

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**

|  |  |  |   |
|--|--|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.</b><br>Doing business as <b>YMCA OF THE SUNCOAST</b>   |  | <b>D</b> Employer identification number<br><b>59-0810731</b>  |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>2469 ENTERPRISE ROAD</b>   | <b>E</b> Telephone number<br><b>(727) 467-9622</b> |   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>CLEARWATER, FL 33763</b>  |  | <b>G</b> Gross receipts \$ <b>34,434,137.</b>   |
|  | <b>F</b> Name and address of principal officer: <b>G. SCOTT GOYER</b><br><b>SAME AS C ABOVE</b>  |  | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
|  | <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  | <b>H(c)</b> Group exemption number ▶  |

**J** Website: ▶ **WWW.YMCASUNCOAST.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1961** **M** State of legal domicile: **FL**

**Part I Summary**

|   |   |                                  |                     |
|---|---|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE WITH PROGRAMS THAT BUILD HEALTHY SPIRIT MIND &amp; BODY FOR ALL</b> |                                  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                         | <b>26</b>           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         | <b>25</b>           |
|   | <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)   | <b>5</b>                         | <b>2001</b>         |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                         | <b>1073</b>         |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                        | <b>0.</b>           |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 38 | <b>7b</b>   | <b>0.</b>                        |                     |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | <b>3,026,967.</b>                | <b>3,303,385.</b>   |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>23,149,638.</b>               | <b>23,462,623.</b>  |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>375,112.</b>                  | <b>403,679.</b>     |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>326,119.</b>                  | <b>243,649.</b>     |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>26,877,836.</b>               | <b>27,413,336.</b>  |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | <b>41,875.</b>                   | <b>15,805.</b>      |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>0.</b>                        | <b>0.</b>           |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | <b>16,456,411.</b>               | <b>16,851,247.</b>  |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>528,546.</b>  | <b>0.</b>                        | <b>0.</b>           |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>10,114,352.</b>               | <b>10,650,280.</b>  |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>26,612,638.</b>               | <b>27,517,332.</b>  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12          | <b>265,198.</b>   | <b>-103,996.</b>                 |                     |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | <b>43,926,279.</b>               | <b>42,495,110.</b>  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | <b>10,541,338.</b>               | <b>9,755,890.</b>   |

**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.

|  |  |                      |                                |   |                  |
|--|--|----------------------|--------------------------------|---|------------------|
| <b>Sign Here</b>   | Signature of officer   |                      | Date                           |   |                  |
|  | <b>G. SCOTT GOYER, PRESIDENT &amp; CEO</b><br>Type or print name and title |                      |                                |   |                  |
| <b>Paid Preparer Use Only</b>  | Print/Type preparer's name   | Preparer's signature | Date                           | Check <input type="checkbox"/> if self-employed | PTIN             |
|  | <b>ALICIA BROWN</b>  |                      |                                |   | <b>P01337755</b> |
| Firm's name ▶ <b>CBIZ MHM, LLC</b>   |  |                      | Firm's EIN ▶ <b>27-3605969</b> |   |                  |
| Firm's address ▶ <b>13577 FEATHER SOUND DR., SUITE 400 CLEARWATER, FL 33762-5539</b> |  |                      | Phone no. <b>727-572-1400</b>  |   |                  |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST, INC.

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**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 LASTING 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. THE YMCA**

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 \$ 11,277,284. including grants of \$ 15,805.) (Revenue \$ 11,752,884.)

**YOUTH DEVELOPMENT:**  
**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. THAT'S WHY 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. ((CONTINUED ON SCHEDULE O))**

4b (Code: \_\_\_\_\_) (Expenses \$ 8,201,833. including grants of \$ \_\_\_\_\_) (Revenue \$ 5,351,141.)

**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. AS A RESULT, 122,000 PEOPLE IN OUR COMMUNITY ARE RECEIVING THE SUPPORT, GUIDANCE AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND AND BODY. THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH CHRONIC DISEASE AND OBESITY, FAMILIES WRESTLE WITH WORK/LIFE BALANCE AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT. OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES AND INCOME LEVELS. ((CONTINUED ON SCHEDULE O))**

4c (Code: \_\_\_\_\_) (Expenses \$ 4,166,733. including grants of \$ \_\_\_\_\_) (Revenue \$ 6,520,237.)

**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 FOR MORE THAN 60 YEARS. Y 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 2018, WE ENGAGED 122,000 YMCA MEMBERS, PARTICIPANTS, VOLUNTEERS AND DONORS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE. ((CONTINUED ON SCHEDULE O))**

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

4e Total program service expenses **23,645,850.**

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OF THE SUNCOAST, INC.**

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**Part IV Checklist of Required Schedules**

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

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**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> .....   | <b>22</b>  | <b>X</b> |
| <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> .....  | <b>23</b>  | <b>X</b> |
| <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> .....                           | <b>24a</b> | <b>X</b> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   | <b>24b</b> | <b>X</b> |
| <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? .....  | <b>24c</b> | <b>X</b> |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   | <b>24d</b> | <b>X</b> |
| <b>25a 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> .....   | <b>25a</b> | <b>X</b> |
| <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> .....  | <b>25b</b> | <b>X</b> |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                 | <b>26</b>  | <b>X</b> |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... | <b>27</b>  | <b>X</b> |
| <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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  | <b>28a</b> | <b>X</b> |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   | <b>28b</b> | <b>X</b> |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   | <b>28c</b> | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | <b>29</b>  | <b>X</b> |
| <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> .....  | <b>30</b>  | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....   | <b>31</b>  | <b>X</b> |
| <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> .....  | <b>32</b>  | <b>X</b> |
| <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> .....  | <b>33</b>  | <b>X</b> |
| <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> .....  | <b>34</b>  | <b>X</b> |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   | <b>35a</b> | <b>X</b> |
| <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>35b</b> |          |
| <b>36 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> .....  | <b>36</b>  | <b>X</b> |
| <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> .....   | <b>37</b>  | <b>X</b> |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O .....   | <b>38</b>  | <b>X</b> |

**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>1a</b> | 57       |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....  | <b>1b</b> | 0        |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | <b>1c</b> | <b>X</b> |

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

|  |  | Yes        | No       |
|--|--|------------|----------|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> <u>2001</u>  |            |          |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b>   | <b>X</b>   |          |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ..... |  |            |          |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? .....  |            | <b>X</b> |
| <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 .....  |            |          |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... |            | <b>X</b> |
| <b>b</b>   | If "Yes," enter the name of the foreign country: ▶ _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |          |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....  |            | <b>X</b> |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....   |            | <b>X</b> |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....  |            |          |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....                                    |            | <b>X</b> |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....  |            |          |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |          |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....  | <b>X</b>   |          |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? .....  | <b>X</b>   |          |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....   |            | <b>X</b> |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>  |            |          |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....  |            | <b>X</b> |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....   |            | <b>X</b> |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...   | <b>N/A</b> |          |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....   | <b>N/A</b> |          |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... <b>N/A</b>                                  |            |          |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |          |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966? ..... <b>N/A</b>  |            |          |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... <b>N/A</b>   |            |          |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |          |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>N/A</b> <b>10a</b>   |            |          |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>   |            |          |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |          |
| <b>a</b>   | Gross income from members or shareholders ..... <b>N/A</b> <b>11a</b>  |            |          |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>  |            |          |
| <b>12a</b>   | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....  |            |          |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>N/A</b> <b>12b</b>  |            |          |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |          |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? ..... <b>N/A</b>  |            |          |
| <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.               |  |            |          |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>   |            |          |
| <b>c</b>   | Enter the amount of reserves on hand ..... <b>13c</b>  |            |          |
| <b>14a</b>   | Did the organization receive any payments for indoor tanning services during the tax year? .....   |            | <b>X</b> |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .....  |            |          |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....   |            | <b>X</b> |
| If "Yes," see instructions and file Form 4720, Schedule N.   |  |            |          |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....  |            | <b>X</b> |
| If "Yes," complete Form 4720, Schedule O.  |  |            |          |

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

|  |           |    | Yes                                 | No                                  |
|--|-----------|----|-------------------------------------|-------------------------------------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | <b>1a</b> | 26 |                                     |                                     |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent  | <b>1b</b> | 25 |                                     |                                     |
| <b>2</b> 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?   | <b>2</b>  |    | <input checked="" type="checkbox"/> |                                     |
| <b>3</b> 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?  | <b>3</b>  |    |                                     | <input checked="" type="checkbox"/> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | <b>4</b>  |    |                                     | <input checked="" type="checkbox"/> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  | <b>5</b>  |    |                                     | <input checked="" type="checkbox"/> |
| <b>6</b> Did the organization have members or stockholders?  | <b>6</b>  |    |                                     | <input checked="" type="checkbox"/> |
| <b>7a</b> 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?   | <b>7a</b> |    |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | <b>7b</b> |    |                                     | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |           |    |                                     |                                     |
| <b>a</b> The governing body?   | <b>8a</b> |    | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   | <b>8b</b> |    | <input checked="" type="checkbox"/> |                                     |
| <b>9</b> 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  | <b>9</b>  |    |                                     | <input checked="" type="checkbox"/> |

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

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

**Section C. Disclosure**

- 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 Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 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 - (727) 467-9622**  
**2469 ENTERPRISE ROAD, CLEARWATER, FL 33763**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A)<br>Name and Title                             | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) JOHN CONNELLY<br>BOARD CHAIR                  | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (2) LAURA MAIOCCO<br>VICE CHAIR                   | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (3) MATT CRUM<br>SECRETARY                        | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (4) KELLY CRANDALL<br>TREASURER                   | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (5) JENNIFER MOORE<br>IMMEDIATE PAST CHAIRMAN     | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (6) BRIAN AUNGST, JR.<br>DIRECTOR                 | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (7) MATT BECKER<br>DIRECTOR                       | 1.00  | X  |                       |         |              |                              | 980.   | 0.   | 0.  |   |
| (8) TINA BHATT<br>DIRECTOR                        | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (9) DAVID L. BRANDON<br>DIRECTOR                  | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (10) KIMBERLY BRIGGS<br>DIRECTOR                  | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (11) ALLEN S. CRUMBLY<br>DIRECTOR                 | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (12) AMERICA DEUPREE<br>DIRECTOR                  | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (13) CHESTER 'BUD' ELIAS, JR.<br>DIRECTOR         | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (14) BILL HARDY<br>DIRECTOR                       | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (15) DR. MARK HEPP<br>DIRECTOR (1/1/18 - 1/31/18) | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (16) JEWEL LAMB<br>DIRECTOR (1/1/18 - 6/1/18)     | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (17) HON. BERNARD MCCABE<br>DIRECTOR              | 1.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (18) DR. CYNTHIA MILLER<br>DIRECTOR                                  | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (19) GERRY MULLIGAN<br>DIRECTOR                                      | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (20) DEV PATHIK<br>DIRECTOR  | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (21) CHRISTINA RANKIN<br>DIRECTOR                                    | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (22) GREG RICHARDSON<br>DIRECTOR (1/1/18 - 6/1/18 )                  | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (23) CHARLIE ROBINSON, JR.<br>DIRECTOR                               | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (24) GREG SHOWERS<br>DIRECTOR  | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (25) TRACY VAUGHN<br>DIRECTOR  | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (26) PETER VOSOTAS<br>DIRECTOR                                       | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b> .....  |   |   |                       |         |              |                              | 980.     | 0.   | 0.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              | 798,427. | 0.   | 189,306.  |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              | 799,407. | 0.   | 189,306.  |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address  | (B)<br>Description of services  | (C)<br>Compensation |
|---|---------------------------------|---------------------|
| E-STAR ROOFING SERVICES INC<br>2054 WEAVER PARK DR, CLEARWATER, FL 33765    | ROOFING REPLACEMENT AND REPAIRS | 235,982.            |
| BRANDON CONSTRUCTION COMPANY<br>555 PALM HARBOR BLVD, PALM HARBOR, FL 34683 | CONSTRUCTION CONTRACTOR         | 203,569.            |
| JACK JOYNER HEATING AND AC<br>1860 N HERCULES AVE, CLEARWATER, FL 33765     | AIR CONDITIONING CONTRACTOR     | 194,939.            |
| TRIANGLE POOL SERVICE<br>12801 S BELCHER RD, LARGO, FL 33773                | POOL SERVICES                   | 191,540.            |
| HANDYWORKS PROPERTY SERVICES, INC<br>PO BOX 953, SAFETY HARBOR, FL 34695    | CONSTRUCTION CONTRACTOR         | 148,909.            |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 9

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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| <b>Part VII</b> Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i> |   |  |                          |                                     |                          |                              |  |   |   |
|---|---|--|--------------------------|-------------------------------------|--------------------------|------------------------------|--|---|---|
| (A)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                          |                                     |                          |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |   | Individual trustee or director         | Institutional trustee    | Officer                             | Key employee             | Highest compensated employee |  |   |   |
| (27) DOUGLAS CHAMBERLIN<br>DIRECTOR (10/25/18 - PRESENT)  | 1.00  | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>     | 0.   | 0.  | 0.  |
| (28) REBECCA WATSON<br>DIRECTOR (10/25/18 - PRESENT)  | 1.00  | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>     | 0.   | 0.  | 0.  |
| (29) GARY REGOLI<br>DIRECTOR (12/6/18 - PRESENT)  | 1.00  | <input checked="" type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>     | 0.   | 0.  | 0.  |
| (30) G. SCOTT GOYER<br>PRESIDENT & CEO  | 50.00   | <input type="checkbox"/>               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | 280,570.   | 0.  | 62,771.   |
| (31) THOMAS BUTTON<br>COO   | 50.00   | <input type="checkbox"/>               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | 153,040.   | 0.  | 57,615.   |
| (32) CAROL PARKS<br>SR VP/CHIEF ADMINISTRATION  | 50.00   | <input type="checkbox"/>               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | 145,830.   | 0.  | 25,772.   |
| (33) TERESA HIBBARD<br>VP/ CPO (1/1/18 - 11/02/18)  | 50.00   | <input type="checkbox"/>               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | 106,379.   | 0.  | 20,138.   |
| (34) SHARLENE CLARK<br>CFO  | 50.00   | <input type="checkbox"/>               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | 112,608.   | 0.  | 23,010.   |
|   |   |  |                          |                                     |                          |                              |  |   |   |
|   |   |  |                          |                                     |                          |                              |  |   |   |
|   |   |  |                          |                                     |                          |                              |  |   |   |
|   |   |  |                          |                                     |                          |                              |  |   |   |
|   |   |  |                          |                                     |                          |                              |  |   |   |
|   |   |  |                          |                                     |                          |                              |  |   |   |
|   |   |  |                          |                                     |                          |                              |  |   |   |
|   |   |  |                          |                                     |                          |                              |  |   |   |
|   |   |  |                          |                                     |                          |                              |  |   |   |
|   |   |  |                          |                                     |                          |                              |  |   |   |
|   |   |  |                          |                                     |                          |                              |  |   |   |
|   |   |  |                          |                                     |                          |                              |  |   |   |
|   |   |  |                          |                                     |                          |                              |  |   |   |
| Total to Part VII, Section A, line 1c .....   |   |  |                          |                                     |                          |                              | 798,427.   |   | 189,306.  |

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST, INC.**

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**Part VIII Statement of Revenue**

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

|   |   | (A)<br>Total revenue   | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |          |
|---|---|--|---|---|--|----------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1 a</b> Federated campaigns .....  | <b>1a</b> 71,749.  |   |   |  |          |
|   | <b>b</b> Membership dues .....  | <b>1b</b>  |   |   |  |          |
|   | <b>c</b> Fundraising events .....   | <b>1c</b> 127,928.   |   |   |  |          |
|   | <b>d</b> Related organizations .....  | <b>1d</b>  |   |   |  |          |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b> 342,165.   |   |   |  |          |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....  | <b>1f</b> 2,761,543.   |   |   |  |          |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....  | 13,488.  |   |   |  |          |
|   | <b>h Total.</b> Add lines 1a-1f .....   | ▶ 3,303,385.   |   |   |  |          |
|   | <b>Program Service<br/>Revenue</b>  | <b>2 a</b> MEMBERSHIP FEES .....   | <b>Business Code</b><br>813410                  | 10,622,856.                             | 10,622,856.  |          |
| <b>b</b> BEFORE & AFTER SCHOOL CARE .....                                     |   | 813410   | 8,929,920.                                      | 8,929,920.                              |  |          |
| <b>c</b> SUMMER CAMP PROGRAMS .....   |   | 813410   | 2,227,850.                                      | 2,227,850.                              |  |          |
| <b>d</b> AQUATICS .....   |   | 813410   | 530,197.  | 530,197.                                |  |          |
| <b>e</b> WELLNESS PROGRAMS .....  |   | 813410   | 471,740.  | 471,740.                                |  |          |
| <b>f</b> All other program service revenue .....                              |   | 813410   | 680,060.  | 680,060.                                |  |          |
| <b>g Total.</b> Add lines 2a-2f .....   |   | ▶ 23,462,623.  |   |   |  |          |
| <b>Other Revenue</b>  |   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) ..... | ▶ 359,416.                                      |   |  | 359,416. |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....   | ▶  |   |   |  |          |
|   | <b>5</b> Royalties .....  | ▶  |   |   |  |          |
|   | <b>6 a</b> Gross rents .....  | (i) Real   | 21,750.   |   |  |          |
|   |   | (ii) Personal  |   |   |  |          |
|   |   | <b>b</b> Less: rental expenses .....   | 0.  |   |  |          |
|   |   | <b>c</b> Rental income or (loss) .....   | 21,750.   |   |  |          |
|   | <b>d</b> Net rental income or (loss) .....  | ▶ 21,750.  |   |   | 21,750.  |          |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....  | (i) Securities   | 6,855,689.                                      |   |  |          |
|   |   | (ii) Other   | 28,649.   |   |  |          |
|   |   | <b>b</b> Less: cost or other basis<br>and sales expenses .....                                 | 6,835,659.                                      | 4,416.                                  |  |          |
|   |   | <b>c</b> Gain or (loss) .....  | 20,030.   | 24,233.                                 |  |          |
|   | <b>d</b> Net gain or (loss) .....   | ▶ 44,263.  |   |   | 44,263.  |          |
|   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ 127,928. of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>   | 240,986.  |   |  |          |
|   |   | <b>b</b> Less: direct expenses .....   | <b>b</b> 180,726.                               |   |  |          |
| <b>c</b> Net income or (loss) from fundraising events .....                   |   | ▶ 60,260.  |   |   | 60,260.  |          |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 ..... | <b>a</b>  |  |   |   |  |          |
|   | <b>b</b> Less: direct expenses .....  | <b>b</b>   |   |   |  |          |
|   | <b>c</b> Net income or (loss) from gaming activities .....  | ▶  |   |   |  |          |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....    | <b>a</b>  |  |   |   |  |          |
|   | <b>b</b> Less: cost of goods sold .....   | <b>b</b>   |   |   |  |          |
|   | <b>c</b> Net income or (loss) from sales of inventory .....   | ▶  |   |   |  |          |
| <b>Miscellaneous Revenue</b>  |   | <b>Business Code</b>   |   |   |  |          |
| <b>11 a</b> .....   |   |  |   |   |  |          |
|   | <b>b</b> .....  |  |   |   |  |          |
|   | <b>c</b> .....  |  |   |   |  |          |
|   | <b>d</b> All other revenue .....  | 813410   | 161,639.  | 161,639.                                |  |          |
|   | <b>e Total.</b> Add lines 11a-11d .....   | ▶ 161,639.   |   |   |  |          |
| <b>12 Total revenue.</b> See instructions .....                               | ▶ 27,413,336.   | 23,624,262.  | 0.  | 485,689.                                |  |          |

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST, INC.**

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**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...  | 14,635.               | 14,635.                         |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....   | 1,170.                | 1,170.                          |  |                             |
| <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 .....  | 988,713.              | 38,234.                         | 738,301.                               | 212,178.                    |
| <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 .....  | 13,345,302.           | 11,841,269.                     | 1,427,435.                             | 76,598.                     |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 782,873.              | 645,474.                        | 133,090.                               | 4,309.                      |
| <b>9</b> Other employee benefits .....   | 690,240.              | 676,091.                        | 7,494.                                 | 6,655.                      |
| <b>10</b> Payroll taxes .....  | 1,044,119.            | 883,500.                        | 142,519.                               | 18,100.                     |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management .....  |                       |                                 |  |                             |
| <b>b</b> Legal .....   |                       |                                 |  |                             |
| <b>c</b> Accounting .....  | 33,925.               |                                 | 33,925.                                |                             |
| <b>d</b> Lobbying .....  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....  | 39,401.               |                                 | 39,401.                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)  | 618,475.              | 391,417.                        | 216,201.                               | 10,857.                     |
| <b>12</b> Advertising and promotion .....  | 340,028.              | 93,148.                         | 134,123.                               | 112,757.                    |
| <b>13</b> Office expenses .....  | 2,197,966.            | 2,130,530.                      | 61,258.                                | 6,178.                      |
| <b>14</b> Information technology .....   | 68,539.               |                                 | 32,831.                                | 35,708.                     |
| <b>15</b> Royalties .....  |                       |                                 |  |                             |
| <b>16</b> Occupancy .....  | 3,834,245.            | 3,718,283.                      | 105,727.                               | 10,235.                     |
| <b>17</b> Travel .....   | 167,128.              | 144,593.                        | 19,531.                                | 3,004.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....   | 235,569.              | 176,310.                        | 53,621.                                | 5,638.                      |
| <b>20</b> Interest .....   | 10,597.               | 4,360.                          | 6,237.                                 |                             |
| <b>21</b> Payments to affiliates .....   | 386,944.              | 367,278.                        | 13,029.                                | 6,637.                      |
| <b>22</b> Depreciation, depletion, and amortization .....  | 2,306,070.            | 2,168,252.                      | 123,272.                               | 14,546.                     |
| <b>23</b> Insurance .....  | 239,559.              | 188,104.                        | 46,309.                                | 5,146.                      |
| <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> <b>BAD DEBT EXPENSE</b>   | 135,503.              | 135,503.                        |  |                             |
| <b>b</b> <b>PROGRAM SUBCONTRACTOR E</b>  | 21,142.               | 21,142.                         |  |                             |
| <b>c</b> _____   |                       |                                 |  |                             |
| <b>d</b> _____   |                       |                                 |  |                             |
| <b>e</b> All other expenses _____  | 15,189.               | 6,557.                          | 8,632.                                 |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e  | 27,517,332.           | 23,645,850.                     | 3,342,936.                             | 528,546.                    |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST, INC.**

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**Part X Balance Sheet**

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

|   |   | (A)<br>Beginning of year |             | (B)<br>End of year |             |
|---|---|--------------------------|-------------|--------------------|-------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....  | 455,320.                 | <b>1</b>    | 601,746.           |             |
|   | <b>2</b> Savings and temporary cash investments .....   | 4,543,020.               | <b>2</b>    | 5,439,636.         |             |
|   | <b>3</b> Pledges and grants receivable, net .....   | 966,204.                 | <b>3</b>    | 741,490.           |             |
|   | <b>4</b> Accounts receivable, net .....   | 700,569.                 | <b>4</b>    | 558,128.           |             |
|   | <b>5</b> Loans and other receivables from current and former officers, directors,<br>trustees, key employees, and highest compensated employees. Complete<br>Part II of Schedule L .....  |                          |             | <b>5</b>           |             |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under<br>section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing<br>employers and sponsoring organizations of section 501(c)(9) voluntary<br>employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          |             | <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 .....  | 151,289.                 | <b>9</b>    | 140,251.           |             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D .....   | 10a 55,785,987.          |             |                    |             |
|   | <b>b</b> Less: accumulated depreciation .....   | 10b 28,472,911.          | 28,213,393. | <b>10c</b>         | 27,313,076. |
|   | <b>11</b> Investments - publicly traded securities .....  | 8,751,705.               | <b>11</b>   | 7,519,222.         |             |
|   | <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 .....  | 144,779.                 | <b>15</b>   | 181,561.           |             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 43,926,279.   | <b>16</b>                | 42,495,110. |                    |             |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....   | 1,679,679.               | <b>17</b>   | 1,829,334.         |             |
|   | <b>18</b> Grants payable .....  |                          | <b>18</b>   |                    |             |
|   | <b>19</b> Deferred revenue .....  | 990,296.                 | <b>19</b>   | 970,713.           |             |
|   | <b>20</b> Tax-exempt bond liabilities .....   | 7,165,423.               | <b>20</b>   | 6,520,722.         |             |
|   | <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 current and former officers, directors, trustees,<br>key employees, highest compensated employees, and disqualified persons.<br>Complete Part II of Schedule L .....  |                          |             | <b>22</b>          |             |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....  | 500,114.                 | <b>23</b>   | 259,514.           |             |
|   | <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<br>parties, and other liabilities not included on lines 17-24). Complete Part X of<br>Schedule D .....   | 205,826.                 | <b>25</b>   | 175,607.           |             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....  | 10,541,338.              | <b>26</b>   | 9,755,890.         |             |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and<br/>complete lines 27 through 29, and lines 33 and 34.</b>   |                          |             |                    |             |
|   | <b>27</b> Unrestricted net assets .....   | 28,832,532.              | <b>27</b>   | 28,328,460.        |             |
|   | <b>28</b> Temporarily restricted net assets .....   | 3,167,273.               | <b>28</b>   | 2,829,093.         |             |
|   | <b>29</b> Permanently restricted net assets .....   | 1,385,136.               | <b>29</b>   | 1,581,667.         |             |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and<br/>complete lines 30 through 34.</b>  |                          |             |                    |             |
|   | <b>30</b> Capital stock or trust principal, or current funds .....  |                          | <b>30</b>   |                    |             |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....  |                          | <b>31</b>   |                    |             |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....  |                          | <b>32</b>   |                    |             |
| <b>33</b> Total net assets or fund balances .....                         | 33,384,941.   | <b>33</b>                | 32,739,220. |                    |             |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 43,926,279.   | <b>34</b>                | 42,495,110. |                    |             |

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**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST, INC.**

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**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>  | 27,413,336. |
| <b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....  | <b>2</b>  | 27,517,332. |
| <b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....  | <b>3</b>  | -103,996.   |
| <b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....                       | <b>4</b>  | 33,384,941. |
| <b>5</b> Net unrealized gains (losses) on investments .....  | <b>5</b>  | -618,244.   |
| <b>6</b> Donated services and use of facilities .....  | <b>6</b>  | 35,977.     |
| <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>  | 40,542.     |
| <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> | 32,739,220. |

**Part XII Financial Statements and Reporting**

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

|  |           | Yes      | No       |
|--|-----------|----------|----------|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                           |           |          |          |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....  | <b>2a</b> |          | <b>X</b> |
| 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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |           |          |          |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? .....  | <b>2b</b> | <b>X</b> |          |
| 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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |           |          |          |
| <b>c</b> 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? .....  | <b>2c</b> | <b>X</b> |          |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  |           |          |          |
| <b>3a</b> 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>3a</b> |          | <b>X</b> |
| <b>b</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 .....  | <b>3b</b> |          |          |

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 X 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.
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**YOUNG MEN'S CHRISTIAN ASSOCIATION**

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <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 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total                  |
|--|----------|----------|----------|----------|----------|----------------------------|
| <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 Total support.</b> Add lines 7 through 10  |          |          |          |          |          |                            |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |                            |
| <b>13 First five years.</b> 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 <b>stop here</b> ..... |          |          |          |          |          | ► <input type="checkbox"/> |

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

|   |    |                            |
|---|----|----------------------------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....  | 14 | %                          |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....  | 15 | %                          |
| <b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | ► <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | ► <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    | ► <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    | ► <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    | ► <input type="checkbox"/> |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2014  | (b) 2015  | (c) 2016  | (d) 2017  | (e) 2018  | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   | 8083878.  | 3956502.  | 3318289.  | 3026967.  | 3303385.  | 21689021. |
| <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 ..... | 19226967. | 20330919. | 21845743. | 23365994. | 23624262. | 108393885 |
| <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 .....   | 27310845. | 24287421. | 25164032. | 26392961. | 26927647. | 130082906 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  | 44,729.   | 96,000.   | 44,150.   | 24,650.   | 203,191.  | 412,720.  |
| <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 .....           | 3855732.  | 416,809.  | 140,520.  | 144,512.  | 18,047.   | 4575620.  |
| <b>c</b> Add lines 7a and 7b .....  | 3900461.  | 512,809.  | 184,670.  | 169,162.  | 221,238.  | 4988340.  |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |           |           |           |           |           | 125094566 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014  | (b) 2015  | (c) 2016  | (d) 2017  | (e) 2018  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>9</b> Amounts from line 6 .....   | 27310845. | 24287421. | 25164032. | 26392961. | 26927647. | 130082906 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... | 341,652.  | 356,219.  | 279,484.  | 336,314.  | 381,166.  | 1694835.  |
| <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 .....   | 341,652.  | 356,219.  | 279,484.  | 336,314.  | 381,166.  | 1694835.  |
| <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.   | 60,260.   |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  | 137,998.  | 146,048.  | 245,243.  | 227,423.  |           | 756,712.  |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 27790495. | 24789688. | 25688759. | 26956698. | 27369073. | 132594713 |

**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 2018 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | 94.34 % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....                       | <b>16</b> | 94.29 % |

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

|  |           |        |
|--|-----------|--------|
| <b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | 1.28 % |
| <b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....                         | <b>18</b> | 1.26 % |

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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>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>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>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>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>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>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>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>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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (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 (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> Did the activities described in (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. Answer (a) and (b) below.   |  |  |
| <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>   |  |  |

**YOUNG MEN'S CHRISTIAN ASSOCIATION**

**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>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 <b>Part VI</b> ):                                   |                |                             |
| <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> |   | (A) Prior Year | (B) Current Year |
|---|---|----------------|------------------|
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)   | <b>1</b>       | Current Year     |
| <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). |                |                  |

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Schedule A (Form 990 or 990-EZ) 2018 **OF THE SUNCOAST, INC.**

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

Schedule A (Form 990 or 990-EZ) 2018

YOUNG MEN'S CHRISTIAN ASSOCIATION

Schedule A (Form 990 or 990-EZ) 2018 OF THE SUNCOAST, INC.

59-0810731 Page 8

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2018**

Name of the organization

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST, INC.**

Employer identification number

**59-0810731**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|  |   |
|--|---|
| Name of organization<br><b>YOUNG MEN'S CHRISTIAN ASSOCIATION<br/>OF THE SUNCOAST, INC.</b> | Employer identification number<br><b>59-0810731</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u>   | <hr/> <hr/> <hr/>                 | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>2</u>   | <hr/> <hr/> <hr/>                 | \$ <u>12,248.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>3</u>   | <hr/> <hr/> <hr/>                 | \$ <u>5,200.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>4</u>   | <hr/> <hr/> <hr/>                 | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>5</u>   | <hr/> <hr/> <hr/>                 | \$ <u>17,360.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>6</u>   | <hr/> <hr/> <hr/>                 | \$ <u>14,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>YOUNG MEN'S CHRISTIAN ASSOCIATION<br/>OF THE SUNCOAST, INC.</b> | Employer identification number<br><b>59-0810731</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | <hr/> <hr/> <hr/>                 | \$ <u>6,750.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | <hr/> <hr/> <hr/>                 | \$ <u>30,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | <hr/> <hr/> <hr/>                 | \$ <u>5,250.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | <hr/> <hr/> <hr/>                 | \$ <u>12,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | <hr/> <hr/> <hr/>                 | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | <hr/> <hr/> <hr/>                 | \$ <u>25,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|  |   |
|--|---|
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|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 13         | <hr/> <hr/> <hr/>                 | \$ <u>13,500.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | <hr/> <hr/> <hr/>                 | \$ <u>12,191.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | <hr/> <hr/> <hr/>                 | \$ <u>5,100.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         | <hr/> <hr/> <hr/>                 | \$ <u>5,010.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | <hr/> <hr/> <hr/>                 | \$ <u>6,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         | <hr/> <hr/> <hr/>                 | \$ <u>22,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>YOUNG MEN'S CHRISTIAN ASSOCIATION<br/>OF THE SUNCOAST, INC.</b> | Employer identification number<br><b>59-0810731</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 19         | <hr/> <hr/> <hr/>                 | \$ <u>100,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         | <hr/> <hr/> <hr/>                 | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         | <hr/> <hr/> <hr/>                 | \$ <u>16,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         | <hr/> <hr/> <hr/>                 | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         | <hr/> <hr/> <hr/>                 | \$ <u>291,738.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         | <hr/> <hr/> <hr/>                 | \$ <u>10,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
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| Name of organization<br><b>YOUNG MEN'S CHRISTIAN ASSOCIATION<br/>OF THE SUNCOAST, INC.</b> | Employer identification number<br><b>59-0810731</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 25         | _____<br>_____<br>_____           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         | _____<br>_____<br>_____           | \$ <u>19,780.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         | _____<br>_____<br>_____           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         | _____<br>_____<br>_____           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         | _____<br>_____<br>_____           | \$ <u>8,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         | _____<br>_____<br>_____           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>YOUNG MEN'S CHRISTIAN ASSOCIATION<br/>OF THE SUNCOAST, INC.</b> | Employer identification number<br><b>59-0810731</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 31         | <hr/> <hr/> <hr/>                 | \$ <u>10,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 32         | <hr/> <hr/> <hr/>                 | \$ <u>15,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 33         | <hr/> <hr/> <hr/>                 | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 34         | <hr/> <hr/> <hr/>                 | \$ <u>8,500.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 35         | <hr/> <hr/> <hr/>                 | \$ <u>9,442.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 36         | <hr/> <hr/> <hr/>                 | \$ <u>10,220.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
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|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 37         | <hr/> <hr/> <hr/>                 | \$ <u>24,924.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 38         | <hr/> <hr/> <hr/>                 | \$ <u>12,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 39         | <hr/> <hr/> <hr/>                 | \$ <u>30,100.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 40         | <hr/> <hr/> <hr/>                 | \$ <u>155,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 41         | <hr/> <hr/> <hr/>                 | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 42         | <hr/> <hr/> <hr/>                 | \$ <u>46,740.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>YOUNG MEN'S CHRISTIAN ASSOCIATION<br/>OF THE SUNCOAST, INC.</b> | Employer identification number<br><b>59-0810731</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 43         | <hr/> <hr/> <hr/>                 | \$ <u>40,500.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 44         | <hr/> <hr/> <hr/>                 | \$ <u>6,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 45         | <hr/> <hr/> <hr/>                 | \$ <u>24,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 46         | <hr/> <hr/> <hr/>                 | \$ <u>10,500.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 47         | <hr/> <hr/> <hr/>                 | \$ <u>5,250.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 48         | <hr/> <hr/> <hr/>                 | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>YOUNG MEN'S CHRISTIAN ASSOCIATION<br/>OF THE SUNCOAST, INC.</b> | Employer identification number<br><b>59-0810731</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 49         |                                   | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 50         |                                   | \$ <u>10,600.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 51         |                                   | \$ <u>10,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 52         |                                   | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 53         |                                   | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 54         |                                   | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>YOUNG MEN'S CHRISTIAN ASSOCIATION<br/>OF THE SUNCOAST, INC.</b> | Employer identification number<br><b>59-0810731</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 55         | <hr/> <hr/> <hr/>                 | \$ <u>13,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 56         | <hr/> <hr/> <hr/>                 | \$ <u>10,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 57         | <hr/> <hr/> <hr/>                 | \$ <u>255,035.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 58         | <hr/> <hr/> <hr/>                 | \$ <u>17,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 59         | <hr/> <hr/> <hr/>                 | \$ <u>7,500.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 60         | <hr/> <hr/> <hr/>                 | \$ <u>6,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|  |   |
|--|---|
| Name of organization<br><b>YOUNG MEN'S CHRISTIAN ASSOCIATION<br/>OF THE SUNCOAST, INC.</b> | Employer identification number<br><b>59-0810731</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 61         | _____<br>_____<br>_____           | \$ <u>20,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 62         | _____<br>_____<br>_____           | \$ <u>19,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 63         | _____<br>_____<br>_____           | \$ <u>15,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 64         | _____<br>_____<br>_____           | \$ <u>12,500.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 65         | _____<br>_____<br>_____           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 66         | _____<br>_____<br>_____           | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>YOUNG MEN'S CHRISTIAN ASSOCIATION<br/>OF THE SUNCOAST, INC.</b> | Employer identification number<br><b>59-0810731</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 67         |                                   | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 68         |                                   | \$ 41,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 69         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 70         |                                   | \$ 5,745.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 71         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 72         |                                   | \$ 155,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>YOUNG MEN'S CHRISTIAN ASSOCIATION<br/>OF THE SUNCOAST, INC.</b> | Employer identification number<br><b>59-0810731</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 73         |                                   | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 74         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 75         |                                   | \$ 5,200.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 76         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 77         |                                   | \$ 44,750.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 78         |                                   | \$ 9,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>YOUNG MEN'S CHRISTIAN ASSOCIATION<br/>OF THE SUNCOAST, INC.</b> | Employer identification number<br><b>59-0810731</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 79         | <hr/> <hr/> <hr/>                 | \$ <u>16,973.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 80         | <hr/> <hr/> <hr/>                 | \$ <u>12,500.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 81         | <hr/> <hr/> <hr/>                 | \$ <u>79,549.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 82         | <hr/> <hr/> <hr/>                 | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 83         | <hr/> <hr/> <hr/>                 | \$ <u>5,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 84         | <hr/> <hr/> <hr/>                 | \$ <u>7,000.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>YOUNG MEN'S CHRISTIAN ASSOCIATION<br/>OF THE SUNCOAST, INC.</b> | Employer identification number<br><b>59-0810731</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 85         | _____<br>_____<br>_____           | \$ <u>33,453.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 86         | _____<br>_____<br>_____           | \$ <u>6,173.</u>           | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 87         | _____<br>_____<br>_____           | \$ <u>7,315.</u>           | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| _____      | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><b>YOUNG MEN'S CHRISTIAN ASSOCIATION<br/>OF THE SUNCOAST, INC.</b> | Employer identification number<br><b>59-0810731</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|---|---|----------------------|
| 86                           | 100 BAG LUNCHES, RESTAURANT GIFT CERTIFICATES FOR AUCTION ITEMS | \$ 6,173.                                       | 04/13/18             |
| 87                           | 100 SHARES RAYMOND JAMES FINANCIAL STOCK                        | \$ 7,315.                                       | 12/27/18             |
|                              |   | \$ _____  | _____                |
|                              |   | \$ _____  | _____                |
|                              |   | \$ _____  | _____                |
|                              |   | \$ _____  | _____                |
|                              |   | \$ _____  | _____                |

|  |   |
|--|---|
| Name of organization<br><b>YOUNG MEN'S CHRISTIAN ASSOCIATION<br/>OF THE SUNCOAST, INC.</b> | Employer identification number<br><b>59-0810731</b> |
|--|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

|  |   |
|--|---|
| Name of organization<br><b>YOUNG MEN'S CHRISTIAN ASSOCIATION<br/>OF THE SUNCOAST, INC.</b> | Employer identification number<br><b>59-0810731</b> |
|--|---|

**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.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**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-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2018**



**YOUNG MEN'S CHRISTIAN ASSOCIATION**

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

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

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                       |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000   | 20% of the amount on line 1e.                            |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.         |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000.       |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.        |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000  | \$1,000,000.   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

**YOUNG MEN'S CHRISTIAN ASSOCIATION**

**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)).**

|   | (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?  |     | X  |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     | X  |        |
| <b>c</b> Media advertisements?  |     | X  |        |
| <b>d</b> Mailings to members, legislators, or the public?   |     | X  |        |
| <b>e</b> Publications, or published or broadcast statements?  |     | X  |        |
| <b>f</b> Grants to other organizations for lobbying purposes?   | X   |    | 2,648. |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     | X  |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | X  |        |
| <b>i</b> Other activities?  |     | X  |        |
| <b>j</b> Total. Add lines 1c through 1i   |     |    | 2,648. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     | X  |        |
| <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?  | 1   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   | 2   |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3   |    |

**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   | 1  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |    |  |
| <b>a</b> Current year   | 2a |  |
| <b>b</b> Carryover from last year   | 2b |  |
| <b>c</b> Total  | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3  |  |
| <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? | 4  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | 5  |  |

**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.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

YMCA OF THE SUNCOAST PAYS DUES TO "THE FLORIDA STATE ALLIANCE OF YMCAS" (THE ALLIANCE), A GROUP OF YMCAS IN THE STATE OF FLORIDA. 24.54% OF THE DUES COLLECTED FROM THE ALLIANCE FOR 2018 WERE USED FOR LOBBYING EXPENSES.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

**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 |
|---|--|------------------------------|
| 1 Total number at end of year .....   |  |                              |
| 2 Aggregate value of contributions to (during year) .....   |  |                              |
| 3 Aggregate value of grants from (during year) .....  |  |                              |
| 4 Aggregate value at end of year .....  |  |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> 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? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> 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 a 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 Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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 .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST, INC.**

**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>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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 on 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                     | 5,233,595.       | 4,686,886.     | 4,450,032.         | 4,691,034.           | 4,452,221.          |
| <b>b</b> Contributions                                  | 519,951.         | 52,239.        | 168,391.           | 85,726.              | 149,819.            |
| <b>c</b> Net investment earnings, gains, and losses     | -370,391.        | 616,470.       | 202,313.           | -192,898.            | 204,794.            |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs | 150,000.         | 122,000.       | 133,850.           | 133,830.             | 115,800.            |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            | 5,233,155.       | 5,233,595.     | 4,686,886.         | 4,450,032.           | 4,691,034.          |

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

- a** Board designated or quasi-endowment ▶ 48.01 %
- b** Permanent endowment ▶ 21.77 %
- c** Temporarily restricted endowment ▶ 30.22 %

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>  |     | <b>X</b> |
| <b>3a(ii)</b> |     | <b>X</b> |
| <b>3b</b>     |     |          |

**b** If "Yes" on line 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   |                                      | 42,749,855.                     | 20,796,986.                  | 21,952,869.    |
| <b>c</b> Leasehold improvements  |                                      | 2,734,529.                      | 2,508,370.                   | 226,159.       |
| <b>d</b> Equipment   |                                      | 6,657,944.                      | 5,167,555.                   | 1,490,389.     |
| <b>e</b> Other   |                                      | 15,971.                         |                              | 15,971.        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 27,313,076.    |

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST, INC.**

**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> (Col. (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> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) <b>INSURANCE FINANCING</b>  | 58,060.        |
| (3) <b>OBLIGATION UNDER CAPITAL LEASES</b>                                  | 117,547.       |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 175,607.       |

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

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST, INC.**

**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>  | 26,435,068. |
| <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> | -618,244.   |
| <b>b</b> | Donated services and use of facilities .....   | <b>2b</b> | 68,241.     |
| <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> | -550,003.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....   | <b>3</b>  | 26,985,071. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                 |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b .....                               | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.) .....   | <b>4b</b> | 428,265.    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> .....  | <b>4c</b> | 428,265.    |
| <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>  | 27,413,336. |

**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>  | 27,549,596. |
| <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> | 32,264.     |
| <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> | 32,264.     |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....  | <b>3</b>  | 27,517,332. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                    |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b .....                                | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.) .....  | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> .....   | <b>4c</b> | 0.          |
| <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>  | 27,517,332. |

**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.

**PART V, LINE 4:**

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). 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.

**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

**Part XIII** Supplemental Information (continued)

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"). 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 2015 THROUGH 2018 FOR ALL MAJOR TAX JURISDICTIONS.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

|   |           |
|---|-----------|
| INVESTMENT RETURN   | -247,156. |
| CONTRIBUTIONS AND GRANT FOR ACQUISITION OF CAPITAL ASSETS | 131,237.  |
| CONTRIBUTIONS TO ENDOWMENT                                | 519,951.  |
| GAIN ON SALE OF PROPERTY AND EQUIPMENT                    | 24,233.   |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B                     | 428,265.  |

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](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 Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    |                                   |   |   |

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



**YOUNG MEN'S CHRISTIAN ASSOCIATION**

**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.

|                        |  | (a) Event #1           | (b) Event #2        | (c) Other events | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|------------------------|--|------------------------|---------------------|------------------|--|
|                        |  | FISHING<br>TOURNAMENTS | SWIM TEAM<br>EVENTS | 8                |  |
|                        | Revenue  | (event type)           | (event type)        | (total number)   |  |
| 1                      | Gross receipts .....   | 70,632.                | 84,551.             | 213,731.         | 368,914.   |
| 2                      | Less: Contributions .....  | 30,548.                |                     | 97,380.          | 127,928.   |
| 3                      | Gross income (line 1 minus line 2) .....                           | 40,084.                | 84,551.             | 116,351.         | 240,986.   |
| <b>Direct Expenses</b> |  |                        |                     |                  |  |
| 4                      | Cash prizes .....  |                        |                     |                  |  |
| 5                      | Noncash prizes .....   | 1,637.                 |                     | 2,314.           | 3,951.   |
| 6                      | Rent/facility costs .....  | 100.                   |                     | 2,393.           | 2,493.   |
| 7                      | Food and beverages .....   | 8,450.                 |                     | 12,548.          | 20,998.  |
| 8                      | Entertainment .....  |                        |                     |                  |  |
| 9                      | Other direct expenses .....  | 19,559.                | 73,144.             | 60,581.          | 153,284.   |
| 10                     | Direct expense summary. Add lines 4 through 9 in column (d) .....  |                        |                     |                  | 180,726.   |
| 11                     | Net income summary. Subtract line 10 from line 3, column (d) ..... |                        |                     |                  | 60,260.  |

**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.

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

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

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

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

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

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

YOUNG MEN'S CHRISTIAN ASSOCIATION

Schedule G (Form 990 or 990-EZ) 2018 OF THE SUNCOAST, INC.

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

- 13 Indicate the percentage of gaming activity conducted in:
 

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST, INC.

Schedule G (Form 990 or 990-EZ)

59-0810731 Page 4

**Part IV** Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2018**

**Open to Public  
Inspection**

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.

| <b>1 (a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| 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.                          | 0.                                       | N/A  | N/A  | FURTHERANCE OF EXEMPT PURPOSE             |
| YMCA BLUE RIDGE ASSEMBLY 84 BLUE RIDGE CIR BLACK MOUNTAIN, NC 28711                                   | 56-0532130     | 501(C)(3)                              | 5,500.                          | 0.                                       | 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 ..... ▶

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Schedule I (Form 990) (2018)

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST, INC.**

**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 non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

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

**PART I, LINE 2:**

EACH RECIPIENT IS A YMCA ORGANIZATION. WE RECEIVE REPORTINGS FROM THE ORGANIZATIONS ON THE USES OF THE DONATIONS AND REVIEW THEIR 990S ON GUIDESTAR. THE CEO ALSO RECEIVES UPDATES AND REPORTINGS FROM BOTH ORGANIZATIONS ON THEIR CHARITABLE WORK.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**59-0810731**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input 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 |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** 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.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | X   |    |
| <b>2</b>  | X   |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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Schedule J (Form 990) 2018

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST, INC.**

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

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

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

| (A) Name and Title                            |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) G. SCOTT GOYER<br>PRESIDENT & CEO         | (i)  | 261,795.   | 200.                                | 18,575.                             | 33,000.  | 29,771.                 | 343,341.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) THOMAS BUTTON<br>COO                      | (i)  | 147,819.   | 200.                                | 5,021.                              | 20,283.  | 37,332.                 | 210,655.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) CAROL PARKS<br>SR VP/CHIEF ADMINISTRATION | (i)  | 143,249.   | 200.                                | 2,381.                              | 17,776.  | 7,996.                  | 171,602.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III** Supplemental Information

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

**PART I, LINE 1A:**

THE 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 2018 AND  
TAXED AS COMPENSATION WERE \$7,869 (12 MONTHS).



**Supplemental Information on Tax-Exempt Bonds**

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

▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](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**

| <b>Part I Bond Issues</b> |  | <b>SEE PART VI FOR COLUMN (A) CONTINUATIONS</b> |             |                 |                 |                            |              |    |                         |    |                      |    |
|---------------------------|--|---|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
|                           | (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) Pooled financing |    |
|                           |  |   |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                  | No |
| <b>A</b>                  | PINELLAS COUNTY INDUSTRIAL DEVELOPMENT A | 59-6000800                                      | NONE        | 08/01/18        | 10270150.       | SEE PART VI                |              | X  |                         | X  |                      | X  |
| <b>B</b>                  |  |   |             |                 |                 |                            |              |    |                         |    |                      |    |
| <b>C</b>                  |  |   |             |                 |                 |                            |              |    |                         |    |                      |    |
| <b>D</b>                  |  |   |             |                 |                 |                            |              |    |                         |    |                      |    |

| <b>Part II Proceeds</b> |  | <b>A</b>    |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|-------------------------|--|-------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| <b>1</b>                | Amount of bonds retired .....  | 3,749,428.  |           |            |           |            |           |            |           |
| <b>2</b>                | Amount of bonds legally defeased .....   |             |           |            |           |            |           |            |           |
| <b>3</b>                | Total proceeds of issue .....  | 10,270,150. |           |            |           |            |           |            |           |
| <b>4</b>                | Gross proceeds in reserve funds .....  |             |           |            |           |            |           |            |           |
| <b>5</b>                | Capitalized interest from proceeds .....   |             |           |            |           |            |           |            |           |
| <b>6</b>                | Proceeds in refunding escrows .....  |             |           |            |           |            |           |            |           |
| <b>7</b>                | Issuance costs from proceeds .....   | 173,619.    |           |            |           |            |           |            |           |
| <b>8</b>                | Credit enhancement from proceeds .....   |             |           |            |           |            |           |            |           |
| <b>9</b>                | Working capital expenditures from proceeds .....   |             |           |            |           |            |           |            |           |
| <b>10</b>               | Capital expenditures from proceeds .....   |             |           |            |           |            |           |            |           |
| <b>11</b>               | Other spent proceeds .....   | 10,096,531. |           |            |           |            |           |            |           |
| <b>12</b>               | Other unspent proceeds .....   |             |           |            |           |            |           |            |           |
| <b>13</b>               | Year of substantial completion .....   |             |           |            |           |            |           |            |           |
|                         |  | <b>Yes</b>  | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>14</b>               | Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? ..... | X           |           |            |           |            |           |            |           |
| <b>15</b>               | Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....   |             | X         |            |           |            |           |            |           |
| <b>16</b>               | Has the final allocation of proceeds been made? .....  | X           |           |            |           |            |           |            |           |
| <b>17</b>               | Does the organization maintain adequate books and records to support the final allocation of proceeds? .....                           | X           |           |            |           |            |           |            |           |

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST, INC.**

| 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  |     |    |     |    |     |    |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? .....  |     | X  |     |    |     |    |     |    |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?   |     |    |     |    |     |    |     |    |
| c Are there any research agreements that may result in private business use of bond-financed property? .....   |     | X  |     |    |     |    |     |    |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....   |     |    |     |    |     |    |     |    |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....  |     | %  |     | %  |     | %  |     | %  |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ..... |     | %  |     | %  |     | %  |     | %  |
| 6 Total of lines 4 and 5 .....   |     | %  |     | %  |     | %  |     | %  |
| 7 Does the bond issue meet the private security or payment test? .....   | X   |    |     |    |     |    |     |    |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?   |     | X  |     |    |     |    |     |    |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....  |     | %  |     | %  |     | %  |     | %  |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....  |     |    |     |    |     |    |     |    |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....                           | X   |    |     |    |     |    |     |    |

| Part IV Arbitrage  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? ..... |     | X  |     |    |     |    |     |    |
| 2 If "No" to line 1, did the following apply? .....  |     |    |     |    |     |    |     |    |
| a Rebate not due yet? .....  |     | X  |     |    |     |    |     |    |
| b Exception to rebate? .....   | X   |    |     |    |     |    |     |    |
| c No rebate due? .....   | X   |    |     |    |     |    |     |    |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....                          |     |    |     |    |     |    |     |    |
| 3 Is the bond issue a variable rate issue? .....   | X   |    |     |    |     |    |     |    |

**YOUNG MEN'S CHRISTIAN ASSOCIATION  
OF THE SUNCOAST, INC.**

**Part IV Arbitrage (Continued)**

|  | A             |          | B   |    | C   |    | D   |    |
|--|---------------|----------|-----|----|-----|----|-----|----|
|  | Yes           | No       | Yes | No | Yes | No | Yes | No |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? ..... | <b>X</b>      |          |     |    |     |    |     |    |
| <b>b</b> Name of provider .....  | SUNTRUST BANK |          |     |    |     |    |     |    |
| <b>c</b> Term of hedge .....   | 10.0000000    |          |     |    |     |    |     |    |
| <b>d</b> Was the hedge superintegrated? .....  |               | <b>X</b> |     |    |     |    |     |    |
| <b>e</b> Was the hedge terminated? .....   |               | <b>X</b> |     |    |     |    |     |    |
| <b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....  |               | <b>X</b> |     |    |     |    |     |    |
| <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? .....  |               | <b>X</b> |     |    |     |    |     |    |
| <b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....                 | <b>X</b>      |          |     |    |     |    |     |    |

**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 isn't available under applicable regulations? ..... | <b>X</b> |    |     |    |     |    |     |    |

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

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: PINELLAS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY

**SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:**

(A) ISSUER NAME: PINELLAS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY

DATE THE REBATE COMPUTATION WAS PERFORMED: 11/03/2017

**(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 L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2018**

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Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **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 Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----------------------------------|---|--------------------------------|----------------|----|
|                                   |   |                                | Yes            | No |
|                                   |   |                                |                |    |
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|                                   |   |                                |                |    |

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

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

**Part III Grants or Assistance Benefiting Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
|                               |   |                          |                        |                           |
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**YOUNG MEN'S CHRISTIAN ASSOCIATION**

Schedule L (Form 990 or 990-EZ) 2018 **OF THE SUNCOAST, INC.**

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

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| DAVID L. BRANDON              | BOARD MEMBER  | 203,569.                  | THE BOARD M                    |   | X  |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
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|                               |   |                           |                                |   |    |

**Part V Supplemental Information.**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DAVID L. BRANDON

(D) DESCRIPTION OF TRANSACTION: THE BOARD MEMBER IS THE OWNER OF BRANDON CONSTRUCTION COMPANY WHICH WAS AWARDED THE CONTRACT FOR THE CONSTRUCTION OF THE CITRUS FACILITY. THE CONSTRUCTION OF THE FACILITY COMMENCED IN MAY 2015. THE AMOUNT REPORTED REPRESENTS THE CONTRACTOR DRAW PAYMENTS MADE FOR CONSTRUCTION SERVICES DURING THE YEAR.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

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| Name of the organization | YOUNG MEN'S CHRISTIAN ASSOCIATION<br>OF THE SUNCOAST, INC. | Employer identification number<br>59-0810731 |
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

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 122,000 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.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE YMCA OF THE SUNCOAST HAS CONTINUED TO STRENGTHEN MEANINGFUL

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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.

FEDERAL GRANT FOR ENHANCEFITNESS. IN 2018, THE YMCA OF THE SUNCOAST WAS AWARDED A FEDERAL GRANT FROM THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, ADMINISTRATION FOR COMMUNITY LIVING TO EXPAND THE REACH OF OUR ENHANCEFITNESS PROGRAM FOR FALLS PREVENTION. THE GRANT IS IN PARTNERSHIP WITH THE YMCAS OF TAMPA AND ST PETERSBURG AND BAYCARE HEALTH SYSTEM TO SERVE OVER 4,000 INDIVIDUALS IN SIX COUNTIES OVER THE 3-YEAR PERIOD JULY 2018 THROUGH JUNE 2021. THE PROJECT ALSO FOCUSES ON WORKING WITH BAYCARE HEALTH TO CREATE AND TEST A SUSTAINABILITY MODEL TO CONTINUE THE WORK AFTER THE GRANT PERIOD ENDS.

MEDICARE PROVIDER. THE YMCA BECAME AN APPROVED FEE-FOR-SERVICE CONTRACTOR FOR MEDICARE TO OFFER THE YMCA'S DIABETES PREVENTION PROGRAM TO MEDICARE-ELIGIBLE PATIENTS.

MIDDLE SCHOOLS. WE ADDED OSCEOLA MIDDLE SCHOOL IN SEMINOLE, FLORIDA AS A NEW SITE FOR BEFORE AND AFTER CARE PROGRAMS. WE NOW SERVE MIDDLE SCHOOL STUDENTS IN NINE SCHOOLS ACROSS OUR SERVICE AREA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE YMCA PROVIDES BEFORE AND AFTERSCHOOL CARE THROUGHOUT THE SCHOOL YEAR TO PRE-K, ELEMENTARY AND MIDDLE SCHOOL-AGE CHILDREN RESIDING FROM PINELLAS TO CITRUS COUNTY, INCLUDING SPECIAL NEEDS AND DEVELOPMENTALLY DISABLED CHILDREN. YMCA SCHOOL AGE CARE ENSURES THAT THE TIME GAPS

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BEFORE AND AFTER SCHOOL ARE FILLED CREATIVELY AND CONSTRUCTIVELY. THIS PROGRAM PROVIDES WORKING PARENTS WITH SAFE, EDUCATIONAL, AFFORDABLE, QUALITY SUPERVISION FOR THEIR CHILDREN FROM THE HOURS OF 6:30 A.M. TO THE BEGINNING OF SCHOOL, AND FROM SCHOOL DISMISSAL TO 6:00 P.M., AND ALL DAY ON SCHOOL HOLIDAYS. ALL OF OUR AFTERSCHOOL PROGRAMS FOCUS ON YOUTH DEVELOPMENT FOR ALL COMMUNITIES WITH A HOLISTIC DEVELOPMENT APPROACH (SOCIAL/EMOTIONAL, PHYSICAL AND COGNITIVE/ACADEMIC). 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.

CHILDREN HAVE THE CHANCE TO EXPRESS THEIR TALENTS IN THE ARTS, SPORTS, AND OTHER AREAS OF INTEREST, TAKING ADVANTAGE OF ALL THE Y HAS TO OFFER. KIDS FIND OUT WHAT SUCCESS IS ALL ABOUT IN AN APPROACH THAT SAYS, "EVERYBODY PLAYS, EVERYBODY WINS." TIME IS SET ASIDE FOR TACKLING HOMEWORK WITH ADULT HELP AVAILABLE.

PROGRAM COMPONENTS INCLUDE HEALTH AND WELLNESS, ACADEMICS, SCIENCE, TECHNOLOGY, ENGINEERING AND MATH ("STEM"), LEADERSHIP DEVELOPMENT, SERVICE LEARNING, ARTS EDUCATION, GLOBAL LEARNING AND PARENT AND CAREGIVER ENGAGEMENT. ALL YOUTH PARTICIPATE IN VALUE SESSIONS FOCUSING ON CHARACTER DEVELOPMENT AND ARE PROVIDED ENRICHMENT OPPORTUNITIES TO INCLUDE SWIMMING AND OUTDOOR RECREATION. EACH OF THESE PROGRAMS CONTRIBUTE TO DEVELOPING FAMILY INTERACTION AND COMMUNICATION, AS WELL AS EDUCATING CHILDREN IN THE IMPORTANCE OF FAMILY, COMMUNITY AND MAKING GOOD CHOICES FOR A HEALTHY FUTURE.

THE FRAMEWORK FOR EACH PROGRAM IS BASED ON THE CORE VALUES OF THE YMCA:



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CARING, HONESTY, RESPECT AND RESPONSIBILITY. WE RECOGNIZE THAT ALL CHILDREN CAN LEARN AND ACHIEVE AND THAT CHILDREN HAVE DIFFERENT LEARNING STYLES, DIFFERENT INTERESTS, AND DIFFERENT TALENTS WHICH CAN BE FOSTERED TO MAXIMIZE SUCCESS INSIDE AND OUTSIDE OF THE CLASSROOM. OUR YMCA PROVIDES 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 SCHOOL AGE PROGRAMS PROVIDING BEFORE AND AFTERSCHOOL CARE PROGRAMS OPERATES IN 60 ELEMENTARY SCHOOLS, MIDDLE SCHOOLS AND YMCA SITES SERVING OVER 7,600 CHILDREN THROUGHOUT THE SCHOOL YEAR. YMCA-SUBSIDIZED FINANCIAL ASSISTANCE WAS PROVIDED FOR APPROXIMATELY 20% OF THOSE CHILDREN TOTALING \$601,000.

A SUCCESSFUL AFTERSCHOOL SIGNATURE ACADEMIC AND ENRICHMENT FOCUSED PROGRAM, THE ACHIEVEMENT GAP PROGRAM, OPERATES WITHIN PINELLAS, PASCO AND HERNANDO COUNTY SCHOOLS. THIS BEGAN AS A PILOT IN 2012 IN ONE ELEMENTARY SCHOOL AND NOW OPERATES IN ELEVEN LOCATIONS IN 2018. KEY PROGRAM FEATURES COMBINE COMMUNITY PARTNERSHIPS AND JOINT EDUCATIONAL LEARNING AND TUTORING TO BENEFIT STUDENTS WHO ARE FALLING BEHIND. 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. OUR PROGRAMS ALSO USE GRAFFITI WALL, A CURRICULUM FOCUSING ON GLOBAL LEARNING AND STEM. IT HAS GAMES, PUZZLES, ACTIVITIES AND PROJECTS THAT ENGAGE THE CHILDREN IN THINKING "OUTSIDE

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OF THE BOX" IN THESE COMPONENT AREAS.

THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY (JWB) FUNDED A NUMBER OF SLOTS FOR CHILDREN WITH FINANCIAL NEED TO ATTEND ONE OF SIX DIFFERENT ELEMENTARY SCHOOL SITES OF THE PROMISE TIME PROGRAM AT NO COST TO THEM. THE PROGRAM PROVIDES BEFORE AND AFTER-CARE STAFFING, TUTORS, SCHOOL LIAISONS AND ENRICHMENT LEARNING ACTIVITIES (ARTS, STEM). THE FUNDS PAY FOR THE Y TO INCORPORATE TUTORING AND ENRICHMENT COMPONENTS TO THESE ELEMENTARY SCHOOLS. A NEEDS ASSESSMENT FOR FAMILIES WAS INCLUDED.

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). IN HERNANDO AND CITRUS COUNTIES, SOME SCHOOLS ALSO OFFER THE FREE DINNER PROGRAM. THE ENROLLMENT COST TO CHILDREN IS FREE AND THE COST TO ADDITIONAL FAMILY MEMBERS IS NOMINAL. ALONG WITH THESE MEALS, YS OFFER EDUCATIONAL PROGRAMMING TO COMPLEMENT YOUTH DEVELOPMENT, INCREASE NUTRITIONAL QUALITY AND PHYSICAL ACTIVITIES FOLLOWING HEALTHY EATING AND PHYSICAL ACTIVITY (HEPA) STANDARDS.

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 KIDS, Y CAMP IS A FUN WAY TO ENJOY THE SUMMER. FOR MOMS AND DADS, IT IS A WAY TO GIVE THEIR CHILDREN A POSITIVE DEVELOPMENTAL EXPERIENCE. FOR PARENTS WHO WORK OUTSIDE THE HOME, Y CAMP ALSO SERVES AS CHILDCARE. SOME PARTICIPANTS ATTEND FOR THE SOCIAL AND

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EDUCATIONAL BENEFITS, EVEN THOUGH A PARENT MAY BE AT HOME. SERVICE  
 BEGINS THE FIRST DAY OF SUMMER VACATION AND CONTINUES UNTIL SCHOOL  
 BEGINS AGAIN IN THE FALL. FOR MORE THAN 4,300 CHILDREN IN 2018, CAMP  
 PROVIDED HIGH QUALITY, AFFORDABLE, SAFE PLACES WITH QUALIFIED  
 SUPERVISION. YMCA-SUBSIDIZED FINANCIAL ASSISTANCE WAS AWARDED TO  
 APPROXIMATELY 20% OF CAMPERS, TOTALING \$293,000.

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  
 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.

DEPENDING ON THE AGE LEVEL, STAFF RATIOS RANGE FROM 1:10 TO 1:25. CAMP  
 FOCUSES ON THE INDIVIDUAL CAMPER-TO-COUNSELOR RELATIONSHIP BASED ON THE  
 WORTH OF INDIVIDUALS AS A BIRTHRIGHT. THIS RELATIONSHIP IS THE PRIMARY  
 VEHICLE FOR THE DEVELOPMENT OF POSITIVE SELF-ESTEEM, UPON WHICH, WE  
 BELIEVE, ALL BEHAVIOR IS BASED. OUTDOOR EDUCATION, OUTDOOR SKILL  
 DEVELOPMENT, AND SHARING OF INTERNATIONAL CULTURES THROUGH COUNSELOR  
 EXCHANGE PROGRAMS REMAIN IMPORTANT PARTS OF THE CONTENT OF OUR  
 PROGRAMS. AS "THE EXPERIENCE THAT LASTS A LIFETIME", YMCA CAMPING IS  
 WHERE THE CHILD SPENDS THE MOST TIME DURING THE SUMMER - A  
 RESPONSIBILITY THAT THE YMCA TAKES VERY SERIOUSLY.

THE BELL POWER SCHOLARS ACADEMY SUMMER PROGRAM OPERATED IN TWO SCHOOL  
 LOCATIONS IN PASCO COUNTY AND INTRODUCED 188 SCHOLARS IN GRADES K-5 TO  
 A CULTURE OF HIGH EXPECTATIONS. STUDENTS WERE ENCOURAGED TO "DISCOVER

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THE GENIUS WITHIN" THROUGH WEEKLY THEMES, COLLEGE AND CAREER READINESS OVER A SIX-WEEK PERIOD. PREVIOUSLY UNDERPERFORMING SCHOLARS INCREASED AN AVERAGE 1 MONTHS' GRADE-EQUIVALENT IN READING GAINS AND AN AVERAGE 1 MONTHS' 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 850 CHILDREN (IN WRAP AROUND CARE) FUNDED IN FULL OR IN PART BY THE JUVENILE WELFARE BOARD TO ATTEND THE SUMMER SCHOOL LEARNING SESSIONS. MANY OF THESE CHILDREN WOULD NOT HAVE HAD A YMCA SUMMER CAMP EXPERIENCE WITHOUT BEING INVOLVED IN THIS FREE PROGRAM TO BRING THEM CLOSER TO THEIR GRADE LEVEL REQUIREMENTS.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

IN PINELLAS COUNTY, FOUR FEE-BASED MIDDLE SCHOOL PROGRAMS OPERATE CALLED Y LEARNING ACADEMIES. THESE Y LEARNING ACADEMIES CREATE 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. PERSONAL ENRICHMENT (PE) CLUBS INCLUDE CHOICES OF TECHNOLOGY, SPORTS SCIENCE, ENGINEERING, ART EDUCATION, LIFE SKILLS AND MORE. ACADEMIC ENRICHMENT (AE) FOLLOWS A PROJECT BASED LEARNING (PBL) FORMAT IN ORDER TO SHOWCASE THE ASSESSMENT, STANDARDS, AND EDUCATIONAL SUPPORTS. AE CATEGORIES INCLUDE SCIENCE, MATH, LANGUAGE ARTS, NUTRITION AND WELLNESS, CHARACTER EDUCATION, ENGINEERING, TECHNOLOGY, AND COLLEGE AND CAREER PREPARATION. HANDS ON OPPORTUNITIES IN CODING, VIDEO PRODUCTION, ROBOTICS, PODCASTING, PROGRAMMING, AND OTHER STEM PROJECTS MAKE THE Y LEARNING

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ACADEMIES THE VEHICLE BY WHICH MIDDLE SCHOOL STUDENTS ACHIEVE GREATER SUCCESS IN THEIR ACADEMIC PURSUITS AND IN THEIR LIVES, HELPING MORE STUDENTS ACHIEVE HIGH SCHOOL GRADUATION, COLLEGE ATTAINMENT, AND TRANSITION INTO STEM FIELDS IN THE WORKFORCE. THE Y LEARNING ACADEMIES MEASURE SUCCESS USING A PRE- AND POST-TEST TO TRACK THE INCREASE IN STUDENT KNOWLEDGE OF AND INTEREST IN STEM FIELDS. OUTCOMES WE EXPECT TO ACHIEVE ARE 75% OF STUDENTS WILL INCREASE THEIR INTEREST IN STEM FIELDS OVER NON-STEM FIELDS FROM PRE- TO POST-PROGRAM ASSESSMENT, AND 80% OF STUDENTS WILL BE ABLE TO IDENTIFY AT LEAST FIVE PROFESSIONAL STEM CAREER TRACKS. IN 2017, THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY FUNDED THE PURCHASE OF 10 ZSPACE VIRTUAL REALITY COMPUTER SYSTEMS THAT ALLOW STUDENTS EXPOSURE TO STEM LESSONS IN AN AUDIO VISUAL, VIRTUAL REALITY INTERACTIVE FORMAT. THESE WORKSTATIONS ARE USED IN THREE PINELLAS COUNTY MIDDLE SCHOOLS ALLOWING STUDENTS TO SUPPLEMENT CLASSROOM LEARNINGS AND MAKE STEM CONCEPTS FUN.

YMCA SWIM, SPORTS AND PLAY PROGRAMS PROMOTE AN APPRECIATION OF ONE'S OWN WORTH. YOUTH SPORTS FOCUS ON THE FULL AND EQUAL PARTICIPATION OF ALL: EVERY CHILD PLAYS IN EVERY GAME. YOUNG PEOPLE PARTICIPATING IN SPORTS BUILD LIFELONG POSITIVE ATTITUDES, ESTABLISH HABITS OF HEALTHY EXERCISE AND GOOD 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 5,900 CHILDREN (SOME

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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.

THE YMCA OF THE SUNCOAST USES LISTEN 360, AN ONLINE SURVEY PROVIDER, TO GATHER REAL-TIME PARENT AND CAREGIVER FEEDBACK REGARDING OUR PROGRAMS.

THE COMMENTS AND RESPONSES ALLOW THE YMCA TO RESPOND MORE QUICKLY TO AREAS IN NEED OF ATTENTION AS WELL AS RECOGNIZE STAFF PROVIDING POSITIVE ROLE-MODELING. 88% OF THE PARENTS SURVEYED INDICATED THAT THEIR CHILD IS ENJOYING THEIR EXPERIENCE AT THE Y AND 94% OF THE PARENTS SHARED THAT THEIR CHILD HAS BUILT FRIENDSHIPS AT THE Y.

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. CAMP COAST AND CAMP COAST MIDDLE SCHOOL ARE DESIGNED FOR CHILDREN ON THE AUTISM SPECTRUM BETWEEN THE AGES OF 5-10 AND 11-14. OUR SUCCESSFUL SUMMER CAMPS PROVIDE AN EXPERIENCE FILLED WITH CRAFTS, GAMES, HORSEBACK RIDING, FIELD TRIPS AND SWIMMING. THESE CHILDREN ALSO INTERACTED WITH OTHER NEURO-TYPICAL TEENS FROM A SERVICE-ORIENTED CAMP. BOTH CAMPS LEARNED FROM ONE ANOTHER WHETHER IT WAS GAINING EMPATHY AND NEW FRIENDSHIPS OR IMPROVING SOCIAL SKILLS AND HAVING A SENSE OF BELONGING.

IN 2018, THE YMCA OF THE SUNCOAST SERVED MORE THAN 14,000 TWEENS AND TEENS (BETWEEN THE AGES OF 11-17) IN A VARIETY OF PROGRAMS AND THROUGH Y MEMBERSHIPS. YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS POSITIVE ROLE

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MODELS TO HELP THEM DEVELOP SELF-ESTEEM AND GOOD VALUES, INCLUDING COOPERATION, RESPECT FOR THE BODY, GOOD CITIZENSHIP, AND A STRONG WORK ETHIC. TEEN ACTIVITIES ARE AMONG THE MOST RAPIDLY GROWING YMCA PROGRAMS, REFLECTING THE GROWING AWARENESS THAT ADOLESCENTS NEED STRUCTURE AND ACTIVITIES, ESPECIALLY IN THE AFTER-SCHOOL HOURS.

THE YMCA YOUTH IN GOVERNMENT PROGRAM SERVED 28 STUDENTS FROM HIGH SCHOOLS IN PINELLAS AND CITRUS COUNTIES. ACTIVITY DAYS EXPOSE THE TEENS TO LOCAL GOVERNMENT LEADERS AND BUSINESS OPERATORS FOR LEADERSHIP AND BETTER UNDERSTANDING OF THEIR COUNTY. STUDENTS LEARN FIRST-HAND ABOUT GOVERNMENT AND CIVIC ISSUES, COLLABORATE ON POSSIBLE SOLUTIONS AND 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 INCLUDING ONE FOR THE SENIOR JUSTICE OF THE SUPREME COURT.

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. WE CONTINUE TO SERVE TEENS WELL AND LOOK TO FIND MORE WAYS TO ENGAGE TEENS IN YMCA PROGRAMS.

DEVELOPED IN PARTNERSHIP WITH THE ORGANIZATIONS LEADERSHIP PINELLAS AND LEADERSHIP CITRUS, YOUTH LEADERSHIP PINELLAS AND YOUTH LEADERSHIP CITRUS SEEK TO EDUCATE INTERESTED HIGH SCHOOL TEENS LIVING IN PINELLAS AND CITRUS COUNTIES IN FLORIDA ON COMMUNITY ISSUES, DEVELOP LEADERSHIP POTENTIAL AND FOSTER INVOLVEMENT IN COMMUNITY SERVICES. THE ANNUAL

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9-MONTH PROGRAM IS A PARTNERSHIP BETWEEN THE ADULT-RUN LEADERSHIP ORGANIZATION AND YMCA OF THE SUNCOAST. ACTIVITIES BRING TOGETHER PEOPLE OF DIVERSE BACKGROUNDS FROM THE PUBLIC AND PRIVATE SECTORS. THE YOUTH PROGRAM IS DESIGNED FOR STUDENTS ENTERING THEIR JUNIOR YEAR OF HIGH SCHOOL TO FOSTER INVOLVEMENT IN COMMUNITY SERVICES. 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 2018 INCLUDED 59 STUDENTS.

LEADERS CLUBS MEET AT FIVE OF OUR YMCA BRANCHES. THE PROGRAM INSTILLS POSITIVE DISCIPLINE BY DEVELOPING LEADERSHIP QUALITIES, BUILDS 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 COMMUNITY SERVICE EXPERIENCE THROUGH VOLUNTEER ACTIVITY. IN 2018, 126 YOUTH AGES 12-17 TOOK PART IN OUR LEADERS CLUBS.

TEENS FROM AROUND THE COUNTRY GATHERED 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. THE YMCA OF THE SUNCOAST SENT 24 LOCAL TEENS FROM OUR LEADERS CLUBS TO PARTICIPATE IN HEALTHY ACTIVITIES WHILE DEMONSTRATING TRADITIONAL CHRISTIAN VALUES.

THE GREATER RIDGECREST YMCA HELD A TEEN ACHIEVERS SUMMER CAMP FOR 32 LOCAL YOUTH BETWEEN THE AGES OF 12-16. TEENS TOURED LOCAL COMPANIES IN SEVERAL OCCUPATIONAL FIELDS TO BETTER UNDERSTAND THE CAREER PATH REQUIRED TO ACHIEVE POSITIONS IN THESE COMPANIES. FIELD TRIPS INCLUDED



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EXPOSURE TO THE LOCAL COLLEGE, COUNTY GOVERNMENT, AS WELL AS SESSIONS ON USING PUBLIC TRANSPORTATION AND PREPARING THEMSELVES FOR THE UPCOMING SCHOOL YEAR. TEENS PARTICIPATED IN SERVICE PROJECT TIME BY ASSISTING WITH FEEDING AMERICA FOOD DISTRIBUTION.

WE CONTINUE WORK IN OUR EARLY LEARNING READINESS (ELR) PROGRAM AT THE HIGH POINT YMCA AND NOW THE CLEARWATER YMCA WITH TWO ONGOING 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 IS DESIGNED TO HELP CHILDREN WITH LANGUAGE SKILLS AND HELP THEM ENTER SCHOOL READY TO SUCCEED. IN 2018, THE PROGRAM GAVE 48 PARENTS, CAREGIVERS AND CHILDREN SKILLS TO ENCOURAGE LEARNING.

WE OFFER CHILDREN THE OPPORTUNITY TO LEARN TO FISH AND RESPECT THE ENVIRONMENT WITH THREE KIDS' FISHING TOURNAMENTS HELD ACROSS THE SERVICE AREA DURING THE YEAR. APPROXIMATELY 500 CHILDREN BENEFIT FROM THESE VOLUNTEER-LED EVENTS EACH YEAR.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IN 2018, WE PROVIDED \$786,000 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

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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 YMCA OF THE USA HEALTH INNOVATION INITIATIVES. ON A NATIONAL LEVEL, THE Y CONTINUES TO SUPPORT FORMER FIRST LADY MICHELLE OBAMA'S PARTNERSHIP FOR A HEALTHIER AMERICA INITIATIVE. THE COMMITMENT FOCUSES ON ENDING THE CHILDHOOD OBESITY EPIDEMIC AND WORKS WITH THE PRIVATE SECTOR TO SOLVE THE NATION'S CHILDHOOD OBESITY CRISIS. YMCAS HAVE ALWAYS BEEN COMMITTED TO FOSTERING HEALTHY ENVIRONMENTS FOR THOSE IN ITS CARE. THIS COMMITMENT ESTABLISHES STANDARDS HELPING TO CREATE THE HEALTHIEST ENVIRONMENTS POSSIBLE. MOST IMPORTANTLY, THE Y'S COMMITMENT MEANS THAT WE CAN HELP MAKE THE HEALTHY CHOICE THE EASY CHOICE FOR THE HUNDREDS OF THOUSANDS OF BUSY PARENTS WHO RELY ON THE Y FOR EARLY CHILDHOOD AND AFTERSCHOOL PROGRAMS.

FOR ADULTS THE YMCA HAS CONTINUED TO FOCUS ON THE NEEDS OF THE PEOPLE WHO MOST NEED OUR SUPPORT TO MAKE HEALTHY BEHAVIOR CHANGES. USING NEW DATA COLLECTION TECHNIQUES LEARNED AS A RESULT OF OUR CONTINUING

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PARTICIPATION IN YMCA OF THE USA HEALTH INNOVATION INITIATIVES, THE YMCA OF THE SUNCOAST PAID PARTICULAR ATTENTION TO THE WAY IN WHICH WE ENGAGED HEALTH SEEKERS LOOKING AT OUR PROGRAMS THROUGH A NEW LENS. WITH OUR HEALTHY LIVING FRAMEWORK, WE'RE FOCUSING ON PROMOTING WELL-BEING, REDUCING RISK, AND RECLAIMING HEALTH. MANY ARE FIGHTING CHRONIC DISEASE, AND IT IS OUR GOAL TO HELP EACH INDIVIDUAL FIND HIS OR HER WAY TO THE PROGRAM OR PLACE IN OUR YMCA THAT WILL BEST HELP THEM CONNECT TO A LIFE CHANGING ACTIVITY, GROUP, OR NEW BEHAVIOR. OUR SMARTSTART MEMBER ONBOARDING PROCESS SUPPORTS CONNECTING NEW MEMBERS TO THE RIGHT OPPORTUNITIES TO MEET THEIR INDIVIDUAL GOALS. WE ARE INCREASINGLY MEASURING THE CONNECTIONS AMONG MEMBERS THAT SUSTAIN AND SUPPORT THESE BEHAVIORS. IN SO DOING, WE HOPE TO IDENTIFY AND BUILD ON SUCCESSFUL STEPS INTRODUCED BY OUR STAFF TEAMS TO THIS EFFORT.

WITH 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 AS WELL AS PROVIDE REFERRAL AND SUPPORT TO YMCA EVIDENCED BASED PROGRAMS FOR PREVENTION AND MANAGEMENT OF CHRONIC DISEASES. OTHER HEALTH AND WELLNESS INITIATIVES INTRODUCED BY YMCA OF THE USA ARE REGULARLY PILOTED AND TESTED IN OUR ORGANIZATION.

OUR ONGOING YMCA OF THE USA-DEVELOPED PROGRAM IS ENHANCEFITNESS. THESE CLASSES SERVED 580 PARTICIPANTS IN 2018. ENHANCEFITNESS IS A 16-WEEK SENIOR FITNESS AND ARTHRITIS MANAGEMENT PROGRAM THAT HELPS OLDER ADULTS

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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 WHICH SERVED AN

ADDITIONAL 33 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.

ONGOING PROGRAMS CONTINUE TO MAKE AN IMPACT IN OUR COMMUNITY. THE

YMCA'S DIABETES PREVENTION PROGRAM CONTINUES TO THRIVE, SERVING 95

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. OUR KEY AUDIENCE FOR THIS PROGRAM HAS TRADITIONALLY BEEN THE

OLDER ADULT POPULATION. YMCA OF THE SUNCOAST ALSO PARTNERS WITH LARGE

LOCAL EMPLOYERS TO PROVIDE CLASSES TO THEIR WORKFORCE.

THE YMCA OF THE SUNCOAST CONTINUED TO BE A PARTNER WITH LIVESTRONG. THE

Y HAS MANY LIVESTRONG GROUPS THAT ADDRESS THE SPECIAL WANTS, NEEDS AND

INTERESTS OF CANCER SURVIVORS. ACROSS OUR SERVICE AREA, 144

PARTICIPANTS WERE INVOLVED IN LIVESTRONG CLASSES AND SUPPORT. DUE TO

THE PROGRAM'S SUCCESS, THE HEALTHY LIVING TEAM COLLABORATED FOR A SIXTH

YEAR WITH MORTON PLANT MEASE, BAYCARE HEALTH SYSTEMS, TO ACT AS CAMP

COUNSELORS FOR MEASE'S CAMP LIVING SPRINGS IN OCTOBER 2018. THE CAMP

SERVED 68 CANCER SURVIVORS AND THE Y DESIGNED THE CAMP'S ITINERARY.

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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 OFFERED MEET THE NEEDS OF THE MEMBERS IN EACH LOCAL COMMUNITY.

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 PERSONS 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.

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

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WITH MANY SENIOR FITNESS CLASSES AND PROGRAMS, WE ALSO HOST SOCIAL TRIPS TO LOCAL DESTINATIONS TO FOSTER RELATIONSHIP BUILDING AMONG OUR SENIOR COMMUNITIES. IN 2018, 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. SAMPLE CLASSES INCLUDE 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 ELDERLY PEOPLE 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 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 7,400 PEOPLE TO SWIM IN POOLS LOCATED IN CITRUS, HERNANDO, PASCO AND PINELLAS COUNTIES IN 2018. 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. IN YMCA AQUATICS PROGRAMS,

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CHILDREN LEARN TO BE SAFE AROUND WATER AND THEY FEEL THE SENSE OF ACCOMPLISHMENT THAT COMES WITH LEARNING SOMETHING NEW. YOUTH PROGRESSIVE SWIMMING IS THE YMCA'S THIRD MOST WIDELY OFFERED PROGRAM NATIONWIDE. IT USES A PROBLEM-SOLVING, GUIDED-DISCOVERY TEACHING APPROACH IN A POSITIVE, CARING ENVIRONMENT. KIDS CAN DEVELOP LIFELONG SKILLS THAT CAN HELP THEM STAY SAFE AND HEALTHY.

DURING THE SPRING AND SUMMER, EIGHT Y BRANCHES OFFERED SAFETY AROUND WATER, A WEEK OF FREE SWIMMING LESSONS PROVIDED TO SCHOOL-AGE CHILDREN. IN 2018, APPROXIMATELY 2,900 CHILDREN PARTICIPATED IN ONE OR MORE WEEKS OF CLASSES. FUNDING CAME FROM GRANTS AND PRIVATE DONATIONS.

IN ADDITION, AQUATIC EXERCISE CLASSES FOR PEOPLE WITH DISABILITIES ARE AVAILABLE, OFTEN WITH ASSISTANCE FROM SPECIALIZED POOL LIFTS. STAFF IS TRAINED TO ACCOMMODATE INDIVIDUAL NEEDS. SPECIAL POPULATION CLIENTS ARE INTERVIEWED INDIVIDUALLY AND MATCHED WITH A COMPATIBLE STAFF PERSON. AS CLIENTS PROGRESS WITH THEIR PHYSICAL STRENGTHENING, THEIR PROGRAMS ARE CHANGED TO SUIT THEIR NEEDS. THIS MAY INCLUDE ACTUAL SWIMMING INSTRUCTION, SURVIVAL TECHNIQUES IN WATER, WALKING, NAUTILUS, ETC. THIS PROGRAM IS ONGOING AND YEAR-ROUND. NOT ONLY DOES IT GIVE THEM POSITIVE EXPERIENCES, IT STRENGTHENS THEM PHYSICALLY AND ALLOWS THEM TO SOCIALIZE WITH OTHERS IN A CARING ATMOSPHERE.

YMCA POOLS ARE ALSO USED FOR 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

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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.

THREE AGENCIES JOINED TO LAUNCH THE FIFTH SUMMER WITH "BE WATER SMART FROM THE START" 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 APPROXIMATELY 2,900 YMCA OF THE SUNCOAST YOUTH IN SUMMER CAMPS AND YMCA BRANCHES TO EXPAND EXISTING SAFETY AROUND WATER PROGRAM OFFERINGS IN OTHER MONTHS OF THE YEAR. THE FUNDING PARTNERS INCLUDE THE RAYS BASEBALL FOUNDATION, THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY AND THE UNITED WAY SUNCOAST.

SUBSIDIES VALUED AT OVER \$100,000 WERE PROVIDED TO OVER 2,900 CHILDREN AND ADULTS IN FREE AND DISCOUNTED SWIMMING CLASSES DURING THE YEAR. THE YMCA WORKS HARD TO CONTINUOUSLY MEET COMMUNITY NEEDS AND MAKE OUR PROGRAMS AND SERVICES AVAILABLE TO EVERYONE. THROUGH OUR MISSION OF DEVELOPING HEALTHY SPIRIT, MIND AND BODY FOR ALL, WE SERVE PEOPLE OF ALL FAITHS, RACES, NATIONAL ORIGINS, ABILITIES, AGES AND INCOMES. IN 2018, OUR YMCA PROVIDED AN OVERALL \$1,680,000 IN FULL AND PARTIAL SCHOLARSHIPS TO PEOPLE WHO WOULD OTHERWISE NOT HAVE BEEN ABLE TO PARTICIPATE IN YMCA PROGRAMS AND SERVICES.

THE NORTH PINELLAS BRANCH YMCA SERVED 100 PEOPLE IN THEIR MASH (MAINSTREAM ADULTS SHARING HOPE) PROGRAM IN 2018. THERE ARE MANY



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ADULTS WHO ARE PHYSICALLY AND/OR MENTALLY CHALLENGED AND LIVING AT HOME WITH THEIR PARENTS OR RELATIVES IN OUR PASCO AND UPPER PINELLAS AREA. MANY OF THESE ADULTS ARE ISOLATED DUE TO THE FACT THAT THEY ARE NEW TO THE AREA, THEY ARE UNABLE TO INDEPENDENTLY GET THEMSELVES OUT OF THEIR OWN ENVIRONMENT, OR THEY DO NOT HAVE A CIRCLE OF FRIENDS. THESE INDIVIDUALS DO NOT CONSIDER THEMSELVES HANDICAPPED; RATHER THEY ARE CHALLENGED FOR INDEPENDENT LIVING. THE YMCA AND MASH PARENTS HAVE ACCEPTED THE CHALLENGE TO HELP CREATE INDEPENDENCE IN THEIR LIVES. THE GOAL WITHIN THE PROGRAM IS TO ENCOURAGE AND SUPPORT SINGLE "CHALLENGED ADULTS" TO MEET AND SOCIALIZE WITH THEIR PEERS AND TO EXPERIENCE THE ENJOYMENT OF FRIENDSHIP, FUN, AND PHYSICAL ACTIVITY. PHYSICALLY AND/OR MENTALLY CHALLENGED ADULTS WITHIN THE PASCO/UPPER PINELLAS AREA ARE ABLE TO 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 CONTINUED TO OFFER A PROGRAM CALLED SALSA, SABOR 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.

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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 GIVES FUNDING PRIORITY TO INCREASING OUR ABILITY TO PROVIDE FINANCIAL ASSISTANCE, CREATING AND EXPANDING PROGRAMS TO SERVE DIVERSE AND LOW INCOME COMMUNITIES, SUSTAIN HEALTHY LIVING PROGRAMS, CLOSE THE ACADEMIC ACHIEVEMENT GAP AND EXPAND PROGRAMS TO INCREASE YOUTH AND TEEN PARTICIPATION, 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.

THE Y'S VOLUNTEER PROGRAM Y COMMUNITY CHAMPIONS CONTINUES TO GROW AND EXPAND WITHIN THE Y. CONTINUOUS IMPROVEMENT TO PROCESSES AND RESOURCES ALLOW THE Y TO BETTER 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 2018, THE YMCA OF THE SUNCOAST'S VOLUNTEER BASE GREW TO 1,073 ACTIVE VOLUNTEERS AND THE TOTAL NUMBER OF HOURS WAS CLOSE TO 57,000. THIS EQUATES TO MORE THAN 27 FULL TIME EMPLOYEES.

OUR Y IS FORTUNATE TO BENEFIT FROM TALENTED AND DEDICATED POLICY VOLUNTEERS PARTICIPATING AT THE BOARD OF DIRECTORS AND ADVISORY COUNCILS AT EACH OF OUR BRANCHES. THESE INDIVIDUALS ADVISE ON STRATEGIES, RECOMMEND POLICIES, LOCATE COLLABORATIONS IN THE COMMUNITY,

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AND ACTIVELY FUNDRAISE. THEIR GUIDANCE AND OVERSIGHT IS CRITICAL TO MAINTAIN OUR STRONG REPUTATION, FINANCIAL POSITION, COMMUNITY ROOTS AND SO MUCH MORE. A TOTAL OF 26 REPRESENTATIVES OF THE COMMUNITY SERVE ON THE YMCA OF THE SUNCOAST BOARD OF DIRECTORS.

IN 2018, THE YMCA OF THE SUNCOAST EXPANDED 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. IN 2018, 308 FOSTER CARE PARTICIPANTS WERE SERVED WITH A FREE MEMBERSHIP AND 79 YOUTH ENGAGED IN PROGRAMS. ALL ELIGIBLE YOUTH/TEENS THROUGH AGE 21 ARE WELCOME TO GAIN FREE ACCESS INTO ANY YMCA OF THE SUNCOAST LOCATION IN PINELLAS, WEST PASCO, HERNANDO AND CITRUS COUNTIES. YOUTH AGED 11 AND YOUNGER MUST PARTICIPATE WITH THEIR FAMILIES OR GUARDIAN. TEENS AGED 12-21 CAN PARTICIPATE WITH THEIR FAMILIES AND MAY ALSO ACCESS FACILITIES AND PARTICIPATE IN PROGRAMS ON THEIR OWN.

IN 2018, THE YMCA OF THE SUNCOAST HELD ITS THIRTEENTH 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 TWELFTH ANNUAL PRAYER BREAKFAST IN THEIR COMMUNITY AND OUR HERNANDO BRANCH HELD THEIR ANNUAL INTERFAITH SERVICE, JOINING FORCES WITH

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COMMUNITY CHURCHES AND RELIGIOUS INSTITUTIONS FOR A MORNING OF PRAISE.

IN APRIL OF 2018, THE YMCA HELD ITS ANNUAL NATIONAL YMCA HEALTHY KIDS DAY EVENT IN ALL OF OUR LOCATIONS. THE ESTIMATED ATTENDANCE FOR THIS EVENT IS 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 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 U.S. 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 U.S. CONTEXT, BOARD DEVELOPMENT AND INFUSING A GLOBAL DIMENSION ACROSS YMCA PROGRAMS IN THE U.S.

THE YMCA OF THE SUNCOAST IS A MEMBER OF THE FLORIDA STATE ALLIANCE OF

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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 OUR STATE AND CREATE A HEALTHIER AND MORE ACTIVE STATE.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS DAVID L. BRANDON AND ALLEN S. CRUMBLEY HAVE A BUSINESS RELATIONSHIP.

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

THE YMCA OF THE SUNCOAST BOARD OF DIRECTORS RECEIVES AN EMAILED COPY OF THE PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS AND PART V STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE PRIOR TO ITS BOARD MEETING NEAREST THE DATE OF THE FILING DEADLINE, TYPICALLY IN LATE APRIL. AFTER THE BOARD MEETING, THE YMCA OF THE SUNCOAST BOARD ALSO RECEIVES AN EMAILED COPY OF THE COMPLETE FORM 990 AS ULTIMATELY FILED WITH THE IRS PRIOR TO THE FILING DEADLINE. THE BOARD MAY REVIEW THE INFORMATION, MAKE INQUIRIES REGARDING THE 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.

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.

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

THE EXECUTIVE COMPENSATION COMMITTEE WAS COMMISSIONED BY YMCA OF THE SUNCOAST TO ADVISE, EVALUATE AND CONFIRM THAT THE COMPENSATION FOR SENIOR STAFF, AS DEFINED BY INTERMEDIATE SANCTIONS, IS NOT EXCESSIVE.

THE COMMITTEE, CONSISTING OF MEMBERS OF THE BOARD OF DIRECTORS MET ON MAY 15, 2018. THE COMMITTEE REVIEWED THE COMPENSATION OF THE PRESIDENT AND CEO, THE SENIOR VICE PRESIDENT/CHIEF OPERATING OFFICER, SENIOR VICE PRESIDENT/CHIEF ADMINISTRATION OFFICER, VICE PRESIDENT/CHIEF PHILANTHROPY OFFICER, VICE PRESIDENT OF PROPERTIES, CHIEF FINANCIAL OFFICER, AND VICE PRESIDENT OF YOUTH DEVELOPMENT. THEY USED COMPARABLE DATA INCLUDING THE 2017 YMCA'S SURVEY OF EXECUTIVE COMPENSATION COMPILED BY SULLIVAN COTTER AND THE 2017 TAMPA BAY ONLINE SALARY SURVEY DATA. MEMBERS ALSO REVIEWED THE SALARY ADMINISTRATION GUIDELINE RECOMMENDATIONS PROVIDED BY THE YMCA HUMAN RESOURCES AND TALENT MANAGEMENT TASK FORCE.

THE RECOMMENDATIONS FOR INCREASES FOR ALL OF THE ABOVE STAFF WERE DETERMINED BY PERFORMANCE REVIEWS. GOALS WERE SET AT THE BEGINNING OF THE EVALUATION PERIOD AND THEN THOSE GOALS WERE REVIEWED AND PERFORMANCE WAS EVALUATED.

THE COMMITTEE DETERMINED THAT THE RECOMMENDED COMPENSATION WAS COMPARABLE TO OTHER YMCA AND NON-PROFIT EXECUTIVES AND NOT EXCESSIVE. THE COMMITTEE APPROVED THE CEOS RECOMMENDATIONS FOR MERITS.

MINUTES OF THE MEETING WERE TAKEN AND RETAINED IN A SECURED FILE IN HUMAN RESOURCES. THE EXECUTIVE COMPENSATION COMMITTEE SUBMITTED A MOTION TO THE

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BOARD OF DIRECTORS THAT WAS APPROVED.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

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| CHANGE IN FAIR VALUE OF INTEREST RATE SWAP | 40,542. |
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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.