

Form 990
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST INC
Doing business as: YMCA OF THE SUNCOAST
Number and street (or P O box if mail is not delivered to street address): 2469 ENTERPRISE ROAD
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: CLEARWATER, FL 33763

D Employer identification number: 59-0810731
E Telephone number: (727) 467-9622
G Gross receipts \$ 31,185,990

F Name and address of principal officer: G SCOTT GOYER, 2469 ENTERPRISE ROAD, CLEARWATER, FL 33763

H(a) Is this a group return for subordinates? No
H(b) Are all subordinates included? No
H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.YMCASUNCOAST.ORG

K Form of organization: Corporation

L Year of formation: 1961

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE WITH PROGRAMS THAT BUILD HEALTHY SPIRIT MIND & BODY FOR ALL

Table with 2 columns: Description and Amount. Rows include: 2 Check this box, 3 Number of voting members (26), 4 Number of independent voting members (25), 5 Total number of individuals employed (2,008), 6 Total number of volunteers (1,098), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 4 columns: Description, Prior Year, Current Year, and Net Assets or Fund Balances. Rows include: 8-12 Revenue (Total 27,194,028), 13-19 Expenses (Total 28,322,379), 20-22 Net Assets or Fund Balances (Total 32,394,631).

Part II Signature Block

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

Sign Here: Signature of officer G SCOTT GOYER, PRESIDENT & CEO, dated 2020-07-13.

Paid Preparer Use Only: Print/Type preparer's name, signature, date, firm's name (CBIZ MHM LLC), address, and phone number.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

WE KNOW THAT ENDURING PERSONAL AND SOCIAL CHANGE COMES ABOUT WHEN WE ALL WORK TOGETHER THAT'S WHY, AT THE Y, EMPLOYEES, AND VOLUNTEERS ADVANCE OUR CAUSE OF STRENGTHENING COMMUNITY THROUGH WORK FOCUSED ON YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 11,290,526 including grants of \$ 35,304 ) (Revenue \$ 12,071,534 )  
See Additional Data

**4b** (Code ) (Expenses \$ 8,644,484 including grants of \$ ) (Revenue \$ 5,348,046 )  
See Additional Data

**4c** (Code ) (Expenses \$ 4,209,046 including grants of \$ ) (Revenue \$ 6,858,805 )  
See Additional Data

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

**4e Total program service expenses** ▶ 24,144,056

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	

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

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<p><b>2a</b> 2,008</p>		
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<p><b>2b</b></p>	<p>Yes</p>	
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>	<p><b>3a</b></p>		<p>No</p>
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .</p>	<p><b>3b</b></p>		
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>	<p><b>4a</b></p>		<p>No</p>
<p><b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>	<p><b>4b</b></p>		
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>	<p><b>5a</b></p>		<p>No</p>
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<p><b>5b</b></p>		<p>No</p>
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>	<p><b>5c</b></p>		
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>	<p><b>6a</b></p>		<p>No</p>
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<p><b>6b</b></p>		
<p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p>			
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>	<p><b>7a</b></p>	<p>Yes</p>	
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>	<p><b>7b</b></p>	<p>Yes</p>	
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>	<p><b>7c</b></p>		<p>No</p>
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<p><b>7d</b></p>		
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p><b>7e</b></p>		<p>No</p>
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>	<p><b>7f</b></p>		<p>No</p>
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>	<p><b>7g</b></p>		
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>	<p><b>7h</b></p>		
<p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>	<p><b>8</b></p>		
<p><b>9 Sponsoring organizations maintaining donor advised funds.</b></p>	<p><b>9a</b></p>		
<p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>	<p><b>9a</b></p>		
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>	<p><b>9b</b></p>		
<p><b>10 Section 501(c)(7) organizations.</b> Enter</p>	<p><b>10a</b></p>		
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<p><b>10a</b></p>		
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p><b>10b</b></p>		
<p><b>11 Section 501(c)(12) organizations.</b> Enter</p>	<p><b>11a</b></p>		
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<p><b>11a</b></p>		
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .</p>	<p><b>11b</b></p>		
<p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>	<p><b>12a</b></p>		
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<p><b>12b</b></p>		
<p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p>	<p><b>13a</b></p>		
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>	<p><b>13a</b></p>		
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<p><b>13b</b></p>		
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<p><b>13c</b></p>		
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>	<p><b>14a</b></p>		<p>No</p>
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .</p>	<p><b>14b</b></p>		
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N</p>	<p><b>15</b></p>		<p>No</p>
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O</p>	<p><b>16</b></p>		<p>No</p>

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed (FL); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: SHARLENE CLARK CFO 2469 ENTERPRISE ROAD CLEARWATER, FL 33763 (727) 467-9622







**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 48,520			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 135,206			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 428,400			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 1,881,196			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ . . . . .	<b>1g</b> 14,263			
	<b>h Total.</b> Add lines 1a-1f . . . . .		2,493,322		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> MEMBERSHIP FEES		813410	10,852,868	10,852,868		
	<b>b</b> BEFORE & AFTER SCHOOL CARE		813410	9,028,724	9,028,724		
	<b>c</b> SUMMER CAMP PROGRAMS		813410	2,262,061	2,262,061		
	<b>d</b> AQUATICS		813410	579,245	579,245		
	<b>e</b> SPORTS & RECREATION		813410	501,602	501,602		
	<b>f</b> All other program service revenue . . . . .			739,843	739,843		
	<b>g Total.</b> Add lines 2a-2f. . . . .			23,964,343			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			335,678			335,678	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
		<b>6a</b>	13,000					
		<b>b</b> Less rental expenses	<b>6b</b>	0				
		<b>c</b> Rental income or (loss)	<b>6c</b>	13,000				
	<b>d</b> Net rental income or (loss) . . . . .			13,000			13,000	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>7a</b>	3,886,883					
		<b>b</b> Less cost or other basis and sales expenses	<b>7b</b>	3,853,876	12,053			
		<b>c</b> Gain or (loss)	<b>7c</b>	33,007	-12,053			
	<b>d</b> Net gain or (loss) . . . . .			20,954			20,954	
	<b>8a</b> Gross income from fundraising events (not including \$ 135,206 of contributions reported on line 1c) See Part IV, line 18 . . . . .							
		<b>8a</b>	178,722					
		<b>b</b> Less direct expenses . . . . .	<b>8b</b>	126,033				
	<b>c</b> Net income or (loss) from fundraising events . . . . .			52,689			52,689	
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .							
		<b>9a</b>						
		<b>b</b> Less direct expenses . . . . .	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .								
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .								
	<b>10a</b>							
	<b>b</b> Less cost of goods sold . . . . .	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .								
Miscellaneous Revenue		Business Code						
<b>11a</b>								
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue . . . . .			314,042	314,042			
<b>e Total.</b> Add lines 11a-11d . . . . .				314,042				
<b>12 Total revenue.</b> See instructions . . . . .			27,194,028	24,278,385	0	422,321		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	33,804	33,804		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	1,500	1,500		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	882,716	39,906	743,071	99,739
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	13,884,294	12,258,171	1,483,925	142,198
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	819,869	689,416	132,429	-1,976
<b>9</b> Other employee benefits . . . . .	686,107	572,559	97,190	16,358
<b>10</b> Payroll taxes . . . . .	1,089,514	929,009	144,167	16,338
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	12,113		12,113	
<b>c</b> Accounting . . . . .	33,896		33,896	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	40,856		40,856	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	914,281	530,633	346,896	36,752
<b>12</b> Advertising and promotion . . . . .	281,737	95,758	95,506	90,473
<b>13</b> Office expenses . . . . .	2,189,486	2,053,929	127,880	7,677
<b>14</b> Information technology . . . . .	62,154		30,490	31,664
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	3,731,951	3,606,822	113,597	11,532
<b>17</b> Travel . . . . .	179,960	155,901	20,501	3,558
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	245,631	183,588	57,640	4,403
<b>20</b> Interest . . . . .	11,819	11,819		
<b>21</b> Payments to affiliates . . . . .	378,994	355,000	18,506	5,488
<b>22</b> Depreciation, depletion, and amortization . . . . .	2,357,080	2,207,661	133,743	15,676
<b>23</b> Insurance . . . . .	349,170	288,605	54,508	6,057
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
<b>a</b> BAD DEBT EXPENSE	124,239	124,239		
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	11,208	5,736	5,472	
<b>25</b> Total functional expenses. Add lines 1 through 24e	28,322,379	24,144,056	3,692,386	485,937
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	601,746	<b>1</b>	195,494
	<b>2</b> Savings and temporary cash investments . . . . .	5,439,636	<b>2</b>	7,755,436
	<b>3</b> Pledges and grants receivable, net . . . . .	741,490	<b>3</b>	277,320
	<b>4</b> Accounts receivable, net . . . . .	558,128	<b>4</b>	658,085
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	140,251	<b>9</b>	189,548
	<b>10a</b> Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	<b>10a</b> 56,532,779		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 30,516,593	27,313,076	<b>10c</b> 26,016,186
	<b>11</b> Investments—publicly traded securities . . . . .	7,519,222	<b>11</b>	6,259,887
	<b>12</b> Investments—other securities—See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related—See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets—See Part IV, line 11 . . . . .	181,561	<b>15</b>	68,590
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	42,495,110	<b>16</b>	41,420,546	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,829,334	<b>17</b>	2,035,520
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	970,713	<b>19</b>	951,798
	<b>20</b> Tax-exempt bond liabilities . . . . .	6,520,722	<b>20</b>	5,854,212
	<b>21</b> Escrow or custodial account liability—Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	259,514	<b>23</b>	65,844
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)—Complete Part X of Schedule D	175,607	<b>25</b>	118,541
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	9,755,890	<b>26</b>	9,025,915
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	28,328,460	<b>27</b>	28,579,891
	<b>28</b> Net assets with donor restrictions . . . . .	4,410,760	<b>28</b>	3,814,740
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> <b>Total net assets or fund balances</b> . . . . .	32,739,220	<b>32</b>	32,394,631	
<b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	42,495,110	<b>33</b>	41,420,546	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	27,194,028
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	28,322,379
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-1,128,351
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	32,739,220
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	852,921
<b>6</b>	Donated services and use of facilities	<b>6</b>	15,112
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-84,271
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	32,394,631

**Part XII Financial Statements and Reporting**

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

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

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-0810731

**Name:** YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST INC

Form 990 (2019)

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

YOUTH DEVELOPMENT THE Y BELIEVES EVERY CHILD DESERVES THE SUPPORT, GUIDANCE, AND ENCOURAGEMENT TO BE WHO THEY ARE AND DISCOVER WHO THEY CAN BECOME WE STRIVE TO HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT OUR YMCA PROGRAMS, SUCH AS THE Y SCHOLARS LEARNING ACADEMY AND BRIDGING THE ACHIEVEMENT GAP PROGRAM, AMONG OTHERS, OFFER A RANGE OF EXPERIENCES THAT ENRICH SOCIAL-EMOTIONAL, COGNITIVE, AND PHYSICAL GROWTH EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT MAKE PARTICIPATION POSSIBLE FOR APPROXIMATELY 20% OF THE YOUNG PEOPLE WE SERVE TO BE INVOLVED ACROSS OUR SERVICE AREA (CONTINUED ON SCHEDULE O) OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN WE BELIEVE ALL KIDS HAVE GREAT POTENTIAL AND DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT OUR YMCA PROGRAMS, SUCH AS SCHOOL AGE PROGRAMS BEFORE AND AFTERSCHOOL CARE, SUMMER CAMP, LEADERS CLUBS, SWIM, SPORTS & PLAY, AND OTHERS, OFFER A RANGE OF EXPERIENCES THAT ENRICH SOCIAL-EMOTIONAL, COGNITIVE, AND PHYSICAL GROWTH EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT MAKE PARTICIPATION POSSIBLE FOR APPROXIMATELY 20 PERCENT OF THE YOUNG PEOPLE WE ENGAGE THE YMCA PROVIDES BEFORE AND AFTERSCHOOL CARE THROUGHOUT THE SCHOOL YEAR TO PRE-K, ELEMENTARY AND MIDDLE SCHOOL-AGE CHILDREN RESIDING IN PINELLAS, PASCO, HERNANDO OR CITRUS COUNTIES, INCLUDING SPECIAL NEEDS AND DEVELOPMENTALLY DISABLED CHILDREN YMCA SCHOOL-AGE CARE ENSURES THAT THE TIME GAPS BEFORE AND AFTER SCHOOL ARE FILLED CREATIVELY AND CONSTRUCTIVELY THIS PROGRAM PROVIDES WORKING PARENTS WITH SAFE, EDUCATIONAL, AFFORDABLE, QUALITY SUPERVISION FOR THEIR CHILDREN ALL OF OUR AFTERSCHOOL PROGRAMS FOCUS ON YOUTH DEVELOPMENT FOR ALL COMMUNITIES WITH A HOLISTIC DEVELOPMENT APPROACH (SOCIAL/EMOTIONAL, PHYSICAL, AND COGNITIVE/ACADEMIC) THE SCHOOL-AGE PROGRAMS PROVIDING BEFORE AND AFTERSCHOOL CARE PROGRAMS OPERATES IN 55 ELEMENTARY SCHOOLS, MIDDLE SCHOOLS, AND YMCA SITES SERVING OVER 7,200 CHILDREN THROUGHOUT THE SCHOOL YEAR OUR YMCA PROVIDES A HIGH-QUALITY CURRICULUM USING MULTIPLE PARTNERS FOR ENRICHMENT PROGRAMS AND EVIDENCE-BASED LEARNING THE CURRICULUM IDENTIFIES, UTILIZES, AND RECOGNIZES CULTURAL DIFFERENCES AND COMMONALITIES THROUGHOUT MOST ACTIVITIES AND ALIGNS WITH THE EDUCATIONAL STANDARDS THE YMCA PROVIDED FINANCIAL ASSISTANCE FOR APPROXIMATELY 20% OF ENROLLED CHILDREN TOTALING \$619,000 ADDITIONALLY, AFTERSCHOOL READERS IS IN PLACE IN ALL FOUR COUNTIES SERVED AFTERSCHOOL READERS GIVES KIDS ACCESS TO BOOKS AND ENCOURAGES READING A MINIMUM OF 90 MINUTES PER WEEK IN THE AFTERSCHOOL PROGRAM - ONE OF OUR SUCCESSFUL SIGNATURE AFTERSCHOOL ACADEMIC AND ENRICHMENT FOCUSED PROGRAMS, THE ACHIEVEMENT GAP PROGRAM, OPERATES WITHIN PINELLAS, PASCO AND HERNANDO COUNTY SCHOOLS IN 11 LOCATIONS ALTHOUGH DESIGNED TO HELP THOSE THAT ARE FALLING BEHIND, ALL THE STUDENTS ENROLLED IN THE AFTERSCHOOL PROGRAM ARE BENEFITTING FROM SUPPLEMENTAL LEARNING THROUGH ACTIVITIES, GAMES, AND PROJECTS THAT ARE FUN AND ENGAGING - IN 2019, THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY (JWB) PROVIDED FUNDING THROUGH THE PROMISE TIME PROGRAM TO SERVE CHILDREN WITH A FINANCIAL NEED AT SIX ELEMENTARY SCHOOL SITES OF AT NO COST TO THEM THE PROGRAM PROVIDES BEFORE AND AFTER-CARE STAFFING, TUTORS, SCHOOL LIAISONS, AND ENRICHMENT LEARNING ACTIVITIES - THE YMCA AFTERSCHOOL PARTNERSHIP WITH PINELLAS COUNTY SCHOOLS IS ABLE TO PROVIDE NOT ONLY SNACKS BUT WEEKDAY DINNER MEALS TO ALL PARTICIPANTS AND FAMILIES IN MOST ELEMENTARY SCHOOLS IN THE COUNTY (ALL TITLE I SCHOOLS) THE ENROLLMENT FOR QUALIFIED CHILDREN IS FREE, AND THE COST FOR ADDITIONAL FAMILY MEMBERS IS NOMINAL AND INCLUDES EDUCATION PROGRAMMING THAT FOLLOWS HEALTHY EATING AND PHYSICAL ACTIVITY (HEPA) STANDARDS IN PINELLAS COUNTY, WE OFFER Y LEARNING ACADEMIES AT MIDDLE SCHOOLS THESE ACADEMIES DEVELOP STUDENTS WHO ARE PASSIONATE AND ENGAGED IN THEIR EDUCATION THROUGH HANDS-ON LEARNING IN STEM FIELDS TEACHERS WORK WITH THE YMCA TO COORDINATE LEARNING FROM THE SCHOOL DAY WITH THE AFTER SCHOOL PROGRAM AND PROVIDE HOMEWORK ASSISTANCE AND TUTORING HANDS-ON OPPORTUNITIES IN CODING, VIDEO PRODUCTION, ROBOTICS, PODCASTING, PROGRAMMING, IS HELPING MORE STUDENTS ACHIEVE HIGH SCHOOL GRADUATION, COLLEGE ATTAINMENT, AND TRANSITION INTO STEM FIELDS IN THE WORKFORCE YMCA SUMMER CAMPS SERVE PRESCHOOL CHILDREN, SCHOOL-AGE CHILDREN, AND TEENAGERS RESIDING IN OUR FOUR-COUNTY SERVICE AREA KIDS HAVE FUN WHILE THEY LEARN HOW TO MAKE NEW FRIENDS, BUILD NEW SKILLS, AND GROW IN SELF-CONFIDENCE FOR MORE THAN 4,100 CHILDREN IN 2019, CAMP PROVIDED HIGH QUALITY, AFFORDABLE, SAFE PLACES WITH QUALIFIED SUPERVISION YMCA-SUBSIDIZED FINANCIAL ASSISTANCE WAS AWARDED TO APPROXIMATELY 20% OF CAMPERS, TOTALING \$261,000 - BASED ON THE NATIONAL YMCA PROGRAM MODEL, YMCA CAMP PROVIDES CHILDREN WITH AN OUTDOOR, SOCIAL EXPERIENCE BUILT IN AN ATMOSPHERE OF FUN, LEARNING, AND RESPECT FOR THE PURPOSE OF BUILDING SELF-ESTEEM THROUGH THE GROWTH OF THE SPIRIT, MIND, AND BODY THIS IS ACCOMPLISHED THROUGH ACTIVITIES THAT INCLUDE FIELD TRIPS, CRAFTS, SONGS, ARCHERY, VALUES, FITNESS, SPORTS, NATURE ACTIVITIES, SWIMMING, AND CANOEING - THE Y SCHOLARS LEARNING ACADEMY SUMMER PROGRAM OPERATED IN TWO SCHOOL LOCATIONS IN PASCO COUNTY AND INTRODUCED 150 SCHOLARS IN GRADES K-5 TO A CULTURE OF HIGH EXPECTATIONS STUDENTS WERE ENCOURAGED TO "DISCOVER THE GENIUS WITHIN" THROUGH WEEKLY THEMES AS WELL AS COLLEGE AND CAREER READINESS ACTIVITIES OVER A SIX-WEEK PERIOD PREVIOUSLY UNDERPERFORMING SCHOLARS INCREASED AN AVERAGE ONE MONTH'S GRADE-EQUIVALENT IN READING GAINS AND AN AVERAGE ONE MONTH'S GRADE EQUIVALENT IN MATH GAINS DURING THIS SUMMER PROGRAM - THE PINELLAS COUNTY SCHOOL BOARD CONTRACTED AGAIN WITH OUR YMCA TO PROVIDE WRAP-AROUND CARE FOR THEIR SUMMER BRIDGE PROGRAM WE SERVED OVER 900 CHILDREN, MANY OF WHOM WERE FUNDED BY THE JUVENILE WELFARE BOARD TO ATTEND THE SUMMER SCHOOL LEARNING SESSIONS TO BRING THEM CLOSER TO THEIR GRADE LEVEL REQUIREMENTS - THE Y HAS ALSO COMMITTED TO SERVING INDIVIDUALS WITH SPECIAL NEEDS AND CHALLENGES THROUGH CAMP COAST (CHILDREN ON THE AUTISM SPECTRUM TOGETHER) THE PROGRAM PROVIDES CHILDREN WITH AUTISM A SPECIALIZED AND VALUABLE DAY CAMP EXPERIENCE THAT ALLOWS THEM TO FEEL COMFORTABLE IN A SAFE, FUN, AND NURTURING ENVIRONMENT YMCA SWIM, SPORTS, AND PLAY PROGRAMS PROMOTE AN APPRECIATION OF ONE'S OWN WORTH YOUNG PEOPLE PARTICIPATING IN SPORTS BUILD LIFELONG POSITIVE ATTITUDES, ESTABLISH HABITS OF HEALTHY EXERCISE AND PROPER NUTRITION, AND LEARN WAYS TO HAVE FUN BOTH ADULT AND YOUTH SPORTS PROGRAMS VALUE COOPERATION OVER COMPETITION, FAIR PLAY OVER WINNING AT ANY COST, GOOD FEELING, AND GOOD HEALTH OVER POINTS SCORED, AND BUILDING SELF-ESTEEM OVER BEATING THE OPPONENT THE YMCA KNOWS THAT WITH THIS APPROACH, EVERYONE WINS-UNDEFEATED IN SPIRIT, MIND, AND BODY DURING THE YEAR, THE YOUTH SPORTS PROGRAMS SERVED 6,200 CHILDREN (SOME DUPLICATED) IN YOUTH BASEBALL, DANCE, GYMNASTICS, YOUTH SOCCER, YOUTH FLAG FOOTBALL, YOUTH BASKETBALL, YOUTH TENNIS, YOUTH TAE KWON DO, YOUTH VOLLEYBALL, SWIM TEAMS, YOUTH TRACK AND FIELD AND MANY OTHERS IN 2019, THE YMCA OF THE SUNCOAST SERVED MORE THAN 14,000 TWEENS AND TEENS (YOUTH BETWEEN THE AGES OF 11-17) IN A VARIETY OF PROGRAMS AND THROUGH Y MEMBERSHIPS YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS POSITIVE ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM AND GOOD VALUES, INCLUDING COOPERATION, RESPECT FOR THE BODY, GOOD CITIZENSHIP, AND A STRONG WORK ETHIC THE YMCA YOUTH IN GOVERNMENT PROGRAM SERVED 33 STUDENTS FROM HIGH SCHOOLS IN PINELLAS, PASCO, HERNANDO, AND CITRUS COUNTIES ACTIVITY DAYS EXPOSE THE TEENS TO LOCAL GOVERNMENT LEADERS AND BUSINESS OPERATORS FOR LEADERSHIP AND A BETTER UNDERSTANDING OF THEIR COUNTY STUDENTS LEARN FIRST-HAND ABOUT GOVERNMENT AND CIVIC ISSUES, COLLABORATE ON POSSIBLE SOLUTIONS THAT CULMINATE ONCE A YEAR WITH A STATE CONFERENCE IN TALLAHASSEE WITH OTHER TEENS FROM AROUND THE STATE AT THE STATE CONFERENCE, MEMBERS OF THE SUNCOAST YMCA DELEGATION WON AWARDS FOR PARTICIPATION IN ACTIVITIES SUCH AS BILL WRITING, JUDICIAL PROCEEDINGS, AND DEBATING SOME IN OUR GROUP EARNED PRESTIGIOUS POSITIONS AT THE STATE DELEGATION WE CONTINUE TO HAVE POPULAR TEEN CENTERS AT OUR CLEARWATER, HIGH POINT, GREATER RIDGECREST, NORTH PINELLAS, HERNANDO COUNTY, JAMES P GILLS FAMILY, AND GREATER PALM HARBOR BRANCHES WITH A GOAL TO SERVE TEENS BETTER, WE LOOK TO FIND MORE WAYS TO ENGAGE TEENS IN YMCA PROGRAMS

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

HEALTHY LIVING THE Y IS COMMITTED TO IMPROVING AMERICA'S HEALTH AND WELL-BEING, COMMUNITY BY COMMUNITY WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN, AND SHARED INTERESTS WE STRIVE TO CHANGE PEOPLE'S LIVES THROUGH PROGRAMS LIKE CHRONIC DISEASE PREVENTION, DIABETES PREVENTION PROGRAMS, AND LIVESTRONG (CONTINUED ON SCHEDULE O)THE Y IS COMMITTED TO IMPROVING AMERICA'S HEALTH AND WELL-BEING, COMMUNITY BY COMMUNITY WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND FOSTERS CONNECTIONS THROUGH FITNESS, SPORTS, FUN, AND SHARED INTERESTS AS A RESULT, 128,000 PEOPLE IN OUR COMMUNITY ARE RECEIVING THE SUPPORT, GUIDANCE, AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND, AND BODY OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE, AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES, AND INCOME LEVELS IN 2019, WE PROVIDED \$869,000 IN DIRECT FINANCIAL ASSISTANCE FOR MEMBERSHIPS AND PROGRAMS TO PEOPLE WHO OTHERWISE MAY NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE FOR MORE THAN 170 YEARS, THE YMCA HAS INCLUDED AN EQUILATERAL TRIANGLE IN ITS LOGO AS A SYMBOL OF WELLNESS, THE PURSUIT OF WHICH HAS LONG BEEN ONE OF THE ORGANIZATION'S SOUGHT AFTER OUTCOMES REPRESENTATIVE OF A BALANCED SPIRIT, MIND, AND BODY, THE EQUILATERAL TRIANGLE HAS OFTEN BEEN DRAWN INSIDE OF A CIRCLE REPRESENTING THE SOCIAL DIMENSION OF HEALTH - OUR RELATIONSHIPS AND CONNECTIONS TO OTHER PEOPLE BEING A KEY COMPONENT OF OUR WELLNESS THE YMCA OF THE SUNCOAST PROVIDES NUMEROUS HEALTH AND WELLNESS PROGRAMS FOR ITS MEMBERS AND PROGRAM PARTICIPANTS AMONG CHILDREN AND FAMILIES, THE YMCA PROMOTES THE IMPORTANCE OF A PHYSICALLY ACTIVE LIFESTYLE THROUGH PROGRAMS LIKE PERSONAL TRAINING, ACTIVE OLDER ADULTS, CPR/FIRST AID, YMCA MEMBERSHIP, FAMILY NIGHTS, THE YMCA'S DIABETES PREVENTION PROGRAM, WALKING AND RUNNING CLUBS, SOCIAL GROUPS, ADULT SPORTS, FAMILY NIGHTS, AND MANY OTHERS TO SUPPORT THESE PROGRAMMATIC EFFORTS, THE YMCA OF THE SUNCOAST CONTINUED AS A PIONEER FOR OTHER YMCAS BY PARTICIPATING IN THE YMCA OF THE USA HEALTH INNOVATION INITIATIVES FOR ADULTS, THE YMCA HAS CONTINUED TO FOCUS ON THE NEEDS OF THE PEOPLE WHO RELY ON OUR SUPPORT TO MAKE HEALTHY BEHAVIOR CHANGES WITH THE COORDINATION OF OUR VICE PRESIDENT OF HEALTHY LIVING, WE OVERSEE, DEVELOP, AND IMPLEMENT HEALTHY LIVING PROGRAMMING AND SERVICES FOR ALL AND PROMOTE YMCA HEALTH AND WELLNESS INITIATIVES YMCA OF THE SUNCOAST BUILDS AND MAINTAINS COLLABORATIONS WITH COMMUNITY HEALTH PARTNERS SUCH AS LOCAL HOSPITALS, PHYSICIANS, STATE, COUNTY, AND LOCAL GOVERNMENT AGENCIES, AND LARGE EMPLOYERS TO INCORPORATE PRINCIPLES OF HEALTHY LIFESTYLES INTO OUR WORK THROUGH THESE COLLABORATIONS, OUR PARTNERS PROVIDE REFERRALS AND SUPPORT TO YMCA EVIDENCE-BASED PROGRAMS FOR THE PREVENTION AND MANAGEMENT OF CHRONIC DISEASES OTHER HEALTH AND WELLNESS INITIATIVES INTRODUCED BY THE YMCA OF THE USA ARE REGULARLY PILOTTED AND TESTED IN OUR ORGANIZATION - OUR ONGOING YMCA OF THE USA-DEVELOPED PROGRAM IS ENHANCEFITNESS THESE CLASSES SERVED 893 PARTICIPANTS IN 2019 ENHANCEFITNESS IS A 16-WEEK SENIOR FITNESS AND ARTHRITIS MANAGEMENT PROGRAM THAT HELPS OLDER ADULTS BECOME MORE ACTIVE, ENERGIZED, AND EMPOWERED FOR INDEPENDENT LIVING EXERCISES FOCUS ON CARDIOVASCULAR ENDURANCE, STRENGTH, BALANCE, AND FLEXIBILITY, WHICH CAN REDUCE ARTHRITIS SYMPTOMS - MOVING FOR BETTER BALANCE IS A 12-WEEK FALLS-PREVENTION PROGRAM THAT SERVED AN ADDITIONAL 18 INDIVIDUALS THIS PROGRAM TRANSFORMS MARTIAL ARTS MOVEMENTS INTO A THERAPEUTIC REGIMEN THAT IMPROVES POSTURAL STABILITY, AWARENESS OF BODY POSITIONING, FUNCTIONAL WALKING, AND MOVEMENT SYMMETRY AND COORDINATION, RANGE OF MOTION, AND LOWER BODY MUSCLE STRENGTH - THE YMCA'S DIABETES PREVENTION PROGRAM CONTINUES TO THRIVE, SERVING 132 INDIVIDUALS AT RISK THIS YEAR THIS PROGRAM'S FOCUS IS TO HELP THOSE AT HIGH RISK OF DEVELOPING TYPE 2 DIABETES ADOPT AND MAINTAIN HEALTHY LIFESTYLES BY EATING HEALTHIER, INCREASING PHYSICAL ACTIVITY AND LOSING A MODEST AMOUNT OF WEIGHT TO REDUCE THEIR CHANCES OF DEVELOPING THE DISEASE - THE YMCA OF THE SUNCOAST CONTINUED TO BE A PARTNER WITH LIVESTRONG HOSTING MANY BRANCH GROUPS THAT ADDRESS THE PARTICULAR DESIRES, NEEDS, AND INTERESTS OF CANCER SURVIVORS ACROSS OUR SERVICE AREA, 166 PARTICIPANTS WERE INVOLVED IN LIVESTRONG CLASSES AND SUPPORT DUE TO THE PROGRAM'S SUCCESS, THE HEALTHY LIVING TEAM COLLABORATED FOR A SEVENTH YEAR WITH MORTON PLANT MEASE, BAYCARE HEALTH SYSTEMS, TO ACT AS CAMP COUNSELORS FOR MEASE'S CAMP LIVING SPRINGS IN OCTOBER THE CAMP SERVED 62 CANCER SURVIVORS, AND THE Y DESIGNED THE CAMP'S ITINERARY THE YMCA CONTINUES TO OFFER A HOST OF PROGRAMS FOR ADULTS, INCLUDING SWIMMING GROUPS, WALKING AND RUNNING CLUBS, TAI CHI, YOGA, PILATES, STRESS MANAGEMENT, PERSONAL TRAINING, GROUP EXERCISE, STRENGTH TRAINING, SOCIAL GROUPS AND MUCH MORE WE CONTINUE TO INTEGRATE LES MILLS EXERCISE CLASSES INTO OUR GROUP EXERCISE SCHEDULES INCLUSIVE OF POPULAR STRENGTH TRAINING CLASSES, MARTIAL ARTS-STYLE CARDIO CLASSES, AND CYCLING CLASSES ADULT SPORTS PROGRAMS INCLUDE ADULT BASKETBALL, ADULT TENNIS, ADULT SWIM LESSONS, AND SWIM LEAGUES, ADULT VOLLEYBALL, ADULT TENNIS, RACQUETBALL, AND OTHERS PROGRAMS ARE OFFERED TO MEET THE NEEDS OF THE MEMBERS OF EACH LOCAL COMMUNITY SENIOR PROGRAMMING FOR ACTIVE OLDER ADULTS IS A LARGE PART OF OUR HEALTH AND WELLNESS OFFERINGS WITH MANY RETIREMENT COMMUNITIES ACROSS OUR SERVICE AREA, SENIORS NOT ONLY COME TO THE Y FOR PHYSICAL EXERCISE AND WELLNESS BUT SOCIALIZATION AND CAMARADERIE AMONG FRIENDS ALONG WITH MANY SENIOR FITNESS CLASSES AND PROGRAMS, WE ALSO HOST SOCIAL TRIPS TO LOCAL DESTINATIONS TO FOSTER RELATIONSHIP-BUILDING AMONG OUR SENIOR COMMUNITIES IN 2019, FOUR OF OUR YMCA BRANCHES OFFERED DIY AT THE Y ("DO IT YOURSELF AT THE Y"), AN INITIATIVE THAT GIVES OLDER ADULTS, THAT HAVE A PASSION AND EXPERTISE IN SOMETHING AN OPPORTUNITY TO VOLUNTEER TO TEACH OTHERS MEMBERS LED CLASSES SUCH AS KNITTING, QUILTING, BIBLE STUDY, GARDENING, HOW TO BUILD A BIRD HOUSE, HOW TO PLAY BRIDGE & MAHJONG, AND MANY MORE CLASSES AND PROGRAMS ARE PROVIDED TO HELP OLDER ADULTS MAINTAIN THEIR SELF-SUFFICIENCY AND INDEPENDENCE BY MAINTAINING A HEALTHY LIFESTYLE THE ARTHRITIS AND WATER EXERCISE CLASSES ARE DESIGNED ESPECIALLY FOR SENIORS TO MAINTAIN MUSCLE TONE AND FLEXIBILITY USING THE WATER TO CUSHION THE JOINTS IN ADDITION TO ENHANCING MOTOR FUNCTION, THESE PROGRAMS SERVE A PREVENTATIVE HEALTH FUNCTION IN THAT THEY MAY PREVENT OR POSTPONE THE NEED FOR SURGERIES YMCA AQUATICS PROGRAMS ARE PART OF THE Y'S OVERALL GOAL OF BUILDING A HEALTHY SPIRIT, MIND, AND BODY IN ADDITION TO PROVIDING SPECIFIC SWIMMING AND WATER SAFETY SKILLS, THEY PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE THESE PROGRAMS ARE OFFERED AT FEES AFFORDABLE TO THE COMMUNITY AT LARGE, WITH FINANCIAL ASSISTANCE FOR THOSE WHO CAN'T AFFORD THE FULL FEES THE YMCA TAUGHT 7,776 PEOPLE TO SWIM IN POOLS LOCATED IN CITRUS, HERNANDO, PASCO, AND PINELLAS COUNTIES IN 2019 WE ALSO TAUGHT WATER SAFETY LESSONS AND EDUCATION TO AN ADDITIONAL 3,171 CHILDREN IN SCHOOL AND CAMP SETTINGS IN A LAND-BASED CLASS DROWNING IS THE SECOND-LEADING CAUSE OF DEATH IN CHILDREN IN THIS COMMUNITY WE FEEL LEARNING TO SWIM IS A NECESSITY, NOT A LUXURY LEARN-TO-SWIM LESSONS ARE CONDUCTED DAILY THROUGHOUT THE YEAR FOR INFANTS FROM SIX-MONTHS-OLD TO ADULTS GRANTS FROM PRIVATE DONATIONS AND LOCAL, FOUNDATION AND CORPORATE SUPPORT PROVIDED OVER \$100,000 TO FUND CHILDREN AND ADULTS IN FREE AND DISCOUNTED SWIMMING CLASSES DURING THE YEAR DURING THE SPRING AND SUMMER, EIGHT Y BRANCHES OFFERED SAFETY AROUND WATER, A WEEK OF FREE SWIMMING LESSONS PROVIDED TO SCHOOL-AGE CHILDREN IN ADDITION, THREE AGENCIES JOINED TO LAUNCH THE FIFTH SUMMER WITH AQUATICS SAFETY PROGRAMMING ACROSS THE TAMPA BAY AREA COORDINATED BY THE YMCA OF THE SUNCOAST, TAMPA METROPOLITAN AREA YMCA, AND THE YMCA OF GREATER ST PETERSBURG FREE SWIM AND WATER SAFETY EDUCATION AND LESSONS WERE PROVIDED TO YOUTH IN SUMMER CAMPS AND YMCA BRANCHES THE FUNDING PARTNERS INCLUDE FLORIDA BLUE, THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY, AND TECO (TAMPA ELECTRIC CO ) IN 2019, MORE THAN 6,000 CHILDREN PARTICIPATED IN ONE OR MORE WEEKS OF THESE CLASSES

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

SOCIAL RESPONSIBILITY OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS WE PROVIDED \$3.96 MILLION IN FUNDING IMPACT THROUGH FINANCIAL ASSISTANCE AND SUBSIDY IN 2019 TO PEOPLE WHO OTHERWISE MAY NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE IN OUR PROGRAMS, SUCH AS OUR FOSTER CARE PROGRAM AND THE Y TOGETHERHOOD PROGRAM, ARE EXAMPLES OF HOW WE DELIVER TRAINING, RESOURCES, AND SUPPORT THAT EMPOWER OUR NEIGHBORS TO EFFECT CHANGE, BRIDGE GAPS AND OVERCOME OBSTACLES IN 2019, WE ENGAGED 1,098 YMCA MEMBERS, PARTICIPANTS, AND VOLUNTEERS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT, SEE SCHEDULE O OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS FOR MORE THAN 60 YEARS OUR PROGRAMS, SUCH AS VOLUNTEERISM AND GIVING OPPORTUNITIES, GLOBAL PARTNERS, FOSTER CARE FAMILY SUPPORT, STATE ALLIANCES (ADVOCACY), AND WORLD SERVICE, ARE EXAMPLES OF HOW WE DELIVER TRAINING, RESOURCES, AND SUPPORT THAT EMPOWER OUR NEIGHBORS TO EFFECT CHANGE, BRIDGE GAPS AND OVERCOME OBSTACLES IN 2019, WE ENGAGED 128,000 YMCA MEMBERS, PARTICIPANTS, VOLUNTEERS, AND DONORS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE THE YMCA OF THE SUNCOAST, GUIDED BY ITS STRATEGIC PLAN, SETS GOALS TO CREATE A CULTURE OF PHILANTHROPY AND VOLUNTEERISM THE Y IS FOCUSED ON ADVANCING OUR MISSION THROUGH PHILANTHROPY BY GIVING, ASKING, JOINING, AND SERVING OUR PLAN PRIORITIZES OUR ABILITY TO PROVIDE FINANCIAL ASSISTANCE, CREATE AND EXPAND PROGRAMS TO SERVE DIVERSE AND LOW-INCOME COMMUNITIES, SUSTAIN HEALTHY LIVING PROGRAMS, CLOSE THE ACADEMIC ACHIEVEMENT GAP, EXPAND PROGRAMS TO INCREASE YOUTH AND TEEN PARTICIPATION AND EXPAND THE AQUATICS PROGRAM SO THAT EVERY CHILD WITHIN OUR SERVICE AREA PARTICIPATES IN A BEGIN TO SWIM PROGRAM AND INCREASE FUNDING FOR OUR ENDOWMENT WITH ITS COMMITMENT TO NEVER TURN A PERSON OR FAMILY AWAY BECAUSE OF AN INABILITY TO PAY FOR SERVICES, THE YMCA CONTINUES TO BE THE PLACE IN THE COMMUNITY THAT PEOPLE OF ALL INCOMES AND BACKGROUNDS CAN FIND PROFESSIONAL SUPPORT FOR HEALTHY BEHAVIOR CHANGES THE YMCA OF THE SUNCOAST PROVIDES FINANCIAL ASSISTANCE FOR ALL PERSONS IN NEED CHARITABLE CONTRIBUTIONS TO THE YMCA ENABLE US TO PROVIDE FINANCIAL ASSISTANCE ON A SLIDING SCALE WE PROMISE THAT EVERYONE WHO QUALIFIES WILL RECEIVE ASSISTANCE TO THE GREATEST EXTENT POSSIBLE BASED ON THE AVAILABILITY OF FUNDS THE Y'S VOLUNTEER PROGRAM Y COMMUNITY CHAMPIONS CONTINUES TO GROW AND EXPAND CONTINUOUS IMPROVEMENT TO PROCESSES AND RESOURCES ALLOWS THE Y BETTER TO INVOLVE COMMUNITY MEMBERS IN MEANINGFUL AND VALUABLE WORK AS A VOLUNTEER-LED ORGANIZATION, THE Y CANNOT THRIVE WITHOUT THE SUPPORT OF VOLUNTEERS WE HONOR YOUTH AND ADULT PROGRAM VOLUNTEERS FROM EACH BRANCH AT AN ANNUAL CELEBRATION AS WELL AS LOCALLY AT EACH BRANCH THROUGH VARIOUS FORMS OF RECOGNITION AND THANKS IN 2019, THE YMCA OF THE SUNCOAST'S VOLUNTEER BASE GREW TO 1,098 ACTIVE VOLUNTEERS, AND THE TOTAL NUMBER OF HOURS WAS 58,000 THIS EQUATES TO MORE THAN 28 FULL-TIME EMPLOYEES OUR Y IS FORTUNATE TO BENEFIT FROM TALENTED AND DEDICATED VOLUNTEERS WHO COMPOSE THE BOARD OF DIRECTORS AND ADVISORY COUNCILS AT EACH OF OUR BRANCHES THESE INDIVIDUALS ADVISE ON STRATEGY, RECOMMEND POLICIES, FORGE COLLABORATIONS IN THE COMMUNITY, AND ACTIVELY FUNDRAISE THEIR GUIDANCE AND OVERSIGHT IS CRITICAL TO MAINTAINING OUR STRONG REPUTATION, FINANCIAL POSITION, COMMUNITY ROOTS, AND SO MUCH MORE A TOTAL OF 28 REPRESENTATIVES OF THE COMMUNITY SERVED ON THE YMCA OF THE SUNCOAST BOARD OF DIRECTORS, AND 123 OTHERS AS ADVISORY COUNCIL MEMBERS AT OUR BRANCHES IN 2019, THE YMCA OF THE SUNCOAST CONTINUED PARTNERSHIPS TO SERVE FAMILIES THAT INCLUDE AND CARE FOR FOSTER CHILDREN WE BUILT ON RELATIONSHIPS WITH AGENCIES, INCLUDING ECKERD CONNECTS, DIRECTIONS FOR LIVING, LUTHERAN FAMILY SERVICES, AND KIDS CENTRAL TO SERVE FAMILIES WITH FOSTER CHILDREN THEY SHARE OUR CALL TO SERVE BY STRENGTHENING YOUTH AND FAMILIES IN OUR COMMUNITIES THIS OPPORTUNITY STEMS FROM OUR STRATEGIC PLAN TO ENSURE THAT FOSTER HOMES AND FOSTER YOUTH HAVE A YMCA CONNECTION FAMILIES ARE INVITED TO TAKE ADVANTAGE OF FREE ACCESS TO OUR BRANCHES WITH A YMCA OF THE SUNCOAST MEMBERSHIP FOSTER CHILDREN HAVE ACCESS TO THE YMCA UP TO THE AGE OF 22 IN 2019, OVER 350 FOSTER CARE PARTICIPANTS WERE SERVED THROUGH MEMBERSHIP AND PROGRAM ENGAGEMENT IN AUGUST 2019, THE YMCA OF THE SUNCOAST HELD A MILITARY BACK TO SCHOOL BASH THAT PROVIDED BACKPACKS AND SCHOOL SUPPLIES TO MORE THAN 500 MILITARY AND LOW-INCOME FAMILIES AT A DAYLONG CELEBRATION HELD AT THE CLEARWATER BRANCH, CHILDREN AND THEIR FAMILIES ENGAGED IN FUN ACTIVITIES, ENJOYED A MEAL BY THE SALVATION ARMY FOOD TRUCK AND WERE PROVIDED ACCESS TO MORE THAN 60 VENDORS AND GOVERNMENT RESOURCES RANGING FROM VOTING RIGHTS TO MEDICAL ACCESS AND GOVERNMENT PROGRAMS IN 2019, THE YMCA OF THE SUNCOAST HELD ITS FOURTEENTH ANNUAL MAYORS' PRAYER BREAKFAST, HOSTED BY THE CITY OF CLEARWATER'S MAYOR THIS EVENT, ATTENDED BY 300 PEOPLE, WAS A TIME FOR THE COMMUNITY TO COME TOGETHER IN FELLOWSHIP AND PRAYER AS WELL, OUR PASCO COUNTY YMCA HELD ITS THIRTEENTH ANNUAL PRAYER BREAKFAST IN THEIR COMMUNITY, AND OUR HERNANDO BRANCH HELD THEIR ANNUAL INTERFAITH SERVICE, JOINING FORCES WITH COMMUNITY CHURCHES AND RELIGIOUS INSTITUTIONS FOR A MORNING OF PRAISE IN APRIL, THE YMCA HELD ITS ANNUAL NATIONAL YMCA HEALTHY KIDS DAY EVENT IN ALL OF OUR LOCATIONS, WITH AN ESTIMATED OVERALL ATTENDANCE OF 1,200 CHILDREN AND ADULTS YMCA BRANCH FACILITIES PARTNER WITH LOCAL COMMUNITY BUSINESSES TO PROMOTE HEALTH AND WELL-BEING FOR YOUTH THIS DAY OF INTERACTIVE FUN FOR PARENTS AND CHILDREN WELCOMES COMMUNITIES ACROSS THE NATION TO ENJOY FREE ACTIVITIES THAT REINFORCE YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY PARENTS AND CHILDREN ARE ENCOURAGED TO THINK ABOUT SMALL STEPS THEY CAN TAKE TOWARD HEALTHIER LIFESTYLES AND CONNECTING WITH THEIR COMMUNITY MEMBERS IN POSITIVE WAYS THE YMCA OF THE SUNCOAST HAS AN INTERNATIONAL PARTNERSHIP WITH THE YMCA OF PERU THE RELATIONSHIP ALLOWS THE SHARING OF PROGRAM IDEAS AND ORGANIZATIONAL STRENGTHS BETWEEN THE TWO YMCAS TYPICALLY IN ALTERNATING YEARS, MEMBERS OF EITHER THE YMCA OF THE SUNCOAST OR THE YMCA OF PERU TRAVEL TO EACH OTHER'S COUNTRY TO LEARN FROM ONE ANOTHER THE VISION FOR THE YMCA PERU-US YMCA MOVEMENT IS IMPLEMENTING A STRATEGY THAT MUTUALLY STRENGTHENS THE ORGANIZATIONAL CAPACITIES AND SELF-RELIANCE OF YMCA PERU AND UNITED STATES YMCAS TO DEEPEN GLOBAL COMMUNITY IMPACT AND ENGAGEMENT KEY AREAS OF FOCUS HAVE BEEN IDENTIFIED AS PHILANTHROPY AND FUNDRAISING CAPACITY OF YMCA PERU, TEEN LEADERSHIP DEVELOPMENT ADAPTING PERUVIAN BEST PRACTICES TO THE US CONTEXT, BOARD DEVELOPMENT, AND INFUSING A GLOBAL DIMENSION ACROSS YMCA PROGRAMS IN THE US THE YMCA OF THE SUNCOAST IS A MEMBER OF THE FLORIDA STATE ALLIANCE OF YMCAS THE ALLIANCE PROVIDES A SINGLE, UNIFIED VOICE FOR THE Y IN FLORIDA WORKING TOGETHER, WE BELIEVE WE CAN FOCUS ATTENTION ON THE ISSUES AND NEEDS OF YMCAS IN OUR STATE AND CREATE A HEALTHIER AND MORE ACTIVE POPULATION

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
G SCOTT GOYER ..... PRESIDENT & CEO	50 00 .....			X				293,398	0	55,515
THOMAS BUTTON ..... COO	50 00 .....			X				165,872	0	43,916
CAROL PARKS ..... SR VP/CHIEF ADMINISTRATION	50 00 .....			X				150,975	0	28,604
SHARLENE CLARK ..... CFO	50 00 .....			X				118,879	0	24,075
LAURA MAIOCCO ..... CHAIR	1 00 .....	X						0	0	0
MATT CRUM ..... VICE CHAIR	1 00 .....	X						0	0	0
KELLY CRANDALL ..... TREASURER	1 00 .....	X						0	0	0
JOHN CONNELLY ..... IMMEDIATE PAST CHAIR	1 00 .....	X						0	0	0
BRIAN AUNGST JR ..... DIRECTOR	1 00 .....	X						0	0	0
MATT BECKER ..... DIRECTOR	1 00 .....	X						1,481	0	0



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TAMARA BLACK ..... DIRECTOR (10/24/19-PRESENT)	1 00 .....	X						0	0	0
DAVID L BRANDON ..... DIRECTOR	1 00 .....	X						0	0	0
KIMBERLY BRIGGS ..... DIRECTOR	1 00 .....	X						0	0	0
DOUGLAS CHAMBERLIN ..... DIRECTOR	1 00 .....	X						0	0	0
ALLEN S CRUMBLEY ..... DIRECTOR	1 00 .....	X						0	0	0
AMERICA DEUPREE ..... DIRECTOR	1 00 .....	X						0	0	0
CHESTER 'BUD' ELIAS JR ..... DIRECTOR	1 00 .....	X						0	0	0
CAROLE GROVES ..... DIRECTOR (10/24/19-PRESENT)	1 00 .....	X						0	0	0
BILL HARDY ..... DIRECTOR	1 00 .....	X						0	0	0
HON BERNARD MCCABE ..... DIRECTOR	1 00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR CYNTHIA MILLER ..... DIRECTOR	1 00 .....	X						0	0	0
GERRY MULLIGAN ..... DIRECTOR	1 00 .....	X						0	0	0
DEV PATHIK ..... DIRECTOR	1 00 .....	X						0	0	0
CHRISTINA RANKIN ..... DIRECTOR	1 00 .....	X						0	0	0
GARY REGOLI ..... DIRECTOR	1 00 .....	X						0	0	0
CHARLIE ROBINSON JR ..... DIRECTOR	1 00 .....	X						0	0	0
GREG SHOWERS ..... DIRECTOR	1 00 .....	X						0	0	0
TRACY VAUGHN ..... DIRECTOR	1 00 .....	X						0	0	0
PETER VOSOTAS ..... DIRECTOR	1 00 .....	X						0	0	0
REBECCA WATSON ..... DIRECTOR	1 00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former				
TINA BHATT ..... DIRECTOR (1/1/19-8/22/19)	1 00 .....	X						0	0	0	
JENNIFER MOORE ..... DIRECTOR (1/1/19-12/05/19)	1 00 .....	X						0	0	0	

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

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

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST INC

**Employer identification number**

59-0810731

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

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

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

g Provide the following information about the supported organization(s)

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						

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

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

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

**14** Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14

**15** Public support percentage for 2018 Schedule A, Part II, line 14 15

**16a** **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b** **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**17a** **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**b** **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,956,502	3,318,289	3,026,967	3,303,385	2,493,322	16,098,465
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	20,330,919	21,845,743	23,365,994	23,624,262	24,278,385	113,445,303
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	24,287,421	25,164,032	26,392,961	26,927,647	26,771,707	129,543,768
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	96,000	44,150	24,650	203,191	34,031	402,022
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b	96,000	44,150	24,650	203,191	34,031	402,022
<b>8 Public support.</b> (Subtract line 7c from line 6.)						129,141,746

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6	24,287,421	25,164,032	26,392,961	26,927,647	26,771,707	129,543,768
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	356,219	279,484	336,314	381,166	348,678	1,701,861
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	356,219	279,484	336,314	381,166	348,678	1,701,861
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				60,260	52,689	112,949
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	146,048	245,243	227,423			618,714
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	24,789,688	25,688,759	26,956,698	27,369,073	27,173,074	131,977,292

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

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	97.850 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	94.340 %

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1.290 %
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17	<b>18</b>	1.280 %

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization **b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization **20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>3a</b>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>4a</b>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in 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.</i>		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>6</b>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>7</b>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>9a</b>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>9b</b>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>9c</b>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>10a</b>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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



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

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

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2019 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in <b>Part VI</b> See instructions			
<b>6</b> Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in <b>Part VI</b> See instructions			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-0810731

**Name:** YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST INC

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

**Facts And Circumstances Test**

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

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

OMB No 1545-0047  
  
**2019**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST INC	Employer identification number 59-0810731
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

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

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

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



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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?	Yes		2,968
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?		No	
<b>j</b> Total Add lines 1c through 1i			2,968
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1	YMCA OF THE SUNCOAST PAYS DUES TO THE FLORIDA STATE ALLIANCE OF YMCAS (THE ALLIANCE) THE ALLIANCE INCURS LOBBYING EXPENSES ON BEHALF OF THE YMCAS IN THE STATE OF FLORIDA EACH YEAR THE ALLIANCE PROVIDES THE PERCENTAGE OF TOTAL LOBBYING EXPENSES TO THEIR TOTAL EXPENSES THAT PERCENTAGE IS USED TO CALCULATE THE PORTION OF THE DUES THAT WENT TOWARD THOSE EXPENSES 27 5% OF THE DUES COLLECTED FROM THE ALLIANCE FOR 2019 WERE USED FOR LOBBYING EXPENSES

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

**Name of the organization**  
YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST INC

**Employer identification number**  
59-0810731

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

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

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

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	5,233,155	5,233,595	4,686,886	4,450,032	4,691,034
<b>b</b> Contributions . . . . .	8,943	519,951	52,239	168,391	85,726
<b>c</b> Net investment earnings, gains, and losses	1,065,311	-370,391	616,470	202,313	-192,898
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	182,139	150,000	122,000	133,850	133,830
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	6,125,270	5,233,155	5,233,595	4,686,886	4,450,032

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶ 48 280 %
- b** Permanent endowment ▶ 25 940 %
- c** Temporarily restricted endowment ▶ 25 780 %

The percentages on lines 2a, 2b, and 2c should equal 100%

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>	No	No
<b>3a(ii)</b>	No	No
<b>3b</b>		

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		3,627,688		3,627,688
<b>b</b> Buildings . . . . .		43,256,520	22,388,524	20,867,996
<b>c</b> Leasehold improvements		2,734,529	2,658,407	76,122
<b>d</b> Equipment . . . . .		6,769,758	5,469,662	1,300,096
<b>e</b> Other . . . . .		144,284		144,284
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . .				26,016,186



**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
<b>1.</b> Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	118,541

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	26,799,942
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	852,921
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	50,061
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	902,982
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	25,896,960
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	40,856
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,256,212
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,297,068
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	27,194,028

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	28,316,472
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	34,949
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	34,949
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	28,281,523
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	40,856
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	40,856
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	28,322,379

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-0810731

**Name:** YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST INC

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENTS IS TO PRESERVE THE VALUE OF THE FUND ADJUSTED FOR INFLATION THROUGH LONG-TERM APPRECIATION OF PRINCIPAL (EQUAL TO OR GREATER THAN THE RATE OF INFLATION) AND TO PROVIDE FUNDING FOR PROGRAMS GIVING PRIORITY TO THE USE OF INCOME FOR MAJOR MAINTENANCE, MODERNIZATION, OR EXPANSION OF BUILDINGS AND FACILITIES, EXTENSION OF SERVICES AND DEVELOPING AND TRAINING PROFESSIONAL LEADERSHIP WHILE MAINTAINING THE PURCHASING POWER OF THE PORTFOLIO AND OFFSETTING INFLATION

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) THE ORGANIZATION APPLIES ASC TOPIC 740, INCOME TAXES ASC 740 PRESCRIBES A RECOGNITION AND MEASUREMENT STANDARD FOR UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES THERE IS NO MATERIAL IMPACT ON THE ORGANIZATION'S FINANCIAL POSITION OR CHANGES IN NET ASSETS AS A RESULT OF THE APPLICATION OF THIS STANDARD THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS UNDER THIS STANDARD AS A COMPONENT OF INCOME TAX EXPENSE, AND NONE WERE RECOGNIZED SINCE THERE WAS NO MATERIAL IMPACT OF THE OVERALL APPLICATION OF THIS STANDARD THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION ARE 2016 THROUGH 2019 FOR ALL MAJOR TAX JURISDICTIONS

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT RETURN 1,162,305 CONTRIBUTIONS AND GRANT FOR ACQUISITION OF CAPITAL ASSETS 97, 017 CONTRIBUTIONS TO ENDOWMENT 8,943 GAIN ON SALE OF PROPERTY AND EQUIPMENT -12,053



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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>CLEARWATER FISHING TOURNAMENT</b> (event type)	<b>PALM HARBOR GRAPE ESCAPE</b> (event type)	<b>9</b> (total number)	(add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	50,506	30,363	233,059	313,928
<b>2</b>	Less Contributions . . . . .	18,725	6,790	109,691	135,206
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	31,781	23,573	123,368	178,722
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .			4,184	4,184
	<b>6</b> Rent/facility costs . . . . .			16,016	16,016
	<b>7</b> Food and beverages . . . . .	10,209		39,604	49,813
	<b>8</b> Entertainment . . . . .			12,022	12,022
	<b>9</b> Other direct expenses . . . . .	16,692	6,313	20,993	43,998
<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				126,033
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				52,689

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

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

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

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

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

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

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



- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
- |          |                             |   |
|----------|-----------------------------|---|
| <b>a</b> | The organization's facility | % |
| <b>b</b> | An outside facility         | % |

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

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

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

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

Return Reference	Explanation
------------------	-------------

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

**Schedule I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047  
**2019**  
**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST INC

**Employer identification number**  
59-0810731

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NATIONAL COUNCIL OF YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE US 101 N WACKER DR CHICAGO, IL 60606	56-3258696	501(C)(3)	6,000		N/A	N/A	FURTHERANCE OF EXEMPT PURPOSE
(2) COMMUNITY FOUNDATION OF TAMPA BAY 4300 W CYPRESS ST STE 700 TAMPA, FL 33607	59-3001853	501(C)(3)	25,000		N/A	N/A	FURTHERANCE OF EXEMPT PURPOSE

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

**3** Enter total number of other organizations listed in the line 1 table ▶

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	THE FIRST RECIPIENT IS A YMCA ORGANIZATION THE SECOND RECIPIENT IS A LOCAL GRANT-MAKING FOUNDATION WE RECEIVE REPORTINGS FROM THE ORGANIZATIONS ON THE USES OF THE DONATIONS AND REVIEW THEIR 990S ON GUIDESTAR THE CEO AND OTHER STAFF ALSO RECEIVE UPDATES AND REPORTINGS FROM BOTH ORGANIZATIONS ON THEIR CHARITABLE WORK

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

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

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST INC

Employer identification number  
59-0810731

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	Yes									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	Yes									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization										
<b>a</b> Receive a severance payment or change-of-control payment?		No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No								
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of										
<b>a</b> The organization?		No								
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III		No								
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of										
<b>a</b> The organization?		No								
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III		No								
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No								
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?										



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	THE EXECUTIVE COMMITTEE OF THE BOARD APPROVED FOR THE YMCA TO PAY FOR SOCIAL CLUB DUES FOR THE BELLEAIR COUNTRY CLUB FOR SCOTT GOYER, PRESIDENT AND CEO. THE PURPOSE IS TO ENCOURAGE FUNDRAISING DEVELOPMENT THROUGH RELATIONSHIPS AS HE LIVES IN THE CLEARWATER/ BELLEAIR AREA. SCOTT REIMBURSES THE YMCA FOR PERSONAL EXPENSES (MEALS, CART FEES) FOR PERSONAL ACTIVITIES AT THE CLUB. REMAINING MONTHLY DUES ARE INCLUDED IN SCOTT'S COMPENSATION AND TAXED AS COMPENSATION. THE TOTAL DUES PAID IN 2019 AND TAXED AS COMPENSATION WERE \$8,956 (12 MONTHS)

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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

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

▶ Attach to Form 990.

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

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST INC

Employer identification number

59-0810731

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	PINELLAS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-6000800		08-01-2018	10,270,150	SEE PART VI		X		X		X

**Part II Proceeds**

		A	B	C	D				
1	Amount of bonds retired . . . . .	4,415,948							
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	10,270,150							
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	173,619							
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .								
11	Other spent proceeds . . . . .	10,096,531							
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 current 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 an advance 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? . . . . .	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> 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?								
<b>4</b> 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 . . . . . ▶	0 %							
<b>5</b> 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 . . . . . ▶	0 %							
<b>6</b> Total of lines 4 and 5 . . . . .	0 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .	X							
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X						
<b>b</b> Exception to rebate? . . . . .	X							
<b>c</b> No rebate due? . . . . .	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
<b>b</b> Name of provider . . . . .	SUNTRUST BANK							
<b>c</b> Term of hedge . . . . .	1000 0000000000 %							
<b>d</b> Was the hedge superintegrated? . . . . .		X						
<b>e</b> Was the hedge terminated? . . . . .		X						



**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X							

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME PINELLAS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 11/03/2017

<b>Return Reference</b>	<b>Explanation</b>
(F) DESCRIPTION OF PURPOSE	REISSUANCE OF 2012 BOND WHICH WAS USED TO REFINANCE OBLIGATIONS RELATED TO THE REVENUE BONDS ISSUED IN 2002 AND ALL OUTSTANDING BANK LOANS, THE PROCEEDS OF WHICH ARE RESTRICTED TO RENOVATING, IMPROVING AND EQUIPPING CERTAIN OF THE ORGANIZATION'S FACILITIES

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

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST INC

Employer identification number

59-0810731

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 1 MISSION STATEMENT	THE YMCA IS A POWERFUL ASSOCIATION OF MEN, WOMEN, AND CHILDREN COMMITTED TO BRINGING ABOUT LASTING PERSONAL AND SOCIAL CHANGE WITH A FOCUS ON NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN, IMPROVING THE NATION'S HEALTH AND WELL-BEING AND PROVIDING OPPORTUNITIES TO GIVE BACK AND SUPPORT NEIGHBORS, THE YMCA ENABLES YOUTH, ADULTS, FAMILIES, AND COMMUNITIES TO BE HEALTHY, CONFIDENT, CONNECTED AND SECURE EACH DAY, WE WORK SIDE-BY-SIDE WITH OUR NEIGHBORS TO MAKE SURE THAT EVERYONE, REGARDLESS OF AGE, INCOME, OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW, AND THRIVE FROM QUALITY OUT-OF-SCHOOL PROGRAMMING AND LIFE-SAVING SWIM LESSONS TO VALUE-BASED YOUTH SPORTS AND ENGAGING HEALTHY ACTIVITIES FOR THE ENTIRE FAMILY, THE Y'S PROGRAMS AND INITIATIVES STAY TRUE TO OUR MISSION WE ARE PROUD TO HELP MORE THAN 128,000 PEOPLE IN OUR COMMUNITY RECEIVE THE SUPPORT, GUIDANCE, AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND, AND BODY

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	THE YMCA OF THE SUNCOAST IS A CAUSE-DRIVEN CHARITABLE ORGANIZATION THAT STRENGTHENS THE FOUNDATIONS OF COMMUNITY THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY SERVING 128,000 MEN, WOMEN, AND CHILDREN IN CITRUS, HERNANDO, PASCO, AND PINELLAS COUNTIES, THE Y PROVIDES OPPORTUNITIES FOR ALL AGES TO LEARN, GROW, AND THRIVE THERE ARE THREE AREAS OF FOCUS THAT ALLOW US TO FULFILL OUR MISSION EACH AND EVERY DAY THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY, THE Y CAN PROMISE AND DELIVER LASTING PERSONAL AND SOCIAL CHANGE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 2	THE YMCA OF THE SUNCOAST HAS CONTINUED TO STRENGTHEN MEANINGFUL PARTNERSHIPS AND HAS DEVELOPED NEW RELATIONSHIPS IN THE PAST YEAR WITH NATIONAL AND LOCAL ORGANIZATIONS TO PROVIDE NEW OPPORTUNITIES AND BENEFITS FOR THOSE WE SERVE IN OUR COMMUNITIES - PEDALING FOR PARKINSON'S BEGAN AT OUR CITRUS MEMORIAL HEALTH FOUNDATION BRANCH AS PART OF A NATIONWIDE EIGHT-WEEK PROGRAM DESIGNED TO FORESTALL THE PROGRESSION OF PARKINSON'S DISEASE AND ALLEVIATE A BROAD RANGE OF SYMPTOMS ASSOCIATED WITH THE DISEASE PARTICIPANTS RIDE THROUGH GUIDED INSTRUCTION THREE TIMES A WEEK AT NO COST TO ANY COMMUNITY MEMBER - A MIDDLE SCHOOL MENTORING PROGRAM WAS STARTED AT OUR GREATER PALM HARBOR BRANCH IN PARTNERSHIP WITH THE MIDDLE SCHOOL, WHICH IDENTIFIED STUDENTS AT-RISK AND IN NEED OF MENTORING THIRTEEN STUDENTS RECEIVE ONE-ON-ONE MENTORING, SUPPORT, AND GUIDANCE EACH WEEK FROM A Y VOLUNTEER ON SOCIAL, BEHAVIORAL AND EDUCATIONAL SKILLS AND DEVELOPMENT - 4 SQUARE WAS LAUNCHED IN CONJUNCTION WITH HIGH POINT ELEMENTARY SCHOOL, GIVING STUDENTS A STRUCTURED RECESS AND OUTDOOR TIME WITH A FOCUS ON CHARACTER BUILDING THE ELEMENTARY SCHOOL IS SITUATED IN AN UNDERSERVED NEIGHBORHOOD

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE</p>	<p>- DEVELOPED IN PARTNERSHIP WITH THE PARENT ORGANIZATIONS, LEADERSHIP PINELLAS AND LEADERSHIP CITRUS, YOUTH LEADERSHIP PINELLAS, AND YOUTH LEADERSHIP CITRUS SEEK TO EDUCATE INTERESTED HIGH SCHOOL TEENS LIVING IN THOSE COUNTIES ON COMMUNITY ISSUES, DEVELOP LEADERSHIP POTENTIAL, AND FOSTER INVOLVEMENT IN COMMUNITY SERVICES THE ANNUAL NINE-MONTH PROGRAM IS A PARTNERSHIP BETWEEN THE ADULT-RUN LEADERSHIP ORGANIZATION AND THE YMCA OF THE SUNCOAST EACH CLASS HAS THE OPPORTUNITY TO MEET COMMUNITY DECISION-MAKERS, AND GRADUATES ARE BETTER PREPARED TO TAKE ON LEADERSHIP ROLES OF THEIR OWN THE CLASSES RUNNING THROUGH SPRING 2019 INCLUDED 48 STUDENTS - AT FIVE OF OUR BRANCHES, LEADERS CLUB MEETS AND INSTILLS POSITIVE DISCIPLINE BY DEVELOPING LEADERSHIP QUALITIES, BUILDING SELF-ESTEEM, AND A SENSE OF ACCOMPLISHMENT THROUGH A SERIES OF WELL-ROUNDED TRAININGS IN THE AREA OF PHYSICAL EDUCATION, HEALTHY LIVING, PERSONAL GROWTH, AND VALUES STUDENTS LEARN VALUABLE WORK AND GAIN COMMUNITY SERVICE EXPERIENCE THROUGH VOLUNTEER ACTIVITY IN 2019, 123 YOUTH AGES 12-17 TOOK PART IN OUR LEADERS CLUBS - IN 2019, 24 OF OUR TEENS GATHERED WITH OTHERS FROM AROUND THE COUNTRY AT BLUE RIDGE LEADERS SCHOOL IN BLUE RIDGE, NORTH CAROLINA, FOR A WEEK-LONG PROGRAM THAT TEACHES TEEN LEADERSHIP DEVELOPMENT THROUGH YMCA HEALTH AND PHYSICAL EDUCATION OUR LEADERS CLUBS MEMBERS PARTICIPATED IN HEALTHY ACTIVITIES WHILE DEMONSTRATING TRADITIONAL CHRISTIAN VALUES WE CONTINUE WORK IN OUR EARLY LEARNING READINESS (ELR) PROGRAM AT THE HIGH POINT YMCA AND THE CLEARWATER YMCA WITH TWO GROUPS OF CAREGIVERS AND CHILDREN THIS FREE PROGRAM TARGETS HISPANIC/LATINO FAMILIES AND IS FOR CAREGIVERS, PARENTS, AND THEIR CHILDREN AGED FIVE AND UNDER THE Y'S PROGRAM HELPS CHILDREN WITH LANGUAGE SKILLS AND PREPARES THEM ENTER SCHOOL READY TO SUCCEED IN 2019, THE PROGRAM GAVE 57 PARENTS, CAREGIVERS, AND CHILDREN SKILLS TO ENCOURAGE LEARNING WE OFFER CHILDREN THE OPPORTUNITY TO LEARN TO FISH AND RESPECT THE ENVIRONMENT WITH TWO KIDS' FISHING TOURNAMENTS HELD ACROSS THE SERVICE AREA DURING THE YEAR APPROXIMATELY 200 CHILDREN BENEFIT FROM THESE VOLUNTEER-LED EVENTS EACH YEAR</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>YMCA POOLS ARE USED FOR PEOPLE WITH DISABILITIES REGULARLY AS WELL AS SCUBA PROGRAMS, PRIVATE SWIM LESSONS, SWIM TEAMS AND MEETS, AND LIFEGUARD TRAINING CLASSES THE YMCA CONTINUES TO PROVIDE POOLS FOR AREA HIGH SCHOOL SWIM TEAMS TO PRACTICE AND CONDUCT MEETS THE YMCA OF THE SUNCOAST HAS ESTABLISHED FAMILY AQUATIC CENTERS AT MOST OF OUR FACILITIES, INCLUDING NORTH PINELLAS, HIGH POINT, GREATER RIDGECREST, GREATER PALM HARBOR, JAMES P GILLS FAMILY, HERNANDO COUNTY, AND CITRUS YMCA BRANCHES THESE CENTERS FEATURE SLIDES AND INTERACTIVE DESIGN WITH FOUNTAINS, SPRAYS, AND ACTIVITIES SEVERAL LOCATIONS FEATURE A ZERO-DEPTH ENTRY POOL OUR CLEARWATER YMCA HAS AN INDOOR POOL THE NORTH PINELLAS BRANCH YMCA SERVED 100 PEOPLE IN THEIR MASH (MAINSTREAM ADULTS SHARING HOPE) PROGRAM IN 2019 MANY ADULTS ARE PHYSICALLY AND/OR MENTALLY CHALLENGED AND LIVING AT HOME WITH THEIR PARENTS OR RELATIVES IN OUR PASCO AND UPPER PINELLAS AREA THE YMCA AND MASH PARENTS HAVE ACCEPTED THE CHALLENGE TO HELP CREATE INDEPENDENCE IN THEIR LIVES PHYSICALLY AND/OR MENTALLY CHALLENGED ADULTS WITHIN THE PASCO/UPPER PINELLAS AREA CAN PARTICIPATE IN A PROGRAM THAT ALLOWS THEM TO GROW IN SPIRIT, MIND, AND BODY THROUGH INTERACTION WITH FRIENDS, EXPRESSING THEIR CREATIVITY, AND PARTICIPATING IN RECREATIONAL PROGRAMS WE CONTINUE TO OFFER A PROGRAM CALLED SALSA, SALSA Y SALUD THIS HEALTHY LIVING PROGRAM TARGETS HISPANIC/LATINO FAMILIES AND APPROACHES THE BASICS OF HEALTHY EATING AND NUTRITION, ACTIVE LIVING AND EXERCISE, AND STRENGTHENS THE FAMILY THROUGH SMALL STEPS TOWARD POSITIVE CHANGE THIS PROGRAM WAS OFFERED AT OUR HIGH POINT AND CLEARWATER YMCAS THIS YEAR THE YMCA OF THE SUNCOAST WILL CONTINUE SERVING THE CHILDREN AND FAMILIES IN OUR SERVICE AREA, USING OUR LEARNINGS TO IMPROVE OUR SERVICE AND HELP PEOPLE GROW IN SPIRIT, MIND, AND BODY</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS DAVID L BRANDON AND ALLEN S CRUMBLEY HAVE A BUSINESS RELATIONSHIP



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	<p>IN 2019, MEMBERS OF THE BOARD OF DIRECTORS WORKED WITH A LAWYER WHO SPECIALIZES IN NONPROFIT ORGANIZATIONS TO REVISE THE WORDING OF THE ORGANIZATION'S BY LAWS AND CONFIRM THAT CORRECT POLICIES ARE IN PLACE THE CHANGES TO THE BY-LAWS ARE AS FOLLOWS - WORDING WAS ADDED TO THE MEMBERS SECTION INDICATING THAT "NO INDIVIDUAL DESIRING MEMBERSHIP WILL BE TURNED A WAY DUE TO AN INABILITY TO PAY THE FEES FOR SERVICES, BASED ON AVAILABLE FUNDS AND FINANCIAL NEEDS CRITERIA AS DETERMINED FROM TIME TO TIME BY THE BOARD OF DIRECTORS -THE MAXIMUM NUMBER OF BOARD MEMBERS WAS INCREASED TO SIXTY (60) -WORDING WAS ADDED TO ALLOW FOR ELECTRONIC TRANSMISSION FOR BOARD OF DIRECTOR REQUESTS FOR SPECIAL MEETINGS -THE TERM FOR THE TREASURER OF THE BOARD WAS EDITED TO REMOVE ANY LIMITATION TO THE NUMBER OF SUCCESSIVE TERMS OF SERVICE -THE EXECUTIVE COMMITTEE MUST HAVE ONE HALF OF THE MEMBERSHIP PRESENT TO CONSTITUTE A QUORUM -AN AUDIT COMMITTEE WAS ADDED TO THE LIST OF COMMITTEES, WHICH SHALL BE RESPONSIBLE TO PROVIDE ASSURANCE TO THE BOARD THAT THE YMCA HAS THE APPROPRIATE CULTURE AND THE PERSONNEL, POLICIES, SYSTEMS, AND CONTROLS IN PLACE TO SAFEGUARD THE YMCA'S ASSETS AND TO REGULARLY REPORT FINANCIAL INFORMATION TO INTERNAL AND EXTERNAL USERS THE COMMITTEE SHALL ALSO BE RESPONSIBLE TO SELECT, EVALUATE, AND, IF NECESSARY, REPLACE THE INDEPENDENT AUDITOR WHO WILL EXAMINE THE YMCA'S ACCOUNTS, CONTROLS, AND FINANCIAL STATEMENTS AND REVIEW THE RESULTS OF THE INDEPENDENT AUDITOR'S FINANCIAL STATEMENTS AND REPORTS -THE FINANCIAL DEVELOPMENT COMMITTEE WAS RENAMED TO THE PHILANTHROPY COMMITTEE -THE TIMING OF THE ANNUAL MEETING OF THE ASSOCIATION WAS UPDATED TO A TIME AFTER THE CLOSE OF THE FISCAL YEAR, DETERMINED BY THE BOARD OF DIRECTORS -ARTICLE XII INDEMNIFICATION WAS ADDED, WITH SECTIONS EXPLAIN THE RIGHT TO INDEMNIFICATION, RIGHT TO ADVANCEMENT OF EXPENSES, RIGHT OF INDEMNITY TO BRING SUIT, NON-EXCLUSIVITY OF RIGHTS, AND INSURANCE MAINTAINED TO PROTECT ANY DIRECTOR, OFFICER, EMPLOYEE, OR AGENT OF THE ASSOCIATION -ARTICLE XIII DISSOLUTION WAS ADDED TO EXPLAIN WHAT IS TO HAPPEN TO THE ORGANIZATION'S ASSETS IF THE ORGANIZATION WERE TO DISSOLVE OR LIQUIDATE -ARTICLE XIV EXEMPT ACTIVITIES WAS ADDED TO DECLARE THAT NO DIRECTOR, OFFICER, EMPLOYEE, OR REPRESENTATIVE OF THE ASSOCIATION SHALL TAKE ANY ACTION OR CARRY ON ANY ACTIVITY BY OR ON BEHALF OF THE ASSOCIATION NOT PERMITTED TO BE TAKEN OR CARRIED ON BY AN ORGANIZATION EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE -ARTICLE XV EXCESS BENEFIT TRANSACTIONS WAS ADDED TO DECLARE THAT THE BOARD SHALL TAKE SUCH STEPS AS MANY BE REASONABLY BE REQUIRED TO ESTABLISH THAT ANY FINANCIAL TRANSACTIONS BETWEEN THE ASSOCIATION AND ANY DIRECTOR, OFFICER, EMPLOYEE, MAJOR DONOR, OR ANY OTHER DISQUALIFIED PERSON WILL NOT CONSTITUTE AN EXCESS BENEFIT TRANSACTION FOR PURPOSES OF SECTION 4958 OF THE CODE</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	THE YMCA OF THE SUNCOAST BOARD MEMBERS RECEIVE AN EMAILED COPY OF THE COMPLETE FORM 990 AS ULTIMATELY FILED WITH THE IRS PRIOR TO THE FILING DEADLINE (AS EXTENDED FOR THE 2019 RETURN TO JULY 15, 2020) THE BOARD MAY REVIEW THE INFORMATION, MAKE INQUIRIES REGARDING THE FORM 990 AND MAKE RECOMMENDATIONS FOR CHANGES PRIOR TO THE FILING DEADLINE IN ADDITION, THE CEO AND CFO ALSO REVIEW THE COMPLETE FORM AND OVERSEE THE PREPARATION OF INPUTS AND PROCESSES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	IN MAY OF EACH YEAR, THE YMCA OF THE SUNCOAST DISTRIBUTES TO ALL FULL-TIME STAFF, VOLUNTEERS SERVING IN A DECISION-MAKING CAPACITY AND THE ASSOCIATION BOARD MEMBERS AND ITS COMMITTEE MEMBERS A CONFLICT OF INTEREST STATEMENT OF DISCLOSURE TO BE COMPLETED AND RETAINED AT THE ASSOCIATION OFFICES. THE FORMS ARE COLLECTED BY THE FINANCE DEPARTMENT. ONCE A YEAR, THE RESPONSES ARE REVIEWED BY THE AUDIT COMMITTEE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION COMMITTEE IS APPOINTED BY THE BOARD CHAIR TO REVIEW AND AUTHORIZE THE SENIOR EXECUTIVE COMPENSATION. THE COMMITTEE MET ON APRIL 4, 2019. THE MINUTES OF THE BOARD OF DIRECTOR'S MEETING REFLECTS, "PURSUANT TO FEDERAL INTERMEDIATE SANCTIONS LEGISLATION, THE COMPENSATION COMMITTEE MET, REVIEWED COMPARABLE SALARIES FOR SIMILARLY SITUATED YMCA EXECUTIVES AND IT HAS CONCLUDED THAT PAY AND OTHER COMPENSATION GIVEN TO THE SENIOR EXECUTIVES AT THE YMCA OF THE SUNCOAST IS APPROPRIATE AND NOT EXCESSIVE"

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND ANNUAL RETURNS ARE AVAILABLE TO THE PUBLIC UPON VERBAL OR WRITTEN REQUEST THE IRS FORM 990 MAY ALSO BE FOUND ON GUIDESTAR ORG

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF INTEREST RATE SWAP -84,271

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS AN AUDIT COMMITTEE WHO ASSUME THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS