PROVIDES PROGRAMMING THAT PROMOTES CHARACTER BUILDING TRAITS --- CARING, HONESTY, RESPECT AND RESPONSIBILITY. THIS PROGRAM IS OFFERED ABSOLUTELY FREE OF CHARGE AND SERVES APPROXIMATELY 50 CHILDREN WEEKLY. THE PROGRAM'S SUBSIDIZED COST IS APPROXIMATELY \$40,000 ANNUALLY. KEEPING TEENS INVOLVED IS A SPECIAL PART OF OUR YMCA. EVERY FRIDAY NIGHT DURING THE SESSION, THE YMCA OFFERS THE "TW-Y-LIGHT" PROGRAM ATTRACTING 200-250 TEENS. TEENS CAN SWIM, PLAY BASKETBALL AND PARTICIPATE IN SPECIAL EVENTS SUCH AS PAINT NIGHT, ZUMBA & YOGA CLASSES, DANCE PARTIES AND MORE, IN A SUPERVISED ENVIRONMENT. UNFORTUNATELY, WE WERE ONLY ABLE TO RUN THIS PROGRAM FOR 2 MONTHS IN 2020 BEFORE THE PANDEMIC BEGAN. OVER 50 TEENS PARTICIPATED IN TEEN LEADERSHIP DEVELOPMENT PROGRAMS INCLUDING THE YMCA LEADERS CLUB AND TEEN VOLUNTEER CLUB. COMMUNITY SERVICE PROJECTS ARE SCHEDULED ON A MONTHLY BASIS TO REINFORCE THE IMPORTANCE OF "GIVING BACK TO THE COMMUNITY". TEEN PROGRAMS SUBSIDIZED COST IS APPROXIMATELY \$40,000 ANNUALLY.

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**Form 990, Part III, Line 4b:**

HEALTHY LIVING - OUR ASSOCIATION VIEWS HEALTH HOLISTICALLY, AS IN A HEALTHY PERSON HAS UNITY OF SPIRIT, MIND AND BODY. OUR PROGRAMS INCLUDE HEALTH AND WELLNESS, YOGA, TAI CHI, AQUATICS, GYMNASTICS AND RECREATIONAL AND TEAM SPORTS. THEY ARE DESIGNED TO HELP PEOPLE DEVELOP NEW SKILLS AND SET REALISTIC GOALS FOR SELF-IMPROVEMENT AND DISEASE PREVENTION THROUGH AN ACTIVE LIFESTYLE, PROPER NUTRITION, STRESS MANAGEMENT AND HEALTH EDUCATION. A VARIETY OF CARDIOVASCULAR, STRENGTH TRAINING AND NUTRITION PROGRAMS ARE DESIGNED FOR MEMBERS FROM AGE 7 TO SENIORS. WHILE OUR YMCA WAS CLOSED FOR 3 MONTHS DURING THE BEGINNING OF THE COVID-19 PANDEMIC, WE CREATED MULTIPLE VIRTUAL FITNESS PROGRAMS AND VIDEOS TO KEEP MEMBERS ENGAGED AND HEALTHY. WE HAVE CONTINUED THESE GROUPS FOR MEMBERS WHO ARE NOT YET COMFORTABLE COMING BACK TO THE Y IN PERSON. WE PARTICIPATE IN THE SILVER SNEAKERS, SILVER AND FIT, AND RENEW ACTIVE PROGRAMS, WHICH ALLOW HUNDREDS OF SENIORS TO UTILIZE OUR FACILITIES THROUGH THEIR MEDICAL INSURANCE. THE Y OFFERS REHABILITATIVE SERVICES FOR ARTHRITIC AND HEART REHAB PATIENTS AS WELL AS BLOOD PRESSURE AND CHOLESTEROL SCREENINGS. WE PROVIDE SUPERVISED EXERCISE PROGRAMS FOR PEOPLE SUFFERING FROM OSTEOPOROSIS. IN ADDITION, THERE IS DEDICATED PROGRAMMING FOR YET TO BE FIT WOMEN AND ADOLESCENT GIRLS TO HELP IMPROVE SELF-IMAGE AND SELF-CONFIDENCE. OUR YMCA AND LIVESTRONG JOIN TOGETHER TO CREATE A PHYSICAL ACTIVITY AND WELLBEING PROGRAM CALLED LIVESTRONG AT THE Y DESIGNED TO HELP ADULT CANCER SURVIVORS ACHIEVE THEIR HOLISTIC HEALTH GOALS. THIS FREE 12 WEEK PROGRAM IS DESIGNED TO HELP THOSE AFFECTED BY CANCER REGAIN STRENGTH, ENDURANCE AND FUNCTION THAT ARE LOST THROUGH TREATMENT AND RECEIVE EMOTIONAL SUPPORT TO BUILD SELF-ESTEEM. IN 2020, WE HAD TO CANCEL THE FIRST SESSION DUE TO THE PANDEMIC AND WERE NOT ABLE TO RUN ANY ADDITIONAL SESSIONS FOR THE REMAINDER OF THE YEAR. WE HOPE TO BRING THIS PROGRAM BACK IN THE SUMMER/FALL OF 2021. WE ALSO RECEIVED A GRANT IN FROM A LOCAL FOUNDATION TO RUN 3 DIABETES PREVENTION 12 WEEK SESSIONS. THIS PROGRAM IS OFFERED AT NO COST TO THE MEMBER AND TEACHES THEM ABOUT HEALTHY HABITS AND DIABETES PREVENTION. DUE TO THE PANDEMIC, ONLY 1 SESSION WAS HELD VIRTUALLY FOR 7 PARTICIPANTS IN 2020. YMCA AQUATICS AND SPORTS PROGRAMS PROMOTE EXERCISE, TEAMWORK, LEADERSHIP, SOCIAL SKILLS AND SELF-ESTEEM. IN SOUTHLINGTON, OUR FACILITY MAINTAINS THE ONLY POOL OPEN YEAR ROUND TO ADDRESS THE NEEDS OF THE COMMUNITY. THIS INCLUDES SWIMMING AND WATER SAFETY SKILLS FOR CHILDREN AND ADULTS, LIFE GUARD CERTIFICATION AND YOUTH SWIM TEAMS. AN INITIATIVE IMPLEMENTED IN ALL OF OUR CHILD CARE AREAS IS HEALTHY EATING PHYSICAL ACTIVITY (HEPA), AND IS AIMED AT PROVIDING HEALTHY FOOD OPTIONS AND INCREASED PHYSICAL ACTIVITY DURING AFTER SCHOOL HOURS. YMCA PROGRAMS ARE DESIGNED TO ATTRACT PEOPLE OF ALL AGES, ABILITIES AND INCOMES. IN 2020, OVER \$10,600 IN FINANCIAL ASSISTANCE WAS PROVIDED TO OVER 70 FAMILIES FOR MEMBERSHIPS TO THE YMCA AND PARTICIPATION IN AQUATICS AND SPORTS PROGRAMS. THIS IS ONLY A FRACTION OF THE ASSISTANCE WE USUALLY PROVIDE IN A NON-PANDEMIC YEAR.

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**Form 990, Part III, Line 4c:**

YOUTH DEVELOPMENT - DAY/CAMP OUTDOOR EDUCATION - OUR ASSOCIATION HAS OPERATED YMCA CAMP SLOPER OUTDOOR CENTER SINCE 1949 AND YMCA CAMP QUINNIPIAC SINCE 1996. BOTH FACILITIES SERVE CHILDREN AGE 3 THROUGH 15 YEARS OLD. THE YMCA BELIEVES THAT CAMPING CONTRIBUTES SIGNIFICANTLY TO THE HEALTHY GROWTH OF CHILDREN. WE PROVIDE CREATIVE EXPERIENCES USING THE MEDIUM OF THE OUTDOOR ENVIRONMENT TO PROMOTE SPIRITUAL AWARENESS, MENTAL DEVELOPMENT, PHYSICAL WELL-BEING, SOCIAL GROWTH AND A RESPECT FOR THE ENVIRONMENT. A MAJORITY OF OUR CAMPERS COME FROM SINGLE PARENT OR DUAL WORKING PARENT HOMES. DAY CAMP HAS BECOME A PRIMARY SUBSTITUTE FOR CHILDCARE DURING THE SUMMER. MORE THAN 55 YOUNG TEENS ARE INVOLVED IN THE CAMP'S COUNSELOR IN TRAINING (CIT) PROGRAM. DURING THE SUMMER MONTHS, APPROXIMATELY 3,400 CAMPERS ARE REGISTERED FOR THE SEASON WITH AN AVERAGE DAILY ATTENDANCE OF 600 AT THE 2 CAMPS. GIVEN THE STRESS OF CHILDREN LEARNING REMOTELY AND BEING ISOLATED FROM THEIR PEERS DURING THE PANDEMIC, SUMMER CAMP WAS EVEN MORE NEEDED AND WELL RECEIVED THAN USUAL. OUR CAMP STAFF OPERATED SAFELY BY FOLLOWING ALL COVID-19 PROTOCOLS AND WE DID NOT EXPERIENCE A SINGLE CASE DURING OUR SUMMER SEASON. ANOTHER SUMMER OPTION WE OFFER IS NACIWONKI SUMMER ADVENTURES. THIS PROGRAM UTILIZES THE Y'S POOL AND OTHER FACILITIES, FOR CHILDREN WHO PREFER MORE INDOOR TIME. FIELD TRIPS ARE PLANNED AS WELL AS THEMED PROJECTS THROUGHOUT THE SUMMER. WE ALSO HAVE A SUMMER TIME DROP IN PROGRAM CALLED Y-TIME, WHICH PARENTS CAN UTILIZE WHEN NEEDED, BUT THIS PROGRAM DID NOT RUN IN 2020 DUE TO COVID-19 RESTRICTIONS. CAMP SCHOLARSHIPS ARE PROVIDED TO MANY CHILDREN FROM SINGLE PARENT HOMES OR TO FAMILIES JUST STRUGGLING TO MAKE ENDS MEET. THESE CHILDREN HAVE THE OPPORTUNITY TO SPEND THEIR ONLY VACATION SURROUNDED BY WHOLESOME VALUES, NEW FRIENDS, AN ENRICHING ENVIRONMENT AND CARING ADULT LEADERS. IN 2020, FINANCIAL ASSISTANCE OF \$23,575 WAS GIVEN OUT TO UNDERPRIVILEGED AND UNDER-SERVED CHILDREN ASSOCIATION WIDE. DUE TO THE PANDEMIC LOWERING CAMP ENROLLMENT, THIS FINANCIAL AID NUMBER IS DOWN BY APPROXIMATELY 60% FROM NORMAL YEARS. OUR YMCA HAS ALSO PARTNERED WITH SOUTHLINGTON BREAD FOR LIFE IN ORDER TO OFFER FREE BAGGED LUNCHES TO CAMPERS RECEIVING FINANCIAL ASSISTANCE. THIS IS A GREAT HELP TO STRUGGLING FAMILIES AND HAS BEEN VERY WELL RECEIVED. THE FACILITIES AT YMCA CAMP SLOPER ARE ALSO A VALUABLE OUTDOOR RESOURCE FOR VARIOUS COMMUNITY GROUPS SUCH AS SCHOOLS, CHURCHES, SCOUTS AND OTHER YOUTH GROUPS TO ENJOY. OUR TEAM BUILDING PROGRAM FOR YOUTH, TEENS AND CORPORATIONS WORKS ON BUILDING COOPERATIVE EFFORT, ESTABLISHING BETTER COMMUNICATIONS AND DEVELOPING TRUST. OUR NATURE PROGRAMS EXPOSE CHILDREN TO THE WONDERS OF THE OUTDOORS AND ENABLE THEM TO MAKE THEIR OWN DISCOVERIES THROUGH HANDS ON EXPERIENCES. AROUND 80 SCHOOL GROUPS USUALLY PARTICIPATE IN OUR PROGRAMMING DURING A NORMAL YEAR, BUT MOST GROUPS WERE CANCELED IN 2020 DUE TO THE PANDEMIC RESTRICTIONS. IN COLLABORATION WITH THE SOUTHLINGTON EDUCATION FOUNDATION, FOURTH GRADE STUDENTS RECEIVED THEIR OUTDOOR EARTH SCIENCE STUDIES IN THE NATURAL ENVIRONMENT OF YMCA CAMP SLOPER, INCLUDING THE MYERS FAMILY NATURE CENTER WHICH PROVIDES A DEDICATED AREA FOR THESE STUDIES. THE MEADE LIBRARY WAS CONSTRUCTED OUT OF AN EXISTING OPEN PAVILION AT CAMP SLOPER. GENEROUS DONORS AND VOLUNTEERS MAKE IT POSSIBLE FOR THOUSANDS OF CHILDREN TO ENJOY READING AS PART OF THEIR CAMP EXPERIENCE. A READING SPECIALIST WAS ALSO GRANTED FOR THE SUMMER IN ORDER TO ASSIST THE CHILDREN.

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**SCHEDULE A**  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization**  
SOUTHINGTON-CHESHIRE COMMUNITY YMCA

**Employer identification number**  
06-0646905

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	468,081	619,960	619,419	702,040	666,164	3,075,664
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	468,081	619,960	619,419	702,040	666,164	3,075,664
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						187,567
<b>6 Public support.</b> Subtract line 5 from line 4.						2,888,097

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . .	468,081	619,960	619,419	702,040	666,164	3,075,664
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	174,367	188,148	169,653	180,255	177,954	890,377
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	54,442	56,025	52,047	52,214	49,628	264,356
<b>11 Total support.</b> Add lines 7 through 10						4,230,397

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12** 46,809,866

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

**14** Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 68.270 %

**15** Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . **15** 70.620 %

**16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

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

<b>15</b>	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in 11a above?		
<b>c</b>	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2020</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
<b>a</b> From 2015. . . . .			
<b>b</b> From 2016. . . . .			
<b>c</b> From 2017. . . . .			
<b>d</b> From 2018. . . . .			
<b>e</b> From 2019. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016. . . . .			
<b>b</b> Excess from 2017. . . . .			
<b>c</b> Excess from 2018. . . . .			
<b>d</b> Excess from 2019. . . . .			
<b>e</b> Excess from 2020. . . . .			

**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**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047  
  
**2020**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization SOUTHINGTON-CHESHIRE COMMUNITY YMCA	Employer identification number 06-0646905
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_
- Volunteer hours for political campaign activities (see instructions) .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_
- Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....
- b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- c** Total lobbying expenditures (add lines 1a and 1b) .....
- d** Other exempt purpose expenditures .....
- e** Total exempt purpose expenditures (add lines 1c and 1d) .....
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.


- g** Grassroots nontaxable amount (enter 25% of line 1f) .....
- h** Subtract line 1g from line 1a. If zero or less, enter -0- .....
- i** Subtract line 1f from line 1c. If zero or less, enter -0- .....
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....

**Yes**  **No**

**4-Year Averaging Period Under Section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		428
<b>j</b>	Total. Add lines 1c through 1i .....			428
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	THE ASSOCIATION CONTRIBUTES TO THE UNINCORPORATED CONNECTICUT STATE ALLIANCE OF YMCA'S TO ENGAGE A LOBBYIST TO MAINTAIN CONTACT WITH STATE LEGISLATION ON ISSUES AFFECTING THE YMCA.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization SOUTHINGTON-CHESHIRE COMMUNITY YMCA

Employer identification number 06-0646905

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
Preservation of land for public use (e.g., recreation or education)
Protection of natural habitat
Preservation of open space
Preservation of an historically important land area
Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
Table with columns: Line number, Held at the End of the Year. Rows 2a-2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(ii) Revenue included on Form 990, Part VIII, line 1
Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance . . . . .             |        |
| <b>d</b> Additions during the year . . . . .     |        |
| <b>e</b> Distributions during the year . . . . . |        |
| <b>f</b> Ending balance . . . . .                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	3,639,567	3,153,209	3,665,774	3,289,912	3,241,585
<b>b</b> Contributions . . . . .	49,000	6,000	102,456	43,265	19,000
<b>c</b> Net investment earnings, gains, and losses	303,900	490,288	-115,349	368,880	63,824
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .			490,000		
<b>f</b> Administrative expenses . . . . .	10,716	9,930	9,672	36,283	34,497
<b>g</b> End of year balance . . . . .	3,981,751	3,639,567	3,153,209	3,665,774	3,289,912

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 64.350 %
  - b** Permanent endowment ▶ 25.500 %
  - c** Term endowment ▶ 10.150 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes              | No |
|--|------------------|----|
| <b>(i)</b> Unrelated organizations . . . . .   | <b>3a(i)</b> Yes | No |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b>    | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>        |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		1,482,374		1,482,374
<b>b</b> Buildings . . . . .		15,844,540	8,198,864	7,645,676
<b>c</b> Leasehold improvements		1,990,248	1,135,430	854,818
<b>d</b> Equipment . . . . .		1,943,656	1,591,369	352,287
<b>e</b> Other . . . . .		917,731	504,957	412,774
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				10,747,929

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	1,807,591
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,807,591

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	7,717,780
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	401,645	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	248,284	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 649,929
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 7,067,851
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	121,752	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 121,752
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b> 7,189,603

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	8,756,476
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	78,523	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 78,523
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 8,677,953
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	121,752	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 121,752
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b> 8,799,705

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 06-0646905

**Name:** SOUTHLINGTON-CHESHIRE COMMUNITY YMCA

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	USE OF ENDOWMENT FUNDS: FOR PERMANENT AND TERM ENDOWMENT FUNDS THE ASSOCIATION USES THE FU NDS TO SATISFY THE INTENDED PURPOSE OF THE FUNDS AS SPECIFIED BY THE DONOR. UNRESTRICTED F UNDS ARE CONSIDERED BOARD DESIGNATED AND CAN BE USED ONLY UPON APPROVAL BY THE BOARD OF DI RECTORS.



## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE FOR 990 55,199. CHANGE IN PERPETUAL TRUST 1 69,761. COST OF GOODS SOLD NETTED AGAINST REVENUE FOR 990 23,324.

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	FINANCIAL ASSISTANCE 111,036. ENDOWMENT MGMT FEES NET WITH REVENUES FOR FS 10,716.

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE FOR 990 55,199. COST OF GOODS SOLD NETTED AGAINST REVENUE FOR 990 23,324.

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	FINANCIAL ASSISTANCE 111,036. ENDOWMENT MGMT FEES NET WITH REVENUES FOR FS 10,716.

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

Department of the Treasury  
Internal Revenue Service

## 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.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2020

**Open to Public Inspection**

Name of the organization  
SOUTHINGTON-CHESHIRE COMMUNITY YMCA

**Employer identification number**  
06-0646905

**Part I 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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |   |
|---|---|
| <p><b>a</b> <input type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 2a** 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
- b** If "Yes," list the 10 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 or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> . . . . . ▶						

**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.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>FIBJ</b> (event type)	<b>APPLE RUN</b> (event type)	<b>3</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	85,294	27,360	148,785	261,439
	<b>2</b> Less: Contributions . . . . .			66,800	66,800
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	85,294	27,360	81,985	194,639
Direct Expenses	<b>4</b> Cash prizes . . . . .	15,840	100	500	16,440
	<b>5</b> Noncash prizes . . . . .		857	1,980	2,837
	<b>6</b> Rent/facility costs . . . . .			16,372	16,372
	<b>7</b> Food and beverages . . . . .			11,246	11,246
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	499	5,379	1,999	7,877
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				54,772
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				139,867	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

---

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

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

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

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization SOUTHINGTON-CHESHIRE COMMUNITY YMCA

Employer identification number

06-0646905

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MEMBERSHIP SCHOLARSHIPS	54		10,103	YMCA FEE	YMCA SERVICES
(2) CHILD CARE SCHOLARSHIPS	123		76,782	YMCA FEE	YMCA SERVICES
(3) CAMP SCHOLARSHIPS	44		23,577	YMCA FEE	YMCA SERVICES
(4) OTHER PROGRAM SCHOLARSHIPS	16		575	YMCA FEE	YMCA SERVICES
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE ASSOCIATION ONLY PROVIDES ASSISTANCE FOR INDIVIDUALS ATTENDING THE PROGRAMS OF THE ASSOCIATION. THE ASSISTANCE PROVIDED BY THE ASSOCIATION IS DIRECTLY APPLIED TO THE PROGRAM THE RECIPIENT OF THE SCHOLARSHIP IS PARTICIPATING IN. NO CASH IS GIVEN DIRECTLY TO RECIPIENTS.

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2020**  
**Open to Public Inspection**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization SOUTHINGTON-CHESHIRE COMMUNITY YMCA	Employer identification number 06-0646905
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b> Yes	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	<b>2</b> Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization?	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization?	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</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
PART I, LINE 1A	MARK POOLER WAS PROVIDED WITH ONSITE HOUSING. THIS WAS A NONTAXABLE BENEFIT.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2020

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization SOUTHINGTON-CHESHIRE COMMUNITY YMCA

Employer identification number 06-0646905

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? Yes/No.

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No).

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance.

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MG ELECTRIC - ANTHONY MICHAUD BOAR	BOARD MEMBER	3,432	MG ELECTRIC PERFORMED ELECTRICAL CONTRACT SERVICES FOR VARIOUS FACILITIES FOR THE SOUTHINGTON CHESHIRE YMCA. ANTHONY MICHAUD IS THE OWNER OF MG ELECTRIC AND ALSO A MEMBER OF THE BOARD.		No
(2) LAW OFFICE OF PAUL BEDARD BOARD PR	BOARD MEMBER	950	LAW OFFICE OF PAUL BEDARD PERFORMED LEGAL SERVICES FOR THE CLOSING ON THE CREDIT LINE INCREASE WITH TD BANK.		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020****Open to Public Inspection**

Department of the Treasury

Name of the organization

SOUTHINGTON-CHESHIRE COMMUNITY YMCA

Employer identification number

06-0646905

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ASSOCIATION IS A NONPROFIT CORPORATION WITH MEMBERS. ANY PERSON OF GOOD MORAL CHARACTER WHO IS IN SYMPATHY WITH ITS PURPOSE MAY BECOME A MEMBER OF THE ASSOCIATION. ALL MEMBERS OF THE ASSOCIATION 18 YEARS AND OLDER MAY VOTE ON ASSOCIATION MATTERS.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ALL OF THE ASSOCIATION'S MEMBERS 18 YEARS AND OLDER HAVE THE RIGHT TO NOMINATE REPRESENTATIVES TO THE BOARD OF DIRECTORS AND TO VOTE ON THE ELECTION OF SUCH DIRECTORS.



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	UPON THE WRITTEN REQUEST BY FIVE PERCENT OF THE ASSOCIATION'S MEMBERS, A SPECIAL MEETING OF THE ASSOCIATION MAY BE HELD TO TRANSACT BUSINESS AS SPECIFIED IN THE REQUEST FOR THE MEETING.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE INITIAL DRAFT OF FORM 990 IS REVIEWED IN DETAIL BY THE ASSOCIATION'S CFO. AFTER COMPLETION OF ANY REVISIONS, IT IS PRESENTED TO THE FINANCE COMMITTEE OF THE ASSOCIATION FOR APPROVAL. THE FINAL DRAFT OF THE RETURN IS EMAILED TO MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING FOR THEIR REVIEW

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	THE EXECUTIVE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ENSURING THAT EXCESS BENEFIT TRANSACTIONS ARE NOT PROVIDED BY THE ASSOCIATION, DIRECTLY OR INDIRECTLY TO, OR FOR THE USE OF, ANY DISQUALIFIED PERSON. A DISQUALIFIED PERSON IS ANY MEMBER OF THE BOARD OF DIRECTORS AND KEY EMPLOYEES. THEY DETERMINE WHO IS CONSIDERED A DISQUALIFIED PERSON, REQUIRE COMPLETION OF THE CONFLICT OF INTEREST POLICY FORM AND REVIEW AND SUMMARIZE THE RESULTS OF ALL BUSINESS TRANSACTIONS REGARDLESS OF THE DOLLAR AMOUNT. AN ANNUAL SUMMARY OF ACTIVITY IS PROVIDED TO THE BOARD OF DIRECTORS. ANY BOARD MEMBER THAT ENGAGES IN A RELATED BUSINESS TRANSACTION WITH THE ASSOCIATION MUST ABSTAIN FROM ANY VOTE REGARDING SUCH TRANSACTION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION COMMITTEE IS COMPRISED OF 5 OR 6 VOLUNTEER MEMBERS THAT MAY INCLUDE INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS. ON AN ANNUAL BASIS, THIS COMMITTEE DETERMINES THE DISQUALIFIED PERSONS OF THE ORGANIZATION, REVIEWS COMPARABLE COMPENSATION FOR ORGANIZATIONS IN SIMILAR FIELDS, OF COMPARABLE SIZE AND FUNDING, AND RECOMMENDS THE TOTAL COMPENSATION AND BENEFITS PACKAGE FOR THESE INDIVIDUALS. THE ASSOCIATION'S BOARD OF DIRECTORS HAS FINAL APPROVAL OF THE RECOMMENDATION.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDIT REPORT AVAILABLE BY WRITTEN REQUEST INCLUDING A LINK ON THE ASSOCIATION'S WEBSITE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	MARKET CHANGE IN VALUE OF PERPETUAL TRUST 169,761.