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.

OMB No. 15/15-00/17

Department of the Treasury Internal Revenue Service

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

OIVID INC. 1343-0047
2022
Open to Public Inspection

A F	or the	2022 calendar year, or tax year beginning and e	ending	_				
	heck if oplicable	YOUNG MEN'S CHRISTIAN ASSOCIATION OF		D Employer identific	cation number			
	Addres change	METROPOLITAN HARTFORD, INC.						
	Name change Initial			06-0881325				
	_lreturn _Final _return/	Number and street (or P.O. box if mail is not delivered to street address) 50 STATE HOUSE SQUARE	E Telephone number (860)522-4183					
	termin- ated			G Gross receipts \$	41,044,821.			
	Ameno return Applica	HARTFORD, CI 00103		H(a) Is this a group re				
	tion pendin	F Name and address of principal officer: HAROLD SPARROW	102	for subordinates	—			
			103	H(b) Are all subordinates in				
	ax-exe Vebsit	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or (insert no.) 4947(a)(1) or (insert no.) 501(c) (insert no.) 501(c) (insert no.) 4947(a)(1) or (insert no.) 501(c) (insert no	r 527	1	list. See instructions			
		organization: X Corporation Trust Association Other	I Vear	H(c) Group exemption 1852	1 State of legal domicile: CT			
		Summary	L 16a1 (or formation. 1032 iv	1 State of legal doffliche.			
	1	Briefly describe the organization's mission or most significant activities: $ { m THE} { m Y} $	MCA O	F GREATER HA	ARTFORD IS			
Governance	١.	A CHARITABLE ASSOCIATION OPEN TO ALL AND (COMMIT	TED TO HELP	ING PEOPLE			
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.			
ove				3	31			
S S		Number of independent voting members of the governing body (Part VI, line 1b) $$			30			
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			1367			
ivit		Total number of volunteers (estimate if necessary)			500			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	d	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		12,138,388.	11,745,706.			
ne		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		15,190,795.	19,410,892.			
Revenue		investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,843,795.	1,627,137.			
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		498,812.	587,860.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		30,671,790.	33,371,595.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		12,630,529.	15,696,481.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 806,19	_					
Ω̈́		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,972,512.	16,002,116.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		25,603,041.	31,698,597.			
		Revenue less expenses. Subtract line 18 from line 12		5,068,749.	1,672,998.			
Net Assets or Fund Balances				ginning of Current Year	End of Year			
Sset Bala	20	Total assets (Part X, line 16)		64,737,357. 38,387,353.	158,916,708. 45,161,917.			
let /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		26,350,004.	113,754,791.			
Pa	rt II	Signature Block	-	20,330,004.	113,734,731.			
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			,			
Sigr	ı	Signature of officer		Date	_			
Her		HAROLD SPARROW, CHIEF EXECUTIVE OFFICER						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	l l	Date Check	PTIN			
Paid		MELANIE BALLESTAS MELANIE BALLESTA	.ප <u> </u> 0	8/28/23 self-employe				
Prep		Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN 4	1-0746749			
Use	UNIY	Firm's address 29 S. MAIN STREET WEST HARTFORD, CT 06127-2000		Dhone == / 0	60) 561-4000			
N/a.	thall			I Priorie no. (O				
ıvıay	trie iF	S discuss this return with the preparer shown above? See instructions			X Yes No			

Form 990 (2022) METROPOLITAN HARTFORD, INC.

Part III | Statement of Program Service Accomplishments

Fai	Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission: THE YMCA OF GREATER HARTFORD IS A CHARITABLE ASSOCIATION OPEN TO ALL
	AND COMMITTED TO HELPING PEOPLE DEVELOP THEIR FULLEST POTENTIAL IN
	SPIRIT, MIND AND BODY. THE COMMITMENT IS REINFORCED BY OUR BELIEF IN
	LIVING OUT THE UNIVERSAL VALUES OF CARING, HONESTY, RESPECT AND
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Ū	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	16 006 250
	YOUTH DEVELOPMENT - THE Y NURTURES THE POTENTIAL OF EVERY CHILD AND
	TEEN THROUGH PROGRAMS THAT PROVIDE THEM WITH THE TOOLS AND RESOURCES
	THEY NEED TO SUCCEED IN LIFE. BEGINNING WITH EARLY CHILDHOOD
	DEVELOPMENT PROGRAMS THAT PROVIDE THE NURTURING ENVIRONMENT FOR
	CHILDREN AS YOUNG AS AGE 6 WEEKS, THROUGH PRE-SCHOOL PROGRAMMING THAT
	FOSTER GROWTH AND DEVELOPMENT OF PHYSICAL AND SOCIAL SKILLS, TO
	SCHOOL-AGE PROGRAMS THAT PROVIDE ENRICHMENT ACTIVITIES THAT ENHANCE AND
	SUPPORTS A CHILD'S SCHOOL CURRICULUM, THE Y'S CHILD DEVELOPMENT
	PROGRAMS HELP CHILDREN AT EVERY AGE TO GROW TO MAXIMIZE THEIR GOD-GIVEN
	POTENTIAL. THIS DEVELOPMENT CONTINUES THROUGH THE PRE-TEEN AND TEEN
	YEARS WITH PROGRAMMING THAT HELPS EACH CHILD BUILD NEW SKILLS, DEVELOP
	SELF-CONFIDENCE AND MATURE INTO A YOUNG ADULT. PROGRAMS INCLUDE CHILD
4b	(Code:) (Expenses \$ 7,494,018. including grants of \$) (Revenue \$6,214,671.)
	HEALTHY LIVING - THE Y AIMS TO IMPROVE THE NATION'S HEALTH AND
	WELL-BEING BY PROVIDING PROGRAMS AND ACTIVITIES THAT PROMOTE WELLNESS,
	REDUCE RISK FOR DISEASE AND HELP OTHERS RECLAIM THEIR HEALTH. THESE
	PROGRAMS AND EVERYTHING ELSE THE Y DOES ARE IN SERVICE OF MAKING USOUR
	YS AND OUR COMMUNITIESBETTER. THE RESULT IS A COUNTRY THAT VALUES
	HEALTH AND COMMUNITIES THAT SUPPORT HEALTHY CHOICES. PROGRAMS THAT
	SUPPORT INTEGRATED HEALTH IN ALL COMMUNITIES, FAMILY TIME, HEALTH AND
	WELL-BEING FOR PEOPLE OF ALL AGES, PROMOTING ACTIVE LIFE-STYLES THROUGH
	FITNESS AND RECREATIONAL SPORTS, AND PROGRAMMING TAILORED TO
	INDIVIDUALS WITH SPECIFIC HEALTH RISK FACTORS & CONDITIONS ARE ALL
	COMPONENTS OF THE Y'S EFFORTS TO IMPROVE THE HEALTH OF OUR COMMUNITIES.
	PROGRAMS INCLUDE AQUATICS AND YOUTH SPORTS, LIVESTRONG, GROUP AND
4c	(Code:) (Expenses \$ 3,735,947. including grants of \$) (Revenue \$2,542,653.)
	SOCIAL RESPONSIBILITY - WE KNOW THAT WHEN WE WORK TOGETHER, WE MOVE INDIVIDUALS, FAMILIES AND COMMUNITIES FORWARD. THE Y RESPONDS TO
	SOCIETY'S MOST PRESSING NEEDS BY DEVELOPING INNOVATIVE, COMMUNITY-BASED
	SOLUTIONS TO HELP THOSE IN NEED TO REACH THEIR FULL POTENTIAL. WE ARE
	ALSO COMMITTED TO INSPIRING A SPIRIT OF SERVICE BY UNITING INDIVIDUALS
	FROM ALL WALKS OF LIFE TO PARTICIPATE IN AND WORK FOR POSITIVE SOCIAL
	CHANGE. FROM PROGRAMS DESIGNED TO ADDRESS COMMUNITY NEEDS IN
	UNDER-SERVED AREAS TO VOLUNTEERISM AND ADVOCACY THE Y INCORPORATES
	SOCIAL RESPONSIBILITY THROUGHOUT ITS ACTIVITIES SO THAT INDIVIDUALLY
	AND TOGETHER EVERY Y MEMBER CAN HELP TO BUILD A STRONGER COMMUNITY FOR
	EVERYONE. PROGRAMS AND ACTIVITIES INCLUDE MENTORING, ADVOCACY EFFORTS,
	INTERNATIONAL PROGRAMS, AND PHILANTHROPY TO PROVIDE RESOURCES FINANCIAL
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 27, 256, 315.
<u></u>	Total program service expenses 2.7255 [2.5]

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,			X
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			 ₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	L	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>. </u>		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ''-		
13		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	21	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.0		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form **990** (2022)

Form	1990 (2022) METROPOLITAN HARTFORD, INC. 06-0	<u>881325</u>	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ed		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV		X	l
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	-
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		1,7	
Da	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pai				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	T	
		1 2 5	Yes	No
		135		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	Ul		

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Form **990** (2022)

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

(gambling) winnings to prize winners?

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

				Yes	No
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 1367			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
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 Advanced in the Financi	counts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	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	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ū			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			37	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X	
b			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	_		v
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Λ
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations contribution of cars, boats, airplanes, or other vehicles, did the organizations contribution of cars, boats, airplanes, or other vehicles, did the organizations can be contributed from the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, ai		7h		
0		•	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Pid the agree of a green in the green to the green to the distribution and a green to the second		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:				
а	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:	·			
а	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?	12a		
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.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		_X_
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			7.7
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income'?	16		Х
4-	If "Yes," complete Form 4720, Schedule O.	5. 545			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes." complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2	Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6	Х							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b	X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
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 on Schedule O	9		x						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	inio ossion 2 registro memaron asset periodo no registro e y silo monta residia de coo,		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a	Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b		х						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial							
	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									
	HAROLD SPARROW - (860) 522-4183									
	50 STATE HOUSE SQUARE, HARTFORD, CT 06103									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) HAROLD SPARROW	50.00	↓						050 050		22 225	
CHIEF EXECUTIVE OFFICER	F0 00	Х		Х		_		270,950.	0.	30,925.	
(2) ROBERT HERR	50.00	-						105 050		16 000	
CHIEF FINANCIAL OFFICER				Х				135,350.	0.	16,023.	
(3) SUSAN JOYSE	50.00	1				,,		1 5 1 1 1 1 1 1	,	22 540	
CHIEF DEVELOPMENT OFFICER	F0 00					Х		151,121.	0.	33,548.	
(4) DOUGLAS NAKASHIMA	50.00	-				3,		150 456	0	20 262	
CHIEF OPERATING OFFICER (5) STEVE PHILLIPS	F0 00					X		159,456.	0.	28,363.	
(5) STEVE PHILLIPS VICE PRESIDENT OF FACILITIES	50.00	-				X		102,215.	0.	26,061.	
(6) PETER OLSON	1.00					^		102,213.	0.	20,001.	
BOARD CHAIR	1.00	х						0.	0.	0.	
(7) LINDA KNOX	1.00	22						•	.	<u> </u>	
VICE CHAIR	1.00	x						0.	0.	0.	
(8) THOMAS RECHEN	1.00							•	•		
VICE CHAIR		Х						0.	0.	0.	
(9) SCOTT ZUFFELATO	1.00										
VICE CHAIR		Х						0.	0.	0.	
(10) TIMOTHY MCGRATH	1.00										
TREASURER		Х						0.	0.	0.	
(11) JULIANNE AVALLONE	1.00										
SECRETARY		Х						0.	0.	0.	
(12) TOM BORNER	1.00										
DIRECTOR		Х						0.	0.	0.	
(13) DAN CARGILL	1.00	_									
DIRECTOR		Х						0.	0.	0.	
(14) JULIO CONCEPCION	1.00										
DIRECTOR		Х						0.	0.	0.	
(15) LINDA COVENEY	1.00								_	_	
DIRECTOR	1	Х						0.	0.	0.	
(16) MIKE DEFEO	1.00	l									
DIRECTOR	1 00	Х						0.	0.	0.	
(17) JASON FRAZIO	1.00	ļ								•	
DIRECTOR		X						0.	0.	0.	

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Form **990** (2022)

06-0881325

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(D)	(E)	(F)							
Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) TAMARA GLOSTER	1.00							_	_	
DIRECTOR		Х						0.	0.	0.
(19) CORA HALL	1.00									
DIRECTOR		Х						0.	0.	0.
(20) JOCELYN HILLARD	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(21) LLOYD HUIE	1.00									
DIRECTOR		Х						0.	0.	0.
(22) RON JOHNSON	1.00									
DIRECTOR		Х						0.	0.	0.
(23) HEATHER LEBLANC	1.00									
DIRECTOR		Х						0.	0.	0.
(24) GARRETT LUDWIG	1.00									
DIRECTOR		Х						0.	0.	0.
(25) JIM MARTIN	1.00									
DIRECTOR		Х						0.	0.	0.
(26) JAMES MICHEL	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								819,092.	0.	134,920.
c Total from continuation sheets to Part VI	l, Section A							0.	0.	0.
d Total (add lines 1b and 1c)		819,092.	0.	134,920.						

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
STATE MARKET HARTFORD LLC, LOCKBOX 10009		
PO BOX 70280, PHILADELPHIA, PA 19176	RENT	953,229.
BURLINGTON CONSTRUCTION CO, INC.		
450 NEW LITCHFIELD ST, TORRINGTON, CT 06790	CONSTRUCTION	779,969.
KEILTY FOOD SERVICE MANAGEMENY LLC		
PO BOX 1438, LAKEVILLE, CT 01257	FOOD SERVICES	404,491.
YMCA OF THE USA FINANCIAL SERVICES		
101 N WACKER DR, CHICAGO, IL 60606	DUES AND CONSULTING	341,099.
BROCK & COMPANY, INC		
257 GREAT VALLEY PKWY, MALVERN, PA 19355	FOOD SERVICES	263,913.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 5		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

5

Form 990 METROPOL	ITAN HAR	RTF	'OR	D,	I	NC			06-088	1325
Part VII Section A. Officers, Directors, Tru	Compensated Employees (continued)									
(A) (B) (C)								(D)	(E)	(F)
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per					Γ		from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				em pl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		/ee	Highest compensated employee				organizations
	below	dualt	utiona	_	Key employee	stco	Ē			organizations
	line)	Indivi	Instit	Officer	Key e	High	Former			
(27) TOM MONGELLOW	1.00									
DIRECTOR		Х						0.	0.	0.
(28) MARINO MONTI	1.00									
DIRECTOR		Х						0.	0.	0.
(29) TIM RESTALL	1.00									
DIRECTOR		Х						0.	0.	0.
(30) ARIEL ROBINSON	1.00									
DIRECTOR		Х						0.	0.	0.
(31) CARMEN SIERRA	1.00									
DIRECTOR		Х						0.	0.	0.
(32) ROBERT STEARNS	1.00									
DIRECTOR		Х						0.	0.	0.
(33) KATE TAYLOR	1.00									
DIRECTOR	1	Х						0.	0.	0.
(34) SCOTT WOODMAN	1.00								•	•
DIRECTOR	1 00	Х	_					0.	0.	0.
(35) DIANE ZALEWSKI	1.00	37							0	0
DIRECTOR		Х						0.	0.	0.
		•								
		-								
Total to Part VII, Section A, line 1c										

Form 990 (2022) METROPO
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r note to any lin	e in this Part VIII			
		Officer if Schedule O contains a response of	Tiole to any line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts							Sections 512 - 514
	1 a	a Federated campaigns 1a					
	k	Membership dues1b					
	(Fundraising events1c	29,489.				
ar /	(d Related organizations 1d					
s, o	6	Government grants (contributions)	7,703,667.				
Sign	f	All other contributions, gifts, grants, and					
ber i		similar amounts not included above 1f	4,012,550.				
o ţi		Noncash contributions included in lines 1a-1f	501,660.				
No.	Ì	Total. Add lines 1a-1f		11,745,706.			
0 10			Business Code				
		DD00D3W 30MTHTHTH	713940	13,723,828.	13723828.		
ice	2 6		713940				
er v	, t	MEMBERSHIP DUES	713940	5,687,064.	5,687,064.		
n S reni	(;					
rar 3ev	(d					
Program Service Revenue	•	·					
Ā	f	All other program service revenue					
	9	Total. Add lines 2a-2f		19,410,892.			
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)		1,015,298.			1015298.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	, ,	a discount in our suite of	11,300.				
		, 					
•	ľ	Less: cost or other basis					
nue		and sales expenses 7b 7,423,875.	0.				
Revenue		Gain or (loss) 7c 600,539.	11,300.	611 020			611 020
Ä		d Net gain or (loss)		611,839.			611,839.
Other I	8 8	a Gross income from fundraising events (not					
δ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	344,680.				
	k	Less: direct expenses8b	117,834.				
	(Net income or (loss) from fundraising events		226,846.			226,846.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	188,587.				
	,	D Less: cost of goods sold 10b	131,517.				
		Net income or (loss) from sales of inventory		57,070.			57,070.
	,		Business Code	07,070			07,070
S		MISCELLANEOUS REVENUES	900099	303 011			303 011
leoi ue	17 8		200023	303,944.			303,944.
llan	k						
Miscellaneous Revenue	(
Mis	٩	d All other revenue					
		Total. Add lines 11a-11d		303,944.			
	12	Total revenue. See instructions		33,371,595.	19410892.	0.	2214997.

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	452 240	200 020	E2 E06	10 022
_	trustees, and key employees	453,249.	380,830.	52,586.	19,833
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	12,645,201.	10,624,786.	1,467,094.	553,321
7	Other salaries and wages	12,043,201.	10,024,700.	1,407,094.	333,321
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	773,397.	580,856.	153,432.	39,109
9	Other employee benefits	469,658.	352,734.	93,174.	23,750
0		1,354,976.	1,105,290.	196,621.	53,065
1	Payroll taxes Fees for services (nonemployees):	1,331,370	1,103,230.	150,021.	33,005
' a	Management				
b	Legal	117,323.	86,402.	30,814.	107
c	Accounting	76,631.	56,436.	20,126.	69
d	Lobbying	39,600.	29,161.	10,402.	37
e	Professional fundraising services. See Part IV, line 17	, , , , , , ,			-
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ī	column (A), amount, list line 11g expenses on Sch 0.)	3,396,835.	2,501,607.	892,146.	3,082
2	Advertising and promotion	615,081.	607,458.	3,647.	3,082 3,976
3	Office expenses	1,632,060.	1,576,783.	55,277.	
4	Information technology				
5	Royalties				
6	Occupancy	1,473,729.		11,000.	
7	Travel	296,127.	217,930.	75,504.	2,693
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	251,626.	109,933.	103,256.	38,437
0	Interest	662,896.	662,896.		
1	Payments to affiliates			1= 222	
2	Depreciation, depletion, and amortization	2,849,272.	2,831,289.	17,983.	
3	Insurance	630,390.	606,072.	24,318.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	MAINTENANCE AND REPAIR	1,482,710.	1,422,653.	60,057.	
b	FACILITY RENTAL	1,268,172.	1,102,356.	132,316.	33,500
c	TELECOMMUNICATIONS	330,984.	278,047.	52,937.	,
d	SUPPORT OF NATIONAL ORG	311,134.	311,134.	. ,	
	All other expenses	567,546.	348,933.	183,394.	35,219
5	Total functional expenses. Add lines 1 through 24e	31,698,597.	27,256,315.	3,636,084.	806,198
6	Joint costs. Complete this line only if the organization				-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)

Form 990 (2022)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			9,727,671.	1	7,608,729
	2	Savings and temporary cash investments			58,882.	2	58,962
	3	Pledges and grants receivable, net			606,964.	3	1,077,892
	4	Accounts receivable, net			1,066,175.	4	470,423
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substar	ntial c	contributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualifie	d per	sons (as defined			
		under section 4958(f)(1)), and persons described in	n sec	tion 4958(c)(3)(B)		6	
t2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			61,690.	9	68,906
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	100,970,290.			
	b			43,797,739.	56,592,433.	10c	57,172,551
	11	Investments - publicly traded securities			78,997,397.	11	66,755,074
	12	Investments - other securities. See Part IV, line 11			17,626,145.	12	13,196,545
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets			•	14	10 505 606
	15	Other assets. See Part IV, line 11			0.	15	12,507,626
	16	Total assets. Add lines 1 through 15 (must equal	164,737,357.	16	158,916,708		
	17	Accounts payable and accrued expenses			1,521,222.	17	1,986,031
	18	Grants payable			5,311,783.	18	6 207 277
	19	Deferred revenue			21,466,575.	19	6,287,277
	20	Tax-exempt bond liabilities			21,400,575.	20	20,302,339
	21	Escrow or custodial account liability. Complete Pa				21	
Liabilities	22	Loans and other payables to any current or former					
≣∣		trustee, key employee, creator or founder, substar controlled entity or family member of any of these				22	
E.	23	Secured mortgages and notes payable to unrelate			4,074,796.	23	4,021,406
	24	Unsecured notes and loans payable to unrelated t			1/0/1//500	24	1,021,100
	25	Other liabilities (including federal income tax, paya	-				
		parties, and other liabilities not included on lines 1					
		of Schedule D	-	•	6,012,977.	25	12,364,644
	26	Total liabilities. Add lines 17 through 25			38,387,353.	26	45,161,917
		Organizations that follow FASB ASC 958, check			,		,
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			99,430,276.	27	91,860,799
Bai	28	Net assets with donor restrictions			26,919,728.	28	21,893,992
p		Organizations that do not follow FASB ASC 958					
ᇳ		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equi				30	
As	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			126,350,004.	32	113,754,791
_	33	Total liabilities and net assets/fund balances			164,737,357.	33	158,916,708

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,3	71,5	95.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,6		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,6	72,9	98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	126,3	50,0	04.
5	Net unrealized gains (losses) on investments	5	-16,3	73,4	73.
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 on Schedule O)	9	2,1	05,2	62.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	113,7	54, 7	<u>91.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X
	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?		2	X	Щ
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2	c X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3</u>	а	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		31	, l	

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

METROPOLITAN HARTFORD, 06-0881325 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

06-0881325 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6437416.	5669518.	5320286.	12138388.	<u> 11745706.</u>	41311314.
2	Tax revenues levied for the organ-						
	ization'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	6437416.	5669518.	5320286.	12138388.	<u> 11745706.</u>	41311314.
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)						932,372.
	Public support. Subtract line 5 from line 4.						40378942.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	6437416.	5669518.	5320286.	12138388.	<u> 11745706.</u>	41311314.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1257850.	1525908.	1132323.	1151818.	1015298.	6083197.
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.)	665,103.	315,881.	252,395.	252,849.		
11	Total support. Add lines 7 through 10						49184683.
12	Gross receipts from related activities,	etc. (see instructio	ns)			<u> 12 97</u>	,431,229.
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	fourth, or fifth tax y	year as a section 5	01(c)(3)	
_	organization, check this box and stop						
	tion C. Computation of Publi					г	
	Public support percentage for 2022 (li					14	82.10 %
	Public support percentage from 2021					15	78.65 <u>%</u>
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the facts			=	· ·	VI how the organiz	zation
	meets the facts-and-circumstances te	_			-		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s

Schedule A (Form 990) 2022

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 3					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on 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.
- 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.
 - 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.)

_		Yes	No
	1		
- [2		
Ī			
	3a		
	3b		
ļ	3c		
-	4a		
	4b		
	4c		
ļ	5a		
ŀ	5b		
ŀ	5c		
	6		
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ļ	8		
	9a		
	9b		
ł	JU		
	9с		
	10a		
ŀ	.va		
	10b		
ule	A (Forn	n 990)	2022

Par	rt IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			l
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	rs,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ed		l
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations	2		
	Alon of Typo ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? 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).	1		
Sec	tion 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			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			l
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	ction 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 instruc	tions).		
a	Somplete Selem			
b		(:tt	-1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.	see instruction	Yes	No
a			163	140
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	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			l
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		ı

Schedule A (Form 990) 2022 METROPOLITAN HARTFORD, INC.

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

1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			,
Sect	on 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		
Sect	on 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see
-	instructions).	, 3. 2.00	71	, , , , , , , , , , , , , , , , , , ,

Schedule A (Form 990) 2022

	rt V Type III Non-Functionally Integrated 509(nizations (continu	ued)	0 0001323 Page 1
Sect	ion D - Distributions	<u>, , , , , , , , , , , , , , , , , , , </u>	Continu	100)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	}	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
<u>e</u>	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	LAGGOU HUIH LULL				h a dula A (Farma 000) 0000

Schedule A (Form 990) 2022

Part VI	Supplemental Information Delivers and Delive
i dit 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.)
	(See instructions.)
_	

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

2022

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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

Open to Public Inspection

OMB No. 1545-0047

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

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

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

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

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

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

		nization YOUNG M	EN'S CHRISTIAN A	SCOCTATION O	\□ Fr	nployer identification number
IVallio	or orga		LITAN HARTFORD,		'F -	06-0881325
Part	I-A	Complete if the org	anization is exempt und	ler section 501(c) o	or is a section 527	
1 P 2 P	Provide a	a description of the organiz campaign activity expendit	ation's direct and indirect politic	cal campaign activities ir	n Part IV.	\$
Part	: I-B	Complete if the org	anization is exempt und	ler section 501(c)(3	3).	
1 E	nter the	amount of any excise tax	incurred by the organization un	der section 4955		\$
2 E	nter the	amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3 If	the org	anization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a V	Vas a co	rrection made?				Yes No
		describe in Part IV.		1: 504/ \		() (0)
	i I-C		anization is exempt und			
			by the filing organization for se			\$
		0 0	ization's funds contributed to o	•		_
						\$
			. Add lines 1 and 2. Enter here	•		Φ.
			1120-POL for this year?			
			ployer identification number (E			
			tion listed, enter the amount pa		~	
	•	,	omptly and directly delivered to	0 0		•
р	olitical	action committee (PAC). If	additional space is needed, pro	vide information in Part I	V.	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter -	contributions received and

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

LHA

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Schedule C (Form 990) 2022

ETROPOLITAN HARTFORD, INC.

06-0881325 Page **2**

Schedule C (Form 990) 2022	METROP	OPILE	N HARTFORD,	INC.		Jool 323 Page 2
Part II-A Complete if the org section 501(h)).	anization	is exer	npt under section	1 501(c)(3) and file	a Form 5/68 (e)	ection under
	tion helongs	to an affi	liated group (and list in	n Part IV each affiliated	group member's nam	ne address FIN
expenses, and shar				TT art IV cacif affiliated	group member 3 han	ic, address, Liiv,
		, ,	nd "limited control" pro	visions annly		
Limi	ts on Lobby	ing Expe	nditures	,	(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" mea	ans amou	ints paid or incurred.		totals	
1a Total lobbying expenditures to influ	uence public	opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	uence a legis	lative boo	dy (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1	1b)				
d Other exempt purpose expenditure						
e Total exempt purpose expenditure	s (add lines	1c and 1d)			
f Lobbying nontaxable amount. Ente	er the amour	nt from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% of li	ne 1f)				
h Subtract line 1g from line 1a. If zer	o or less, en	ter -0				
i Subtract line 1f from line 1c. If zero	or less, ent	er -0				
j If there is an amount other than ze	ro on either l	ine 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this						Yes No
(Some organizations the	hat made a	section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	f the five columns b	elow.
	Lobby	ing Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20)19	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						_
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 METROPOLITAN HARTFORD, INC.

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	o)		
of the	e lobbying activity.	Yes No A			Amo	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or						
	local legislation, including any attempt to influence public opinion on a legislative matter						
	or referendum, through the use of:						
а	Volunteers?			X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		_	X			
	Media advertisements?		_	X			
	Mailings to members, legislators, or the public?		_	X			
	Publications, or published or broadcast statements?		_	X			
	Grants to other organizations for lobbying purposes?		<u> </u>	X	2.0		
_	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	<u>.</u>		35	,600.	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		_	X			
	Other activities?			X	2.0		
	Total. Add lines 1c through 1i				35	,600.	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			X			
	If "Yes," enter the amount of any tax incurred under section 4912						
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5), o	r sec			
					Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?			1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		Г	2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			3			
_	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	'No" OR	(b) F	Part I		3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal					
	expenses for which the section 527(f) tax was paid).						
	Current year			2a			
D	Carryover from last year			2b			
C	Total		- 1	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.			3			
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po						
		DiitiCai		4			
5	expenditures next year? Taxable amount of lobbying and political expenditures. See instructions						
Par				5			
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-	A. line	es 1 ar	nd 2 (See		
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,		(
	RT II-B, LINE 1, LOBBYING ACTIVITIES:						
THE	E ASSOCIATION ENGAGES A LOBBYIST CONSULTANT TO EVALU	ATE ST	rat:	E			
LEG	SISLATION ISSUES AFFECTING THE YMCA.						

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 instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN HARTFORD, INC.

Employer identification number 06-0881325

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	b) Fun	ds 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 v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	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	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		arrage ar Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

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Schedule D (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

_		ITAN HARTE					088132		age 2
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	easures, or (Other Si	imilar Ass	ets _{(contir}	nued)	
3	Using the organization's acquisition, accession	n, and other records	s, check any of the	following that n	nake signit	ficant use of i	its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program	า				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	how they further the	ne organization	's exempt	purpose in P	art XIII.		
5	During the year, did the organization solicit or		•	•					-
_	to be sold to raise funds rather than to be mai						Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organization	n answered "Y	es" on For	rm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodia		•						,
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	owing table:					_	
							Amoun	t	
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		_	
	Did the organization include an amount on Fo						Yes		No
Par	If "Yes," explain the arrangement in Part XIII.								
ı aı	t V Endowment Funds. Complete if	(a) Current year	(b) Prior year	(c) Two years		Three years ba	ack (e) Four	Veare	hack
4.	Danissis of way balance	78,997,397.	72,108,768.	+ ` <i>'</i> - '	<u> </u>	64,490,61	<u> </u>	,302,	
	Beginning of year balance	1,527,761.	540,793.	· · ·	775.	8,61			705.
	Contributions	-11,415,299.	· · · · · · · · · · · · · · · · · · ·	 					
C	Net investment earnings, gains, and losses	-11,413,299.	11,415,296.	3,470,	337.	14,120,25	,33	,583,	940.
d	Grants or scholarships								
е	Other expenditures for facilities	2,354,785.	5,067,460.	8,044,	303	3,986,67	12 3	,257,	010
	and programs	2,334,703.	3,007,400.	0,044,	303.	3,500,07	2.	, 237,	010.
	Administrative expenses	66,755,074.	78,997,397.	72,108,	768	74,632,81	9 64	,490,	619
g	End of year balance			•	700.	74,032,01	.5.	, 100,	<u> </u>
2	Board designated or quasi-endowment	89.4030	% (iiiie 1g, columii (a)) Helu as.					
a b	Permanent endowment 10.5971	%							
C	Term endowment 9								
·	The percentages on lines 2a, 2b, and 2c shou								
32	Are there endowment funds not in the posses	•	tion that are held a	nd administered	d for the				
oa	organization by:	Sion of the organiza	tion that are note a	ia administered	a for the		ſ	Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations								Х
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the							'	
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	See Form 990, F	Part X, line	10.			
	Description of property	(a) Cost or of	ther (b) Cos	t or other	(c) Accu	ımulated	(d) Boo	k value	—— Э
		basis (investm		(other)	depred	ciation			
1a	Land		3,87	1,356.			3,87	1 <u>,</u> 3!	56.
	Buildings	I			34,63	9,234.	48,00	7,00	06.
	Leasehold improvements		3,51	5,193.	1,04	2,073.	2,47	3,1	20.
d	Equipment	 	10,50	4,740.	8,11	6,432.	2,38	8,30	08.
<u>e</u>	Other	I	43	2,761.			43	2,70	51 .

Schedule D (Form 990) 2022

57,172,551.

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

	N HARTFORD, IN	1C.	06-0881325 _{Page} 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line 1		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENT HELD IN TRUST			
(B) BY OTHERS	13,196,545.	END-OF-YEAR MARK	ET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	13,196,545.		
Part VIII Investments - Program Related.	, , , , , , , ,		
Complete if the organization answered "Yes'	on Form 990, Part IV, line 1	I1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)	.,		•
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (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 1	11d See Form 990 Part Y line 15	
	Description	Tru. Gee Form 550, Fart X, line 15.	(b) Book value
	TING LEASES		11,515,341.
			992,285.
	<u>T</u>		992,203.
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			10 505 606
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		12,507,626.
Part X Other Liabilities.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line 1	I1e or 11f. See Form 990, Part X, lin	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITIES			12,364,644.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 25.)		12,364,644.

232053 09-01-22

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

	YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN HARTFORD, INC.		0881325	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		10 004	0.01
1	Total revenue, gains, and other support per audited financial statements	1	19,234,	901
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	472		
а	3 ()	4/3.		
b				
С	Recoveries of prior year grants	-1 D		
d	, , , , , , , , , , , , , , , , , , , ,		16 041	٥- د
е	Add lines 2a through 2d		-16,241,	
3	Subtract line 2e from line 1	3	35,476,	857
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	0.50		
b	, , , , , , , , , , , , , , , , , , , ,	262.	0 105	0.60
_	Add lines 4a and 4b			262
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	5	33,371,	595.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1 24 222	111
1	Total expenses and losses per audited financial statements	1	31,830,	114
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	, , , , , , , , , , , , , , , , , , , ,			
С	Other losses 2c			
d	Other (Describe in Part XIII.)	517.		
е	Add lines 2a through 2d			517
3	Subtract line 2e from line 1	3	31,698,	597
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	4c		0 .
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	31,698,	597.
Pa	rt XIII Supplemental Information.			
Prov	vide 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.			
PAI	RT V, LINE 4:			
THI	E YMCA'S ENDOWMENT IS USED TO SUPPORT YMCA PROGRAMS AND	ACTIVI	TIES BY	
PRO	OVIDING FINANCIAL RESOURCES THAT ENABLE THE YMCA TO OFF	ER PROG	RAMS AND	

SERVICES TO THOSE THAT CANNOT AFFORD THESE PROGRAMS. A PORTION OF THE ENDOWMENT FUNDS ARE ALSO USED TO MAINTAIN PHYSICAL FACILITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD INCLUDED AS OFFSET TO REVENUES 131,517.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

-2,105,262. INTEREST RATE SWAP MARK TO MARKET

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

	EN'S CHRISTIAN ASSO LITAN HARTFORD, IN		A.T. T.(ON OF	1	881325
Part I Fundraising Activities	Complete if the organization answer		es" or	n Form 990, Part IV, I		
required to complete this par 1 Indicate whether the organization raise		a ootiv	ition (Chook all that apply		
a Mail solicitations				overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g Special	fundra	aising	events		
d In-person solicitations	and the second s	(:I		···		
2 a Did the organization have a written of key employees listed in Form 990. F	or oral agreement with any individual Part VII) or entity in connection with pi				itees, or	Yes No
b If "Yes," list the 10 highest paid indi	, ,			•	ne fundraiser is	
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(vi) Amount paid to (or retained by) organization		
		Yes	No			
Total						
List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt fro	om registration
		_				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

Pa	ırt I					
		of fundraising event contributions and gro	(a) Event #1	EZ, lines 1 and 6b. List e (b) Event #2 HEALTHY KIDS	(c) Other events	(d) Total events
			TOURNAMENT	DAY	8	(add col. (a) through col. (c))
Ф			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	151,258.	56,123.	166,788.	374,169.
	2	Less: Contributions	4,000.	0.	25,489.	29,489.
	3	Gross income (line 1 minus line 2)	147,258.	56,123.	141,299.	344,680.
	4	Cash prizes				
v	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	66,443.	14,720.	36,671.	117,834.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			117,834.
	11					226,846.
Pa	ırt I	II Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported 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))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	-	states?		Yes No
k	If "	No," explain:				
10a	— We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes No
t) If "`	Yes," explain:				

232082 10-27-22

Schedule G (Form 990) 2022

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN HARTFORD. INC.

Sch	edule G (Form 990) 2022 METROPOLITAN HARTFORD, INC. 06-	088132	5 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	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
12			110
	Indicate the percentage of gaming activity conducted in:	ا ءمدا	0.4
	ı The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
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
h	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
	· · · · · · · · · · · · · · · · · · ·		
С	s If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	- Name		
	Coming manager companyation		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	sthe organization required under state law to make charitable distributions from the gaming proceeds to		
а		Yes	□ No
	retain the state gaming license?	L res	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D -	organization's own exempt activities during the tax year \$		
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P.	art III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule G	G (Form 990)	METROPOLITAN	HARTFORD,	INC.	06-0881325	Page 4
Part IV	Supplemental In	METROPOLITAN formation (continued)				
	- appromental m	(continued)				
_						

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

organization answered "Yes" on Form 990, Part IV, line
Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN HARTFORD, INC.

Employer identification number 06-0881325

			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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
3	Indicate which, if any, of the following the 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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х Х Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 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:			
а	The organization?	5a		X
	Any related organization?	5b		X
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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 on lines 5 and 6? If "Yes," describe in Part III	7		_X_
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		_X_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown	of W-2 and/or 1099-MIS compensation	GC and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensatio	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) HAROLD SPARROW (i	270,95			30,631.	294.		0.
CHIEF EXECUTIVE OFFICER (i	i)	0. 0.		0.	0.		0.
(2) ROBERT HERR	135,35			16,023.	0.	151,373.	0.
CHIEF FINANCIAL OFFICER (i		0. 0.		0.	0.	0.	0.
(3) SUSAN JOYSE	151,12			19,377.	14,171.	184,669.	0.
CHIEF DEVELOPMENT OFFICER (i		0. 0.		0.	0.	0.	0.
(4) DOUGLAS NAKASHIMA	159,45	6. 0.		18,628.	9,735.		0.
CHIEF OPERATING OFFICER (i	i)	0. 0.	0.	0.	0.	0.	0.
(i)						
(i	i)						
(i)						
(i	i)						
(1)						
(i	i)						
(1)						
(i	i)						
(1)						
(i	i)						
(1)						
(i	i)						
(i)						
(i	i)						
(i)						
(i	i)						
(i)						
(i	i)						
(1)						
(i	i)						
(1)						
(i	i)						
(1)						
(i	i)						

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.
PART I, LINE 1A:
THE ORGANIZATOIN HAS PAID HARTFORD CLUB DUES FOR HAROLD SPARROW

SCHEDULE K (Form 990) Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

METROPOLITAN HARTFORD, INC.

Employer identification number 06-0881325

individual in military and in the control of the co											
Part I Bond Issues SEE PART VI FOR COLUMN	(A) CONT	INUATI	ONS								
(a) Issuer name (b) Issuer EIN (c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Descripti	on of purpose	(g) De	efeased	(h) On of is		(i) Po	
						Yes	No	Yes	No	Yes	No
STATE OF CONNECTICUT				CAPITAL							
	12/23/14	2750	0000.	CONSTRUC	TION		х		х		Х
В											
<u>c</u>											L
D											
Part II Proceeds											
	Α			В	С				D		
1 Amount of bonds retired											
2 Amount of bonds legally defeased											
3 Total proceeds of issue	27,500										
4 Gross proceeds in reserve funds	2,483	,434.									
5 Capitalized interest from proceeds											
6 Proceeds in refunding escrows											
7 Issuance costs from proceeds	446	,646.									
8 Credit enhancement from proceeds											
9 Working capital expenditures from proceeds											
10 Capital expenditures from proceeds											
11 Other spent proceeds											
12 Other unspent proceeds											
13 Year of substantial completion											
	Yes	No	Yes	No	Yes	No		Yes	_	No	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,											
if issued prior to 2018, a current refunding issue)?	X						-		-		
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if											
issued prior to 2018, an advance refunding issue)?		X							_		
16 Has the final allocation of proceeds been made?	Х										
Does the organization maintain adequate books and records to support the	1										
final allocation of proceeds?	X										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2022

06-0881325

Par	t III Private Business Use								-		
			Α		3	O	С	Γ	D		
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No		
	which owned property financed by tax-exempt bonds?		Х								
2	Are there any lease arrangements that may result in private business use of							i			
	bond-financed property?		Х								
За	Are there any management or service contracts that may result in private										
	business use of bond-financed property?		X								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside										
	counsel to review any management or service contracts relating to the financed property?										
С	Are there any research agreements that may result in private business use of										
	bond-financed property?		X								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other										
	outside counsel to review any research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities										
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%		
5	Enter the percentage of financed property used in a private business use as a										
	result of unrelated trade or business activity carried on by your organization,										
	another section 501(c)(3) organization, or a state or local government		%		%		%		%		
6	Total of lines 4 and 5	%			%		%		%		
7			Х								
8a	Has there been a sale or disposition of any of the bond-financed property to a non-										
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or										
	disposed of		%		%		%		%		
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations										
	sections 1.141-12 and 1.145-2?							i			
9	Has the organization established written procedures to ensure that all										
	nonqualified bonds of the issue are remediated in accordance with the										
	requirements under Regulations sections 1.141-12 and 1.145-2?	X									
Par	t IV Arbitrage										
			A		3	С		С		Γ	D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No		
	Penalty in Lieu of Arbitrage Rebate?		Х								
2	If "No" to line 1, did the following apply?										
а	Rebate not due yet?		Х								
	Exception to rebate?		Х								
	No rebate due?		Х								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was										
	performed							<u> </u>			
3	Is the bond issue a variable rate issue?	Х									
					-						

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN HARTFORD, INC.

06-0881325

Schedule K (Form 990) 2022 METROPOLITAN HARTFORD, INC.			06-	0881325	i			Page 3
Part IV Arbitrage (continued)								
	,	Α		В)	C)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?	X							
b Name of provider	TD BANK							
c Term of hedge	15.	0000000						
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X							
Part V Procedures To Undertake Corrective Action								
	T ,	A		B		<u> </u>	С	<u> </u>
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	l x							
Part VI Supplemental Information. Provide additional information for responses to question	s on Schedul	e K. See instr	uctions.		•		•	
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME:								
STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACI	LITIES	AUTHORI	TY					
	-							

Schedule K (Form 990) 2022

232123 10-28-22

SCHEDULE L

(Form 990)

Transactions With Interested Persons

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.									Open To Public Inspection							
Name of the or	ganization			'S CHRIS					OF	?	1 '	-	ident		on nu	mber
				TAN HART									813	25		
										n 501(c)(29) organ			• •			
	omplete it	f the organization						ine 25a or 25b	o, or	Form 990-EZ, Pa	ırt V, I	ine 40	b.	1		
1 (a) Name o	of disquali	ified person	(b) ℝ	Relationship bet person and o			ified	(6	c) De	escription of trans	sactio	n			-	cted?
				porcorr and or	9411120	2011								+ Y	es	No
		f tax incurred by		•	•		•	•	•	•		•				
section 49																
3 Enter the	amount o	itax, ii ariy, ori i	116 2, 2	above, reimburs	eu by	irie org	yarıızaı					Ф				
Part II L	oans to	and/or Fror	n Inte	erested Pers	sons.											
с	omplete it	f the organization	n answ	vered "Yes" on I	Form 9	90-EZ,	, Part \	/, line 38a or F	Form	990, Part IV, line	e 26; d	or if th	e orga	nizatio	n	
		amount on For	n 990,										/I- \ An	nravad		
	(a) Name of (b) Re interested person with or			(c) Purpose of loan	fron	an to or		e) Original cipal amount	(f	balance due (g) iii by b				proved ard o <u>r</u>	, (i) v	/ritten ment?
intereste	u person	with organ	Ζαιιστί	Orioari		zation?	Princ	лрагаттойт				Ι	comm			
					То	From					Yes	No	Yes	No	Yes	No
					<u> </u>											
					-											├
					-											-
					 											<u> </u>
Total		<u> </u>						\$	I			<u> </u>				l
Part III G	irants o	r Assistance	Ben	efiting Inter	estec	l Per	sons									
C	omplete it	f the organization	n answ	vered "Yes" on I	Form 9	90, Pa	art IV, I	ine 27.								
(a) Name	of intere	sted person	(b) Relationship	betwe	en	(4	c) Amount of		(d) Type) Purp		f
				interested pers		d		assistance		assistan	ce			assista	ance	
			+	organizi								_				
			+									\dashv				
			+									\dashv				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

Schedule L (Form 990) 2022 METROPOLITAN HARTFORD
Part IV Business Transactions Involving Interested Persons. METROPOLITAN HARTFORD, INC.

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrģaniz	aring of zation's nues?
				Yes	No
SCOTT ZUFFELATO	VICE CHAIR - BOARD		THE ORGANIZ		Х
TIM RESTALL	MEMBER - BOARD OF D	738.	THE ORGANIZ		Х
Part V Supplemental Information. Provide additional information for res	ponses to questions on Schedule L (see in	nstructions).			
SCH L, PART IV, BUSINESS		,	ED PERSONS:		
(A) NAME OF PERSON: SCOTT	ZUFFELATO				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	ON:		
VICE CHAIR - BOARD OF DIR	ECTORS				
(C) AMOUNT OF TRANSACTION	\$ 875.				
(D) DESCRIPTION OF TRANSA	CTION: THE ORGANIZATION	ON RENTED S	SPACE FROM T	HE	
NAISMITH MEMORIAL BASKETB	ALL HALL OF FAME WHER	E SCOTT ZUF	FELATO IS T	HE V	P
OF PHILANTHROPY					
(E) SHARING OF ORGANIZATI	ON REVENUES? = NO				
(A) NAME OF PERSON: TIM R	ESTALI.				
(B) RELATIONSHIP BETWEEN		ORGANIZATI	ON:		
MEMBER - BOARD OF DIRECTO					
(C) AMOUNT OF TRANSACTION	\$ 738.				
(D) DESCRIPTION OF TRANSA	CTION: THE ORGANIZATION	ON RENTED S	SPACE FROM		
DUNKIN PARK (HARTFORD YAR	D GOATS) WHERE TIM IS	THE GENERA	L MANAGER		
(E) SHARING OF ORGANIZATION	ON REVENUES? = NO				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN HARTFORD, INC.

 $Employer\ identification\ number \\ 06-0881325$

Check if Applicable Check if applicable Check if applicable Check if applicable Contribution or applicable Contribution	Pai	rt I Types of Property							
applicable contributions or dems contribution or form 990, Part VIII, line 1g noncash contribution amounts reported on Form 990, Part VIII, line 1g noncash contribution amounts reported on Form 990, Part VIII, line 1g noncash contribution amounts reported on Form 990, Part VIII, line 1g noncash contribution amounts reported on Form 990, Part VIII, line 1g noncash contribution amounts reported on Form 990, Part VIII, line 1g noncash contribution amounts reported on Form 990, Part VIII, line 1g noncash contribution amounts reported on Form 990, Part VIII, line 1g noncash contribution amounts reported on Form 990, Part VIII, line 1g noncash contribution amounts reported on Form 990, Part VIII, line 1g noncash contribution and the second part VIII, line 1g noncash contribution and the second part VIII, line 1g noncash contribution amounts reported on Form 990, Part VIII, line 1g noncash contribution amounts reported on Form 990, Part VIII, line 1g noncash contribution amounts reported on Part VIII, line 1g noncash contribution amounts reported on Part VIII, line 1g noncash contribution amounts reported on Part VIII, line 1g noncash contribution amounts reported on Part VIII, line 1g noncash contribution amounts reported on Part VIII, line 1g noncash contribution amounts reported on Part VIII, line 1g noncash contribution amounts reported in Part I, line 1g noncash contribution amounts reported on Part VIII, line 1g noncash contribution amounts reported in Part I, line 1g noncash contribution and vicing the very line 1g noncash contribution and vicing the very line part line 1g noncash contribution and vicing the very line the vicing the very line the vicing the very line the case of the line 1g noncash contribution and vicing the very line the part VIII.									
tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles Books and planes Intellectual property Securities - Publicity traded X 3 501,660 . FATR MARKET VALUE Securities - Partnership, LLC, or trust interests Securities - Partnership, LLC, or trust interests Securities - Partnership, LLC, or trust interests Acqualified conservation contribution - Other Historic structures Acqualified conservation contribution - Other Seal estate - Residential Real estate - Commercial Page 1 and Securities - Partnership - LLC, or trust interests Taxidermy Drugs and medical supplies To Other () Cher () Cher () Drugs and medical supplies To Other () Drugs and medical supplies To Ot				I				_	•
4 Historical treasures 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Publicly traded 12 Securities - Publicly traded 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other Historic structures 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Real estate - Commercial 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other () Unimber of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Unring the year, did the organization receive by contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X X S 15 Univer () Investigation have a gift acceptance policy that requires the review of any nonstandard contributions? 31 L X			арріісавіє			Horicasii continbu	lion an	iounts	,
3 At - Fractional interests	1	Art - Works of art							
3 At - Fractional interests	2	Art - Historical treasures							
Sooks and publications Citothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities - Publicly traded X 3 501,660 FAIR MARKET VALUE Securities - Publicly traded X 3 501,660 FAIR MARKET VALUE Securities - Publicly traded X 3 501,660 FAIR MARKET VALUE Securities - Securities - Note of the stock Securities - Pathership, LLC, or trust interests Securities - Miscellaneous Qualified conservation contribution - Historic structures Historic structures Real estate - Commercial Seal estate - Commercial Seal estate - Commercial Feal estate - Commercial Feal estate - Commercial Seal estate - Commercial Seal estate - Other Seal estate - Othe	3								
6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicity traded X 3 501,660 FAIR MARKET VALUE 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other () 26 Other () 27 Other () 28 Other () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Ves No 10 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30 If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X	4		I						
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13. Qualified conservation contribution - Historic structures 14. Qualified conservation contribution - Other		trust interests							
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15 Real estate - Residential Real estate - Commercial Real estate - Other Solid control of the residential of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? Beal estate - Commercial Real estate - Commercial Real estate - Other Collectibles Collectibl		***************************************							
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17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other () 26 Other () 27 Other () 28 Other () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Unring the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 8 If "Yes," describe the arrangement in Part II. 9 Joes the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X	15								
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for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No Uring the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? The purposes for the arrangement in Part II. The purpose of the organization have a gift acceptance policy that requires the review of any nonstandard contributions? The purpose of the purpose of the arrangement in Part II. The purpose of the organization have a gift acceptance policy that requires the review of any nonstandard contributions? The purpose of the purpos		· · · · · · · · · · · · · · · · · · ·	ization during	the tax year for a	antributions				
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During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 50		for which the organization completed Form 6.	200, Fait V, L	onee Acknowledg	ement <u>29 </u>			Vas	No
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X	30a	During the year did the organization receive	hy contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it		163	140
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b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X							30a		X
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	b		·				JJu		
			policy that re	equires the review o	of any nonstandard contribut	ions?	31		Х
J									
contributions?				•			32a		Х
b If "Yes," describe in Part II.	b								
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		•	column (c) fo	r a type of property	for which column (a) is chec	ked,			
describe in Part II.		•				<u> </u>			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule M	(Form 990) 2022	METROPOLITAN	HARTFORD,	INC.		06-0881325	Page 2
Part II	Supplemental is reporting in Part	Information. Provide I, column (b), the number dditional information.	the information requor of contributions, the	uired by Part I, lines e number of items re	30b, 32b, and 33, acceived, or a combin	and whether the organiza nation of both. Also comp	tion olete

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

QUZZ
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN HARTFORD, INC.

Employer identification number 06-0881325

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEVELOP THEIR FULLEST POTENTIAL IN SPIRIT, MIND AND BODY. THE
COMMITMENT IS REINFORCED BY OUR BELIEF IN LIVING OUT THE UNIVERSAL
VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESPONSIBILITY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
CARE, CAMPING, AND TEEN LEADERSHIP & MENTORING AS WELL AS MANY OTHER
PROGRAMS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
INDIVIDUAL HEALTH AND WELLNESS, AND ADAPTIVE SPORTS AS WELL AS MANY
OTHER PROGRAMS.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
ASSISTANCE TO THOSE WHO CANNOT AFFORD THE FULL COST OF PROGRAMS AS WELL
AS MANY OTHER PROGRAMS.
FORM 990, PART VI, SECTION A, LINE 2:
THE BUSINESSES OF THE ASSOCIATION'S OFFICERS AND DIRECTORS WILL ON OCCASION

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

INTEREST ARE DISCLOSED ANNUALLY BY THE BOARD OF DIRECTORS.

HAVE BUSINESS RELATIONSHIPS BETWEEN THEM.

Schedule O (Form 990) 2022

RELATE TO THE BUSINESS CONDUCTED BY THE ASSOCIATION AND ALL CONFLICTS OF

NONE OF THESE RELATIONSHIPS

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN HARTFORD, INC.

Employer identification number 06-0881325

FORM 990, PART VI, SECTION A, LINE 6:

THE ASSOCIATION ADMITS MEMBERS TO THE YMCA WHO SUBSCRIBE TO THE YMCA'S

MISSION AND OBJECTIVES. MEMBERS VOTE FOR THE SELECTION OF INDIVIDUALS TO

THE BOARD OF DIRECTORS AND BOARD OF TRUSTEES. THERE ARE NO STOCKHOLDERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ELECTION OF INDIVIDUALS TO THE BOARD OF DIRECTORS AND THE BOARD OF TRUSTEES IS SUBJECT TO APPROVAL BY THE ASSOCIATION'S MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE ELECTION OF INDIVIDUALS TO THE BOARD OF DIRECTORS AND THE BOARD OF TRUSTEES IS SUBJECT TO APPROVAL BY THE ASSOCIATION'S MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS IS DELEGATED THE DUTY OF

REVIEWING THE FORM 990 WITH THE EXTERNAL PREPARERS. THE AUDIT COMMITTEE

PROVIDES THE BOARD OF DIRECTORS WITH A COPY OF THE RETURN AS WELL AS A

SUMMARY OF THE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

A SUMMARY OF EACH CONFLICT OF INTEREST DISCLOSURE IS MAINTAINED FOLLOWING
THE COMPLETION BY OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES. THESE
INDIVIDUALS ARE DIRECTED TO RECUSE THEMSELVES FROM ANY ISSUES IN WHICH THEY
HAVE A CONFLICT AND THE LIST OF CONFLICTS IS REVIEWED PRIOR TO ANY BOARD
ACTION TO MAKE CERTAIN THAT ANY INDIVIDUALS WITH CONFLICTS DO NOT
PARTICIPATE IN THAT DECISION MAKING PROCESS.

FORM 990, PART VI, SECTION B, LINE 15:

Schedule O (Form 990) 2022 Page **2**

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF **Employer identification number** 06-0881325 METROPOLITAN HARTFORD, INC. THE COMPENSATION PROCESS FOR CEO, OFFICERS AND KEY EMPLOYEES IS CONDUCTED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, WHICH SERVES AS THE COMPENSATION COMMITTEE. THE COMMITTEE'S RESPONSIBILITIES INCLUDE MEETING TO DISCUSS THE CEO, OFFICERS AND KEY EMPLOYEES PERFORMANCE, INDIVIDUALLY SCORE AND COMMENT ON PERFORMANCE, AND REVIEW THE RESULTS AS COMPILED BY THE CHAIR OF THE BOARD. COMPARABLE COMPENSATION DATA IS GATHERED AND REVIEWED. BASED ON THE EVALUATION SCORES AND COMPARABLE DATA, THE COMPENSATION FOR THE CEO, OFFICERS AND KEY EMPLOYEES IS DETERMINED. FORM 990, PART VI, SECTION C, LINE 18: THE ASSOCIATION'S FORM 990 IS AVAILABLE ON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE ASSOCIATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENT ARE AVAILABLE TO THE PUBLIC ON REQUEST AT THE ASSOCIATION'S OFFICES. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 2,501,607. MANAGEMENT AND GENERAL EXPENSES 892,146. FUNDRAISING EXPENSES 3,082. TOTAL EXPENSES 3,396,835. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 3,396,835. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: INTEREST RATE SWAP MARK TO MARKET 2,105,262.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

06-0881325 METROPOLITAN HARTFORD, INC. Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) RED TRIANGLE LLC C/O YMCA - 06-0881325 50 STATE HOUSE SQUARE YMCA OF GREATER HARTFORD CT 06103 HARTFORD REAL ESTATE INVESTMENT CONNECTICUT Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (d) (e) (f) (c) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

METROPOLITAN HARTFORD, INC. Schedule R (Form 990) 2022

	11 "" " (D.) 10 T 11 D 1 11	0 - - - - - - -	IIX / II F 000	D - 4 B/ Page 04 In a 24 I	and an arrangement of the second
David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34, because it r	nad one or more related
Part III	organizations treated as a partnership during the tax year.		•	, ,	

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) nortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		,						Yes	No

Schedule R (Form 990) 2022

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1a

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	
С					1c	
d	Loans or loan guarantees to or for related organization(s)				1d	
е	Loans or loan guarantees by related organization(s)				1e	
f	Dividends from related organization(s)				1f	
	Sale of assets to related organization(s)				1g	
h	Purchase of assets from related organization(s)				1h	
i	Exchange of assets with related organization(s)				1i	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	
	Performance of services or membership or fundraising solicitations for related organizations for related organizations for related organizations.				11	
	Performance of services or membership or fundraising solicitations by related organ				1m	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	
0	Sharing of paid employees with related organization(s)				10	
	Reimbursement paid to related organization(s) for expenses				1p	
q	Reimbursement paid by related organization(s) for expenses				1q	
					1r	
	· · · · · · · · · · · · · · · · · · ·				1s	
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered relat	ionships and transaction thresholds.		
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d)	(alvod	
	Name of related organization	type (a-s)	Amount involved	Method of determining amount in	voiveu	
		71 (,				
(1)						
(''						
(2)						
·_/						
(3)						
(4)						
(5)						
(6)						
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022