

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 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
MERIDEN-NEW BRITAIN-BERLIN YOUNG MEN'S CHRISTIAN ASSOCIATION INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
110 WEST MAIN STREET
City or town, state or province, country, and ZIP or foreign postal code
MERIDEN, CT 064514142

D Employer identification number
06-0646977

E Telephone number
(203) 235-6386

G Gross receipts \$ 14,358,778

F Name and address of principal officer
JOHN BENIGNI
110 WEST MAIN ST
MERIDEN, CT 06451

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: MERIDENYMCA.ORG

K Form of organization
Corporation Trust Association Other

L Year of formation 1866

M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MERIDEN-NEW BRITAIN-BERLIN YMCA SEEKS TO BECOME A 'MASTER LINK' IN OUR COMMUNITIES TO ENHANCE THE QUALITY OF LIFE FOR ALL PEOPLE WHO LIVE AND WORK IN MERIDEN, NEW BRITAIN AND BERLIN THE MERIDEN-NEW BRITAIN-BERLIN YMCA PROVIDES ALL PEOPLE OPPORTUNITIES THAT CAN OPEN DOORS TO AN EXCEPTIONAL LIFE THE MERIDEN-NEW BRITAIN-BERLIN YMCA WAS FOUNDED IN 1866 AND IS PART OF THE LARGEST NONPROFIT COMMUNITY SERVICE ORGANIZATION IN AMERICA YMCAS ARE THE HEART OF THE COMMUNITY LIFE IN NEIGHBORHOODS AND TOWNS ACROSS THE NATION YMCAS WORK TO MEET THE HEALTH AND SOCIAL SERVICE NEEDS OF OVER 16 MILLION MEN, WOMEN AND CHILDREN THE MERIDEN-NEW BRITAIN-BERLIN YMCA, LIKE ALL YMCAS, SERVES ALL FAITHS, RACES, ABILITIES, AGES AND INCOMES NO ONE IS TURNED AWAY FOR INABILITY TO PAY OUR STRENGTH IS IN THE PEOPLE THAT WE BRING TOGETHER THE MERIDEN-NEW BRITAIN-BERLIN YMCA PROGRAMS ARE THE TOOLS FOR BUILDING THE CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY THE YMCA IS ABOUT YOUTH DEVELOPMEN

Activities & Governance

Table with 2 columns: Description, Amount. Rows include: 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets; 3 Number of voting members of the governing body (26); 4 Number of independent voting members of the governing body (26); 5 Total number of individuals employed in calendar year 2018 (937); 6 Total number of volunteers (1,348); 7a Total unrelated business revenue from Part VIII, column (C), line 12 (0); 7b Net unrelated business taxable income from Form 990-T, line 34 (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (5,025,846); 9 Program service revenue (9,225,377); 10 Investment income (53,756); 11 Other revenue (41,806); 12 Total revenue—add lines 8 through 11 (14,346,785).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (0); 14 Benefits paid to or for members (0); 15 Salaries, other compensation, employee benefits (9,359,474); 16a Professional fundraising fees (0); b Total fundraising expenses (88,402); 17 Other expenses (4,808,307); 18 Total expenses Add lines 13-17 (14,167,781); 19 Revenue less expenses Subtract line 18 from line 12 (179,004).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (Part X, line 16) (14,179,219); 21 Total liabilities (Part X, line 26) (4,129,887); 22 Net assets or fund balances Subtract line 21 from line 20 (10,049,332).

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: JOHN BENIGNI CEO
Date: 2019-11-15

Paid Preparer Use Only
Print/Type preparer's name: GUILMARTIN DIPIRO & SOKOLOWSKI LLC
Preparer's signature
Date: 2019-11-15
Check if self-employed
PTIN: P00936552
Firm's EIN: 06-0971998
Firm's address: 505 MAIN ST MIDDLETOWN, CT 064572809
Phone no: (860) 347-5689

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MERIDEN-NEW BRITAIN-BERLIN YMCA SEEKS TO BECOME A 'MASTER LINK' IN OUR COMMUNITIES TO ENHANCE THE QUALITY OF LIFE FOR ALL PEOPLE WHO LIVE AND WORK IN MERIDEN, NEW BRITAIN AND BERLIN THE MERIDEN-NEW BRITAIN-BERLIN YMCA PROVIDES ALL PEOPLE OPPORTUNITIES THAT CAN OPEN DOORS TO AN EXCEPTIONAL LIFE THE MERIDEN-NEW BRITAIN-BERLIN YMCA WAS FOUNDED IN 1866 AND IS PART OF THE LARGEST NONPROFIT COMMUNITY SERVICE ORGANIZATION IN AMERICA YMCAS ARE THE HEART OF THE COMMUNITY LIFE IN NEIGHBORHOODS AND TOWNS ACROSS THE NATION YMCAS WORK TO MEET THE HEALTH AND SOCIAL SERVICE NEEDS OF OVER 16 MILLION MEN, WOMEN AND CHILDREN THE MERIDEN-NEW BRITAIN-BERLIN YMCA, LIKE ALL YMCAS, SERVES ALL FAITHS, RACES, ABILITIES, AGES AND INCOMES NO ONE IS TURNED AWAY FOR INABILITY TO PAY OUR STRENGTH IS IN THE PEOPLE THAT WE BRING TOGETHER THE MERIDEN-NEW BRITAIN-BERLIN YMCA PROGRAMS ARE THE TOOLS FOR BUILDING THE CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY THE YMCA IS ABOUT YOUTH DEVELOPMEN

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 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 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 \$ 7,090,138 including grants of \$) (Revenue \$ 6,886,153)
See Additional Data

4b (Code) (Expenses \$ 2,988,178 including grants of \$) (Revenue \$ 1,446,217)
See Additional Data

4c (Code) (Expenses \$ 2,019,081 including grants of \$) (Revenue \$ 893,007)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 12,097,397

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 23-38 covering various organizational requirements and schedules J through O.

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 main columns: Question, Yes, No. Rows 1a, 1b, 1c regarding IRS filings and gaming.

2a 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		2a	937		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
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>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds.					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15			No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16			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 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (26); 1b Enter the number of voting members included in line 1a, above, who are independent (26); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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. [] Own website [] Another's website [x] Upon request [x] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JOHN BENIGNI CEO 110 WEST MAIN STREET MERIDEN, CT 06451 (203) 235-6386

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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 21,348			
	b Membership dues	1b			
	c Fundraising events	1c 88,458			
	d Related organizations	1d			
	e Government grants (contributions)	1e 4,688,515			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 227,525			
	g Noncash contributions included in lines 1a - 1f \$ <u>227</u>				
	h Total. Add lines 1a-1f		5,025,846		
Program Service Revenue	2a PROGRAM/ ACTIVITY FEES	Business Code			
		624110	6,886,153	6,886,153	
	b MEMBERSHIP FEES	624110	1,446,217	1,446,217	
	c FACILITY USE FEES	624110	893,007	893,007	
	d _____				
	e _____				
	f All other program service revenue				
g Total. Add lines 2a-2f		9,225,377			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		53,756		53,756
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	(i) Real (ii) Personal			
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8a Gross income from fundraising events (not including \$ <u>88,458</u> of contributions reported on line 1c) See Part IV, line 18	a 11,993			
	b Less direct expenses	b 11,993			
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19	a			
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS	900099	41,806		41,806	
b _____					
c _____					
d All other revenue					
e Total. Add lines 11a-11d		41,806			
12 Total revenue. See Instructions		14,346,785	9,225,377		95,562

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	422,732	341,879	25,733	55,120
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,471,600	6,842,223	620,744	8,633
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	338,779	298,969	39,299	511
9 Other employee benefits	439,833	387,680	51,667	486
10 Payroll taxes	686,530	629,382	56,505	643
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	179,221	65,913	113,228	80
12 Advertising and promotion	138,650	128,023	10,605	22
13 Office expenses	6,061	2,160	3,398	503
14 Information technology				
15 Royalties				
16 Occupancy	761,212	639,989	121,223	
17 Travel	286,743	286,183	560	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	150,933	14,621	136,312	
21 Payments to affiliates	176,360	142,006	30,620	3,734
22 Depreciation, depletion, and amortization	626,120	332,849	293,271	
23 Insurance	166,869	139,851	27,018	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	837,165	777,837	40,658	18,670
b BAD DEBT	575,953	423,740	152,213	
c REPAIRS & MAINTENANCE	351,144	310,248	40,896	
d BUILDING SERVICES	237,903	176,341	61,562	
e All other expenses	313,973	157,503	156,470	
25 Total functional expenses. Add lines 1 through 24e	14,167,781	12,097,397	1,981,982	88,402
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash—non-interest-bearing	497,506	1	889,965
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	338,609	3	353,038
	4 Accounts receivable, net	246,112	4	436,635
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	35,006	9	53,543
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 24,791,354		
	b Less accumulated depreciation	10b 13,437,521	11,846,790	10c 11,353,833
	11 Investments—publicly traded securities	101,400	11	101,400
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,130,283	15	990,805
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,195,706	16	14,179,219	
Liabilities	17 Accounts payable and accrued expenses	478,207	17	556,996
	18 Grants payable		18	
	19 Deferred revenue	254,845	19	269,098
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	2,907	21	11,910
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,448,941	23	3,291,883
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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		25	
	26 Total liabilities. Add lines 17 through 25	4,184,900	26	4,129,887
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,935,307	27	8,962,227
	28 Temporarily restricted net assets	3,847,916	28	
	29 Permanently restricted net assets	1,227,583	29	1,087,105
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,010,806	33	10,049,332	
34 Total liabilities and net assets/fund balances	14,195,706	34	14,179,219	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,346,785
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,167,781
3	Revenue less expenses Subtract line 2 from line 1	3	179,004
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,010,806
5	Net unrealized gains (losses) on investments	5	-140,478
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,049,332

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
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 06-0646977

Name: MERIDEN-NEW BRITAIN-BERLIN YOUNG
MEN'S CHRISTIAN ASSOCIATION INC

Form 990 (2018)

Form 990, Part III, Line 4a:

YOUTH DEVELOPMENT - THE MERIDEN-NEW BRITAIN-BERLIN YMCA IS A COMMUNITY LEADER IN AFFORDABLE CHILD CARE FOR WORKING FAMILIES THE YMCA OFFERS CHILDCARE SERVICES AT OVER 30 CONVENIENT LOCATIONS PROGRAMS INCLUDE INFANT AND TODDLER, PRESCHOOL, AND BEFORE AND AFTER SCHOOL CARE, HEAD START AND SCHOOL READINESS PRESCHOOL FIELD TRIPS AND QUALITY SOCIALIZATION AND EDUCATION ARE OFFERED IN 2018, THE YMCA PROVIDED PRESCHOOL AND DAYCARE SERVICES TO OVER 1125 FAMILIES THE YMCA OFFERED SPORTS PROGRAMS SUCH AS SOCCER, BASKETBALL AND FLAG FOOTBALL FOR ALL ABILITIES REGARDLESS OF INABILITY TO PAY

Form 990, Part III, Line 4b:

SOCIAL RESPONSIBILITY - A TOTAL OF 650 CHILDREN ATTENDED EACH SESSION OF MOUNTAIN MIST DAY CAMP (MERIDEN) AND CAMP THUNDERMOON (NEW BRITAIN-BERLIN) OVER 80% OF SCHOLARSHIPS AWARDED ATTENDED MOUNTAIN MIST DAY CAMP BOTH CAMPS ARE FULL SERVICE STATE LICENSED DAY CAMP OPERATIONS OUR CAMP FACILITIES INCLUDES A POOL, PLAYSAPES, SOCCER FIELDS, BASKETBALL COURTS, BASEBALL FIELDS, ROCK CLIMBING APPARATUS AND COVERED PICNIC AREAS THESE CAMPS PROVIDE TRANSPORTATION AND EXTENDED HOURS, MAKING IT CONVENIENT FOR WORKING PARENTS THE YMCA SUMMER CAMPS PROVIDE AN ENRICHING EXPERIENCE FOR CHILDREN AGES 3-16 AND ENSURES CHILDREN ARE HAVING A FUN, PRODUCTIVE SUMMER SCHOLARSHIPS WERE PROVIDED TO OVER 350 CAMPERS AND NO ONE IS TURNED AWAY FOR INABILITY TO PAY OUR REC EXPRESS CAMP BRINGS CAMP TO THE INNER CITY PARKS HART HOUSE AT THE NEW BRITAIN YMCA PROVIDES A HOME FOR UP TO 88 ADULT MALE MEMBERS-IN-RESIDENCE OFFERING A CARING, CLEAN, SAFE AFFORDABLE LIVING EXPERIENCE TO THOSE IN NEED WE HAVE COMMUNITY PARTNERSHIPS WITH AGENCIES TO PROVIDE SUPPORT SERVICES TO THOSE IN NEED OUR Y OFFERS VARIOUS ARTS AND ENRICHMENT PROGRAMS INCLUDING YOUTH THEATER, DANCE, CLAY AND DRAWING, SCREENWRITING, AND STEM INCLUDING CODING AND ROBOTICS AS WELL AS HOME SCHOOL ENRICHMENT PROGRAMS THE Y SERVES HOLIDAY MEALS TO OUR HART HOUSE RESIDENTS AND TO THOSE WHO ATTEND OUR THANKSGIVING AND CHRISTMAS COMMUNITY DINNERS OUR YMCA SERVED AND DELIVERED OVER 1100 MEALS ON THANKSGIVING AND CHRISTMAS DAY

Form 990, Part III, Line 4c:

HEALTHY LIVING - IN 2018, OVER ONE HALF OF THE MERIDEN-NEW BRITAIN-BERLIN YMCA COMMUNITY WAS TOUCHED BY OUR HEALTHY LIVING ACTIVITIES WHICH INCLUDE FITNESS, AQUATICS, FOOD PROGRAMS, AND HEALTHY COOKING CLASSES SERVICE IS PROVIDED FOR ALL FAITHS, RACES, ABILITIES, AGES AND INCOME LEVELS NO ONE IS TURNED AWAY FOR INABILITY TO PAY WE BRING INDIVIDUALS AND FAMILIES TOGETHER AND OFFER SUPPORT, RECREATIONAL AND SOCIAL BALANCE THAT BUILDS RELATIONSHIPS AND STRENGTHENS BONDS FOR MENTAL AND PHYSICAL WELL-BEING THE YMCA COORDINATES WITH OVER 72 OTHER ORGANIZATIONS TO HELP OUR MEMBERS IN 2018, PROGRAM SUBSIDIES WERE AWARDED TO OVER 4,500 FAMILIES OR INDIVIDUALS SWIM INSTRUCTION WAS PROVIDED TO 600 CHILDREN IN GRADES 3 - 5 PHYSICAL EDUCATION CLASSES WERE PROVIDED TO MERIDEN PAROCHIAL SCHOOLS SERVING OVER 250 STUDENTS WE PROVIDED OVER 40 PROGRAMS AND SERVICES THAT MAINTAIN OR IMPROVE OVERALL HEALTH THE Y OFFERED CROSSFIT FOR ADULTS AND KIDS INCLUDING LOCAL STUDENT ATHLETES AND OUR CHILD CARE STUDENTS IN ADDITION TO PHYSICAL ACTIVITY, THE Y TEACHES HEALTHY COOKING PROGRAMS FOR CHILDREN AND ADULTS TO HELP THEM IMPROVE PHYSICAL ACTIVITY AND OVERALL HEALTH AND WELLNESS THE YMCA PROVIDED USDA SUBSIDIZED MEALS TO 27 OF OUR CHILDCARE LOCATIONS, SERVING OVER 1200 MEALS ON A DAILY BASIS

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

(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			
DON RITTMAN VICE PRESIDE	2 00	X		X				55,120	0	0
PAUL GUZZARDI PRESIDENT	2 00	X		X				0	0	0
KEN GRIFFEN VICE PRESIDE	2 00	X		X				0	0	0
DAVID LAKE TREASURER	2 00	X		X				0	0	0
MAUREEN DIPACE SECRETARY	2 00	X		X				0	0	0
JASON NELSON DIRECTOR	0 50	X						0	0	0
DAVID SALAFIA DIRECTOR	0 50	X						0	0	0
ERIC LOPEZ DIRECTOR	0 50	X						0	0	0
CATHY ABERCROMBIE DIRECTOR	0 50	X						0	0	0
JANINE BRANCALE DIRECTOR	0 50	X						0	0	0

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

(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			
MARTA SOTO-JOHNSON DIRECTOR	0 50	X						0	0	0
RICKY DICKSON DIRECTOR	0 50	X						0	0	0
ROCKY WINSTON DIRECTOR	0 50	X						0	0	0
SUSAN LELKO DIRECTOR	0 50	X						0	0	0
MIKE GORZOCH DIRECTOR	0 50	X						0	0	0
ERIC BACONG DIRECTOR	0 50	X						0	0	0
PATRYCIA FERENC DIRECTOR	0 50	X						0	0	0
CHRIS LINK DIRECTOR	0 50	X						0	0	0
RICK LOPES DIRECTOR	0 50	X						0	0	0
VERNON PINDAR DIRECTOR	0 50	X						0	0	0

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

(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			
BOB ROONEY DIRECTOR	0 50	X						0	0	0
DAN DILZER DIRECTOR	0 50	X						0	0	0
PETER SCHIOPUCIE DIRECTOR	0 50	X						0	0	0
PAT GAYNER DIRECTOR	0 50	X						0	0	0
DONA MORGAN DIRECTOR	0 50	X						0	0	0
LISA ROYCE DIRECTOR	0 50	X						0	0	0
JOHN BENIGNI CEO	50 00			X				168,000	0	13,630
STEVE MARKOJA OPERATIONS D	50 00			X				103,383	0	8,389
SUSAN CHESTER CFO	50 00			X				96,229	0	16,764

SCHEDULE A
(Form 990 or 990-EZ)

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 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MERIDEN-NEW BRITAIN-BERLIN YOUNG MEN'S CHRISTIAN ASSOCIATION INC

Employer identification number

06-0646977

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		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,261,674	3,957,451	7,422,028	4,782,535	5,025,846	24,449,534
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,006,222	4,077,619	5,924,920	7,795,579	9,225,377	31,029,717
3	Gross receipts from activities that are not an unrelated trade or business under section 513	38,048	7,068	177,503	62,300	53,799	338,718
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	83,904	86,234	89,496	89,496	91,077	440,207
6	Total. Add lines 1 through 5	7,389,848	8,128,372	13,613,947	12,729,910	14,396,099	56,258,176
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						56,258,176

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	7,389,848	8,128,372	13,613,947	12,729,910	14,396,099	56,258,176
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	62,351	54,777	89,857	52,384	53,756	313,125
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	62,351	54,777	89,857	52,384	53,756	313,125
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	7,452,199	8,183,149	13,703,804	12,782,294	14,449,855	56,571,301
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	99.450 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	99.350 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	1.000 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	1.000 %

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
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? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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

- 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 06-0646977

Name: MERIDEN-NEW BRITAIN-BERLIN YOUNG
MEN'S CHRISTIAN ASSOCIATION INC

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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
MERIDEN-NEW BRITAIN-BERLIN YOUNG MEN'S CHRISTIAN ASSOCIATION INC

Employer identification number
06-0646977

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

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? Yes No

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) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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? Yes No

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)? Yes No

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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) 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 SFAS 116 (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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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
1a Beginning of year balance	102,400	102,400	232,200	232,200	232,200
b Contributions			237,631		
c Net investment earnings, gains, and losses			-124,090		
d Grants or scholarships					
e Other expenditures for facilities and programs		1,000	243,341		
f Administrative expenses					
g End of year balance	101,400	101,400	102,400	232,200	232,200

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100 000 %
 - c** Temporarily restricted endowment ▶
- 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
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | Yes | |
| (ii) related organizations | | No |
| 3a(ii) | | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 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
1a Land		1,065,590		1,065,590
b Buildings		20,457,706	10,839,347	9,618,359
c Leasehold improvements		434,952	167,960	266,992
d Equipment		2,823,106	2,430,214	392,892
e Other		10,000		10,000
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				11,353,833

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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 PERPETUAL TRUSTS	985,705
(2) SECURITY DEPOSITS	5,100
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	990,805

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)	
Total. (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.

1	Total revenue, gains, and other support per audited financial statements	1	14,363,788
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-140,478
b	Donated services and use of facilities	2b	145,488
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	11,993
e	Add lines 2a through 2d	2e	17,003
3	Subtract line 2e from line 1	3	14,346,785
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	14,346,785

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.

1	Total expenses and losses per audited financial statements	1	14,325,262
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	145,488
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	11,993
e	Add lines 2a through 2d	2e	157,481
3	Subtract line 2e from line 1	3	14,167,781
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	14,167,781

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	

Additional Data

Software ID:

Software Version:

EIN: 06-0646977

Name: MERIDEN-NEW BRITAIN-BERLIN YOUNG
MEN'S CHRISTIAN ASSOCIATION INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART IV, LINE 2B	THE FUNDS HELD FOR OTHERS CONSISTS OF AGENCY TRANSACTIONS FOR COMMUNITY PROJECTS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWMENT FUND IS INTENDED TO PROVIDE FOR THE OPERATION AND PROGRAMS OF MERIDEN-NEW BR ITAIN-BERLIN YMCA IN SO DOING, THE ENDOWMENT FUND PROVIDES A SECURE, LONG-TERM SOURCE OF FUNDS TO ESTABLISH OR MAINTAIN PROGRAMS THAT ARE CONSISTENT WITH THE AIM OF MERIDEN-NEW BR ITAIN-BERLIN YMCA

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	MERIDEN-NEW BRITAIN-BERLIN YMCA HAS RECEIVED EXEMPTION FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE MERIDEN-NEW BRITAIN-BERLIN YMCA HAS ALSO BEEN CLASSIFIED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B)(1)(A)(VI) MANAGEMENT HAS REVIEWED MERIDEN-NEW BRITAIN-BERLIN YMCA'S REPORTING AND BELIEVE THEY HAVE NOT TAKEN TAX POSITIONS THAT ARE MORE LIKELY THAN NOT TO BE DETERMINED TO BE INCORRECT BY THE INTERNAL REVENUE SERVICE AND THEREFORE, NO ADJUSTMENTS OR DISCLOSURES ARE REQUIRED MERIDEN-NEW BRITAIN-BERLIN YMCA IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS PENDING OR IN PROGRESS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	FUNDRAISING EXPENSES 11,993

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	FUNDRAISING EXPENSES 11,993

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)
		<u>ENDLESS SUMMER</u> (event type)	<u>MARTINI AND MAS</u> (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	51,622	36,541	12,288	100,451
	2 Less Contributions	39,856	36,314	12,288	88,458
	3 Gross income (line 1 minus line 2)	11,766	227		11,993
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	11,766	227		11,993
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				11,993
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 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 _____

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

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

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

Name ▶
 Address ▶

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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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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 for instructions and the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MERIDEN-NEW BRITAIN-BERLIN YOUNG
MEN'S CHRISTIAN ASSOCIATION INC

Employer identification number
06-0646977

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel	<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/>	Tax indemnification and gross-up payments	<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)
b	If any of the boxes in 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.	1b	
2	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 in line 1a?	2	
3	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"/>	Written employment contract
<input type="checkbox"/>	Independent compensation consultant	<input type="checkbox"/>	Compensation survey or study
<input checked="" type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
4	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:		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	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:		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," on line 5a or 5b, describe in Part III.		
6	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:		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," on line 6a or 6b, describe in Part III.		
7	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.	7	No
8	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.	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **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 the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MERIDEN-NEW BRITAIN-BERLIN YOUNG
MEN'S CHRISTIAN ASSOCIATION INC

Employer identification number

06-0646977

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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

1	(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 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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(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) DON RITTMAN	VICE PRES 2	55,120	DEVELOP DIRECTOR		No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

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 for the latest information.

Department of the Treasury

Name of the organization
MERIDEN-NEW BRITAIN-BERLIN YOUNG MEN'S CHRISTIAN ASSOCIATION INC

Employer identification number

06-0646977

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	<p>THE MERIDEN-NEW BRITAIN-BERLIN YMCA SEEKS TO BECOME A 'MASTER LINK' IN OUR COMMUNITIES TO ENHANCE THE QUALITY OF LIFE FOR ALL PEOPLE WHO LIVE AND WORK IN MERIDEN, NEW BRITAIN AND BERLIN THE MERIDEN-NEW BRITAIN-BERLIN YMCA PROVIDES ALL PEOPLE OPPORTUNITIES THAT CAN OPEN DOORS TO AN EXCEPTIONAL LIFE THE MERIDEN-NEW BRITAIN-BERLIN YMCA WAS FOUNDED IN 1866 AND IS PART OF THE LARGEST NONPROFIT COMMUNITY SERVICE ORGANIZATION IN AMERICA YMCAS ARE THE HEART OF THE COMMUNITY LIFE IN NEIGHBORHOODS AND TOWNS ACROSS THE NATION YMCAS WORK TO MEET THE HEALTH AND SOCIAL SERVICE NEEDS OF OVER 16 MILLION MEN, WOMEN AND CHILDREN THE MERIDEN-NEW BRITAIN-BERLIN YMCA, LIKE ALL YMCAS, SERVES ALL FAITHS, RACES, ABILITIES, AGES AND INCOMES NO ONE IS TURNED AWAY FOR INABILITY TO PAY OUR STRENGTH IS IN THE PEOPLE THAT WE BRING TOGETHER THE MERIDEN-NEW BRITAIN-BERLIN YMCA PROGRAMS ARE THE TOOLS FOR BUILDING THE CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY THE YMCA IS ABOUT YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>SOCIAL RESPONSIBILITY - A TOTAL OF 650 CHILDREN ATTENDED EACH SESSION OF MOUNTAIN MIST DAY CAMP (MERIDEN) AND CAMP THUNDERMOON (NEW BRITAIN-BERLIN) OVER 80% OF SCHOLARSHIPS AWARDED ATTENDED MOUNTAIN MIST DAY CAMP BOTH CAMPS ARE FULL SERVICE STATE LICENSED DAY CAMP OPERATIONS OUR CAMP FACILITIES INCLUDES A POOL, PLAYSAPES, SOCCER FIELDS, BASKETBALL COURTS, BASEBALL FIELDS, ROCK CLIMBING APPARATUS AND COVERED PICNIC AREAS THESE CAMPS PROVIDE TRANSPORTATION AND EXTENDED HOURS, MAKING IT CONVENIENT FOR WORKING PARENTS THE YMCA SUMMER CAMPS PROVIDE AN ENRICHING EXPERIENCE FOR CHILDREN AGES 3-16 AND ENSURES CHILDREN ARE HAVING A FUN, PRODUCTIVE SUMMER SCHOLARSHIPS WERE PROVIDED TO OVER 350 CAMPERS AND NO ONE IS TURNED AWAY FOR INABILITY TO PAY OUR REC EXPRESS CAMP BRINGS CAMP TO THE INNER CITY PARKS HART HOUSE AT THE NEW BRITAIN YMCA PROVIDES A HOME FOR UP TO 88 ADULT MALE MEMBERS-IN-RESIDENCE OFFERING A CARING, CLEAN, SAFE AFFORDABLE LIVING EXPERIENCE TO THOSE IN NEED WE HAVE COMMUNITY PARTNERSHIPS WITH AGENCIES TO PROVIDE SUPPORT SERVICES TO THOSE IN NEED OUR Y OFFERS VARIOUS ARTS AND ENRICHMENT PROGRAMS INCLUDING YOUTH THEATER, DANCE, CLAY AND DRAWING, SCREENWRITING, AND STEM INCLUDING CODING AND ROBOTICS AS WELL AS HOME SCHOOL ENRICHMENT PROGRAMS THE Y SERVES HOLIDAY MEALS TO OUR HART HOUSE RESIDENTS AND TO THOSE WHO ATTEND OUR THANKSGIVING AND CHRISTMAS COMMUNITY DINNERS OUR YMCA SERVED AND DELIVERED OVER 1100 MEALS ON THANKSGIVING AND CHRISTMAS DAY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	HEALTHY LIVING - IN 2018, OVER ONE HALF OF THE MERIDEN-NEW BRITAIN-BERLIN YMCA COMMUNITY WAS TOUCHED BY OUR HEALTHY LIVING ACTIVITIES WHICH INCLUDE FITNESS, AQUATICS, FOOD PROGRAMS , AND HEALTHY COOKING CLASSES SERVICE IS PROVIDED FOR ALL FAITHS, RACES, ABILITIES, AGES AND INCOME LEVELS NO ONE IS TURNED AWAY FOR INABILITY TO PAY WE BRING INDIVIDUALS AND FAMILIES TOGETHER AND OFFER SUPPORT, RECREATIONAL AND SOCIAL BALANCE THAT BUILDS RELATIONSHIPS AND STRENGTHENS BONDS FOR MENTAL AND PHYSICAL WELL-BEING THE YMCA COORDINATES WITH OVER 72 OTHER ORGANIZATIONS TO HELP OUR MEMBERS IN 2018, PROGRAM SUBSIDIES WERE AWARDED TO OVER 4,500 FAMILIES OR INDIVIDUALS SWIM INSTRUCTION WAS PROVIDED TO 600 CHILDREN IN GRADES 3 - 5 PHYSICAL EDUCATION CLASSES WERE PROVIDED TO MERIDEN PAROCHIAL SCHOOLS SERVING OVER 250 STUDENTS WE PROVIDED OVER 40 PROGRAMS AND SERVICES THAT MAINTAIN OR IMPROVE OVERALL HEALTH THE Y OFFERED CROSSFIT FOR ADULTS AND KIDS INCLUDING LOCAL STUDENT ATHLETES AND OUR CHILD CARE STUDENTS IN ADDITION TO PHYSICAL ACTIVITY, THE Y TEACHES HEALTHY COOKING PROGRAMS FOR CHILDREN AND ADULTS TO HELP THEM IMPROVE PHYSICAL ACTIVITY AND OVERALL HEALTH AND WELLNESS THE YMCA PROVIDED USDA SUBSIDIZED MEALS TO 27 OF OUR CHILDCARE LOCATIONS, SERVING OVER 1200 MEALS ON A DAILY BASIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE CFO AND FINANCE COMMITTEE REVIEW A DRAFT OF THE 990 IN DETAIL. MANAGEMENT AND EACH BOARD MEMBER RECEIVES A COPY OF THE 990 FOR REVIEW. ANY QUESTIONS DURING REVIEW ARE DIRECTED TO THE EXECUTIVE DIRECTOR, FINANCE COMMITTEE, OR INDEPENDENT AUDITORS. FORM 990 IS REVIEWED AT BOARD MEETING WITH INDEPENDENT AUDITOR AT THE TIME OF AUDIT EXIT INTERVIEW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	BOARD DISCUSSES INDEPENDENCE ISSUES AT MEETINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	ON AN ANNUAL BASIS A REVIEW OF THE SALARIES OF EXECUTIVES OF OTHER YMCAS AND LOCAL NON-PRO FITS IS CONDUCTED BY THE COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE REPORTS THEIR DECISION TO THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 18	ORGANIZATION WAS ESTABLISHED IN 1866 IN YMCA MOVEMENT BEFORE FORM 1023 WAS IN USE FORM 990 IS AVAILABLE ON REQUEST (AND CAN BE EMAILED VIA PDF) AND IS AUTOMATICALLY POSTED ON GUIDESTAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AT THE MAIN OFFICE OF THE ORGANIZATION WITHIN A REASONABLE AMOUNT OF TIME FROM THE REQUEST DATE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FUNDRAISING EXPENSES 11,993 FUNDRAISING EXPENSES -11,993