

PUBLIC DISCLOSURE COPY

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)

**2020**

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 **2020** 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>         |   | <b>D</b> Employer identification number<br><b>59-0810731</b>   |
|  | Doing business as <b>YMCA OF THE SUNCOAST</b>   |   | <b>E</b> Telephone number<br><b>(727) 467-9622</b>   |
|  | Number and street (or P.O. box if mail is not delivered to street address)                              | Room/suite  | <b>G</b> Gross receipts \$ <b>25,360,740.</b>  |
|  | <b>2469 ENTERPRISE ROAD</b>   |   |  |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>CLEARWATER, FL 33763</b> |   | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>F</b> Name and address of principal officer: <b>G. SCOTT GOYER SAME AS C ABOVE</b>  |   | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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

**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>27</b>                                |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>   | <b>26</b>                                |
|   | <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)   | <b>5</b>   | <b>1568</b>                              |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>   | <b>526</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, Part I, line 11     | <b>7b</b>   | <b>0.</b>  |  |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b><br><b>2,493,322.</b>                 | <b>Current Year</b><br><b>4,740,144.</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | <b>23,964,343.</b>                                     | <b>14,305,683.</b>                       |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>356,632.</b>  | <b>&lt;252,544.&gt;</b>                  |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>379,731.</b>  | <b>262,653.</b>                          |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>27,194,028.</b>                                     | <b>19,055,936.</b>                       |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>35,304.</b>   | <b>27,000.</b>                           |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>  | <b>0.</b>                                |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>17,362,500.</b>                                     | <b>12,438,744.</b>                       |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | <b>0.</b>  | <b>0.</b>                                |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>466,791.</b>  |  |  |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>10,924,575.</b>                                     | <b>8,508,176.</b>                        |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>28,322,379.</b>  | <b>20,973,920.</b>                                     |  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | <b>&lt;1,128,351.&gt;</b>   | <b>&lt;1,917,984.&gt;</b>                              |  |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b><br><b>41,420,546.</b> | <b>End of Year</b><br><b>40,403,122.</b> |
|   | <b>21</b> Total liabilities (Part X, line 26)   | <b>9,025,915.</b>                                      | <b>8,337,604.</b>                        |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | <b>32,394,631.</b>                                     | <b>32,065,518.</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<br><b>PAUL DUNHAM</b>                           | Preparer's signature         | Date                          | Check if self-employed <input type="checkbox"/> PTIN<br><b>P00100222</b> |
|  | Firm's name <b>CBIZ MHM, LLC</b>   | Firm's EIN <b>27-3605969</b> | Phone no. <b>727-572-1400</b> |  |
| Firm's address <b>13577 FEATHER SOUND DR., SUITE 400 CLEARWATER, FL 33762-5539</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 ENDURING PERSONAL AND SOCIAL CHANGE COMES ABOUT WHEN WE ALL WORK TOGETHER. THAT'S WHY, AT THE Y, EMPLOYEES, AND VOLUNTEERS ADVANCE OUR CAUSE OF STRENGTHENING THE COMMUNITY THROUGH WORK FOCUSED ON YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY.

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

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

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

4a (Code: ) (Expenses \$ 8,131,760. including grants of \$ 27,000. ) (Revenue \$ 7,020,382. )  
YOUTH DEVELOPMENT: THE Y BELIEVES EVERY CHILD DESERVES THE SUPPORT, GUIDANCE, AND ENCOURAGEMENT TO BE WHO THEY ARE AND DISCOVER WHO THEY CAN BECOME. THEREFORE, WE STRIVE TO HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT. OUR YMCA PROGRAMS, SUCH AS THE Y SCHOLARS LEARNING ACADEMY AND BRIDGING THE ACHIEVEMENT GAP PROGRAM, AMONG OTHERS, OFFER A RANGE OF EXPERIENCES THAT ENRICH SOCIAL-EMOTIONAL, COGNITIVE, AND PHYSICAL GROWTH. EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT MAKE PARTICIPATION POSSIBLE FOR APPROXIMATELY 20% OF THE YOUNG PEOPLE WE SERVE TO BE INVOLVED ACROSS OUR SERVICE AREA. (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 5,990,070. including grants of \$ ) (Revenue \$ 3,262,739. )  
HEALTHY LIVING: THE Y IS COMMITTED TO IMPROVING AMERICA'S HEALTH AND WELL-BEING, COMMUNITY BY COMMUNITY. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN, AND SHARED INTERESTS. WE STRIVE TO CHANGE PEOPLE'S LIVES THROUGH PROGRAMS LIKE CHRONIC DISEASE PREVENTION, DIABETES PREVENTION PROGRAMS, AND LIVESTRONG.

(CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 3,179,937. including grants of \$ ) (Revenue \$ 4,271,505. )  
SOCIAL RESPONSIBILITY: OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS. WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS. WE INVESTED \$6.28 MILLION IN COMMUNITY FUNDING IMPACT THROUGH FINANCIAL ASSISTANCE, SUBSIDY AND FREE PROGRAMS IN 2020 TO PEOPLE WHO OTHERWISE MAY NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE. Y PROGRAMS, SUCH AS OUR FOSTER CARE PROGRAM AND THE Y TOGETHERHOOD PROGRAM, ARE EXAMPLES OF HOW WE DELIVER TRAINING, RESOURCES, AND SUPPORT THAT EMPOWER OUR NEIGHBORS TO EFFECT CHANGE, BRIDGE GAPS, AND OVERCOME OBSTACLES. IN 2020, WE ENGAGED 526 YMCA VOLUNTEERS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE. FOR ADDITIONAL DETAILS REGARDING THESE CRITICAL PROGRAMS AND THEIR IMPACT, SEE SCHEDULE O.

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

4e Total program service expenses 17,301,767.

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

**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? <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 donor-restricted endowments or in 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> |          |

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

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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> .....  | 22  | X  |
| <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> .....   | 23  | X  |
| <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> .....  | 24a | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  | 24b | X  |
| <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? .....   | 24c | X  |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  | 24d | X  |
| <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> .....  | 25a | X  |
| <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> .....   | 25b | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....   | 26  | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... | 27  | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....  | 28a | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....   | 28b | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....   | 28c | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   | 29  | X  |
| <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> .....   | 30  | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   | 31  | X  |
| <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> .....   | 32  | X  |
| <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> .....   | 33  | X  |
| <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> .....   | 34  | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  | 35a | X  |
| <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> .....   | 35b |    |
| <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> .....   | 36  | X  |
| <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> .....  | 37  | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....  | 38  | X  |

**Note:** All Form 990 filers are required to complete Schedule O

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

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

|   | Yes | No |
|---|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....  | 1a  | 36 |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....  | 1b  | 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? ..... | 1c  | X  |

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

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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  |      |     |
|            | 2a   | 1568 |     |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | X    |     |
|            | <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?  |      | X   |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)? |      | X   |
| <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?  |      | X   |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |      | X   |
| <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?                                    |      | X   |
| <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?  | X    |     |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | X    |     |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |      | X   |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d   |     |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |      | X   |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |      | X   |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | N/A  |     |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | N/A  |     |
| <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?   | N/A  |     |
| <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?   | N/A  |     |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | N/A  |     |
| <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   | N/A  | 10a |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |      | 10b |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |      |     |
| <b>a</b>   | Gross income from members or shareholders  | N/A  | 11a |
| <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.)   |      | 11b |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |      | 12a |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | N/A  | 12b |
| <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?   | N/A  | 13a |
|            | <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  | 13b  |     |
| <b>c</b>   | Enter the amount of reserves on hand   | 13c  |     |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |      | X   |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  |      | 14b |
| <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?   |      | X   |
|            | 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?  |      | X   |
|            | If "Yes," complete Form 4720, Schedule O.  |      |     |

Form 990 (2020)

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

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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 on 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 on Schedule O. | <b>1a</b> | 27 |          |     |          |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent  | <b>1b</b> | 26 |          |     |          |
| <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>  |    |          |     | <b>X</b> |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?   | <b>3</b>  |    |          |     | <b>X</b> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | <b>4</b>  |    |          |     | <b>X</b> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  | <b>5</b>  |    |          |     | <b>X</b> |
| <b>6</b> Did the organization have members or stockholders?  | <b>6</b>  |    |          |     | <b>X</b> |
| <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> |    |          |     | <b>X</b> |
| <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> |    |          |     | <b>X</b> |
| <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> |    | <b>X</b> |     |          |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   | <b>8b</b> |    | <b>X</b> |     |          |
| <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 on Schedule O  | <b>9</b>  |    |          |     | <b>X</b> |

**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> |  |          |     | <b>X</b> |
| <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> |  | <b>X</b> |     |          |
| <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> |  | <b>X</b> |     |          |
| <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> |  | <b>X</b> |     |          |
| <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> |  | <b>X</b> |     |          |
| <b>13</b> Did the organization have a written whistleblower policy?   | <b>13</b>  |  | <b>X</b> |     |          |
| <b>14</b> Did the organization have a written document retention and destruction policy?  | <b>14</b>  |  | <b>X</b> |     |          |
| <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> |  | <b>X</b> |     |          |
| <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> |  | <b>X</b> |     |          |
| <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> |  |          |     | <b>X</b> |
| <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 on Schedule O)
- 19** Describe on 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**

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

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

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

| (A)<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   |  |   |   |
| (1) G. SCOTT GOYER<br>PRESIDENT & CEO | 50.00   |   |                       | X       |              |                              | 260,960. | 0.   | 44,505.   |   |
| (2) THOMAS BUTTON<br>COO              | 50.00   |   |                       | X       |              |                              | 150,661. | 0.   | 36,617.   |   |
| (3) CAROL PARKS<br>SR VP / CAO        | 50.00   |   |                       | X       |              |                              | 140,860. | 0.   | 21,428.   |   |
| (4) SHARLENE CLARK<br>CFO             | 50.00   |   |                       | X       |              |                              | 111,331. | 0.   | 19,023.   |   |
| (5) LAURA MAIOCCO<br>CHAIR            | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (6) MATT CRUM<br>VICE CHAIR           | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (7) KELLY CRANDALL<br>TREASURER       | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (8) GERRY MULLIGAN<br>SECRETARY       | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (9) BRIAN AUNGST, JR.<br>DIRECTOR     | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (10) MATT BECKER<br>DIRECTOR          | 1.00  | X   |                       |         |              |                              | 589.     | 0.   | 0.  |   |
| (11) TAMARA BLACK<br>DIRECTOR         | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (12) DAVID L. BRANDON<br>DIRECTOR     | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (13) KIMBERLY BRIGGS<br>DIRECTOR      | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (14) DOUGLAS CHAMBERLIN<br>DIRECTOR   | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (15) ALLEN S. CRUMBLEY<br>DIRECTOR    | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (16) PAULEE DAY<br>DIRECTOR           | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (17) AMERICA DEUPREE<br>DIRECTOR      | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |



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

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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) CHESTER 'BUD' ELIAS, JR.<br>DIRECTOR                      | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (19) CAROLE GROVES<br>DIRECTOR                                 | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (20) BILL HARDY<br>DIRECTOR                                    | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (21) HON. BERNARD MCCABE<br>DIRECTOR                           | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (22) MICHAEL MCCARTHY<br>DIRECTOR                              | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (23) DR. CYNTHIA MILLER<br>DIRECTOR                            | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (24) DEV PATHIK<br>DIRECTOR                                    | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (25) CHRISTINA RANKIN<br>DIRECTOR                              | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (26) GARY REGOLI<br>DIRECTOR                                   | 1.00  | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              | 664,401. | 0.   | 121,573.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 664,401. | 0.   | 121,573.  |   |

**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 **4**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, 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 |
|---|--------------------------------|---------------------|
| 24 HOURS INC, 4251 SW HIGH MEADOW AVE,<br>PALM CITY, FL 34990                       | CLEANING SERVICES              | 341,397.            |
| TAMPA METROPOLITAN YMCA<br>110 E OAK AVE, TAMPA, FL 33602                           | MARKETING SUPPORT SERVICES     | 266,792.            |
| PRIME-SCAPE SERVICES<br>P.O. BOX 17099, CLEARWATER, FL 33762                        | LAWN AND PEST CONTROL SERVICES | 148,503.            |
| HANDYWORKS PROPERTY SERVICES INC<br>P.O. BOX 953, SAFETY HARBOR, FL 34695           | CONSTRUCTION CONTRACTOR        | 137,978.            |
| C & G CONSTRUCTION OF FLORIDA USA INC<br>324 KNOLLWOOD RD, TARPON SPRINGS, FL 34688 | CONSTRUCTION CONTRACTOR        | 111,882.            |

**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 **6**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

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

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Form 990

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 (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 | Former |  |   |   |
| (27) CHARLIE ROBINSON, JR.<br>DIRECTOR           | 1.00  | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (28) GREG SHOWERS<br>DIRECTOR                    | 1.00  | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (29) TRACY VAUGHN<br>DIRECTOR                    | 1.00  | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (30) PETER VOSOTAS<br>DIRECTOR                   | 1.00  | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (31) REBECCA WATSON<br>DIRECTOR                  | 1.00  | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (32) JOHN CONNELLY<br>DIRECTOR (1/1/20-10/29/20) | 1.00  | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
|  |   |  |                       |         |              |                              |        |  |   |   |
| Total to Part VII, Section A, line 1c .....      |   |  |                       |         |              |                              |        |  |   |   |

**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)            | (B)                                | (C)                        | (D)  |  |
|---|---|---|----------------|------------------------------------|----------------------------|--|--|
|   |   |   | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>   | <b>1 a</b> Federated campaigns .....  | <b>1a</b>                               | 86,763.        |                                    |                            |  |  |
|   | <b>b</b> Membership dues .....  | <b>1b</b>                               |                |                                    |                            |  |  |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>                               | 58,510.        |                                    |                            |  |  |
|   | <b>d</b> Related organizations .....  | <b>1d</b>                               |                |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>                               | 1,481,753.     |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>                               | 3,113,118.     |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                      | <b>1g</b>                               | \$             |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f .....   |   |                | 4,740,144.                         |                            |  |  |
| <b>Program Service Revenue</b>  | <b>2 a</b> MEMBERSHIP FEES  | <b>Business Code</b>                    |                |                                    |                            |  |  |
|   |   | 813410                                  | 6,755,492.     | 6,755,492.                         |                            |  |  |
|   | <b>b</b> BEFORE & AFTER SCHOOL CARE   | 813410                                  | 5,458,987.     | 5,458,987.                         |                            |  |  |
|   | <b>c</b> SUMMER CAMP PROGRAMS   | 813410                                  | 1,180,347.     | 1,180,347.                         |                            |  |  |
|   | <b>d</b> AQUATICS   | 813410                                  | 302,915.       | 302,915.                           |                            |  |  |
|   | <b>e</b> WELLNESS PROGRAMS  | 813410                                  | 272,706.       | 272,706.                           |                            |  |  |
|   | <b>f</b> All other program service revenue .....  | 813410                                  | 335,236.       | 335,236.                           |                            |  |  |
|   | <b>g Total.</b> Add lines 2a-2f .....   |   |                | 14,305,683.                        |                            |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) ..... |   | 201,593.       |                                    |                            | 201,593.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....                           |   |                |                                    |                            |  |  |
|   | <b>5</b> Royalties .....  |   |                |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents .....  | <b>6a</b>                               | (i) Real       | 13,000.                            |                            |  |  |
|   |   |   | (ii) Personal  |                                    |                            |  |  |
|   |   |   |                | 0.                                 |                            |  |  |
|   | <b>b</b> Less: rental expenses ...  | <b>6b</b>                               |                | 0.                                 |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>                               | 13,000.        |                                    |                            |  |  |
|   | <b>d</b> Net rental income or (loss) .....  |   |                | 13,000.                            |                            | 13,000.  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory                           | <b>7a</b>                               | (i) Securities | 5,336,392.                         | 450,000.                   |  |  |
|   |   |   | (ii) Other     |                                    |                            |  |  |
|   |   |   |                | 5,479,589.                         | 760,940.                   |  |  |
|   |   |   |                | <143,197.>                         | <310,940.>                 |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses .....                                 | <b>7b</b>                               |                |                                    |                            |  |  |
|   | <b>c</b> Gain or (loss) .....   | <b>7c</b>                               |                |                                    |                            |  |  |
| <b>d</b> Net gain or (loss) .....   |   |   | <454,137.>     |                                    | <454,137.>                 |  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ 58,510. of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |   | 64,985.        |                                    |                            |  |  |
|   |   | <b>b</b> Less: direct expenses .....    | <b>8b</b>      | 64,275.                            |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....   |   |   | 710.           |                                    | 710.                       |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....  | <b>9a</b>   |   |                |                                    |                            |  |  |
|   |   | <b>b</b> Less: direct expenses .....    | <b>9b</b>      |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities .....  |   |   |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....   | <b>10a</b>  |   |                |                                    |                            |  |  |
|   |   | <b>b</b> Less: cost of goods sold ..... | <b>10b</b>     |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory .....   |   |   |                |                                    |                            |  |  |
| <b>Miscellaneous Revenue</b>  | <b>11 a</b> _____   | <b>Business Code</b>                    |                |                                    |                            |  |  |
|   | <b>b</b> _____  |   |                |                                    |                            |  |  |
|   | <b>c</b> _____  |   |                |                                    |                            |  |  |
|   | <b>d</b> All other revenue .....  | 813410                                  | 248,943.       | 248,943.                           |                            |  |  |
|   | <b>e Total.</b> Add lines 11a-11d .....   |   |                | 248,943.                           |                            |  |  |
| <b>12 Total revenue.</b> See instructions .....   |   |   | 19,055,936.    | 14,554,626.                        | 0.                         | <238,834.>   |  |

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

Form 990 (2020)

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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 ...   | 27,000.               | 27,000.                         |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| <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 .....   | 785,974.              | 34,589.                         | 663,450.                               | 87,935.                     |
| <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 .....   | 9,664,525.            | 8,270,633.                      | 1,285,135.                             | 108,757.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 443,083.              | 369,121.                        | 73,640.                                | 322.                        |
| <b>9</b> Other employee benefits .....  | 606,031.              | 484,580.                        | 107,613.                               | 13,838.                     |
| <b>10</b> Payroll taxes .....   | 939,131.              | 820,690.                        | 105,143.                               | 13,298.                     |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   |                       |                                 |  |                             |
| <b>b</b> Legal .....  | 109,209.              | 50,000.                         | 59,209.                                |                             |
| <b>c</b> Accounting .....   | 37,425.               |                                 | 37,425.                                |                             |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....   | 38,395.               |                                 | 38,395.                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)   | 647,606.              | 219,207.                        | 328,535.                               | 99,864.                     |
| <b>12</b> Advertising and promotion .....   | 177,976.              | 49,270.                         | 64,426.                                | 64,280.                     |
| <b>13</b> Office expenses .....   | 1,369,449.            | 1,249,865.                      | 109,110.                               | 10,474.                     |
| <b>14</b> Information technology .....  | 53,823.               |                                 | 22,578.                                | 31,245.                     |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 2,932,534.            | 2,849,524.                      | 75,009.                                | 8,001.                      |
| <b>17</b> Travel .....  | 67,097.               | 53,497.                         | 12,014.                                | 1,586.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  | 63,720.               | 48,144.                         | 15,400.                                | 176.                        |
| <b>20</b> Interest .....  | 3,632.                | 3,632.                          |  |                             |
| <b>21</b> Payments to affiliates .....  | 192,886.              | 175,771.                        | 11,707.                                | 5,408.                      |
| <b>22</b> Depreciation, depletion, and amortization .....   | 2,308,695.            | 2,151,138.                      | 141,802.                               | 15,755.                     |
| <b>23</b> Insurance .....   | 413,435.              | 354,914.                        | 52,669.                                | 5,852.                      |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a</b> <b>BAD DEBT EXPENSE</b>  | 84,875.               | 84,875.                         |  |                             |
| <b>b</b> _____  |                       |                                 |  |                             |
| <b>c</b> _____  |                       |                                 |  |                             |
| <b>d</b> _____  |                       |                                 |  |                             |
| <b>e</b> All other expenses _____   | 7,419.                | 5,317.                          | 2,102.                                 |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 20,973,920.           | 17,301,767.                     | 3,205,362.                             | 466,791.                    |
| <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.**

Form 990 (2020)

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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 .....   | 195,494.                 | <b>1</b>    | 352,458.           |             |
|   | <b>2</b> Savings and temporary cash investments .....  | 7,755,436.               | <b>2</b>    | 8,496,661.         |             |
|   | <b>3</b> Pledges and grants receivable, net .....  | 277,320.                 | <b>3</b>    | 1,695,309.         |             |
|   | <b>4</b> Accounts receivable, net .....  | 658,085.                 | <b>4</b>    | 240,996.           |             |
|   | <b>5</b> Loans and other receivables from any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                    |             |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined<br>under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....  |                          | <b>6</b>    |                    |             |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |             |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                    |             |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 189,548.                 | <b>9</b>    | 124,448.           |             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D .....  | 10a 54,508,533.          |             |                    |             |
|   | <b>b</b> Less: accumulated depreciation .....  | 10b 30,758,806.          | 26,016,186. | <b>10c</b>         | 23,749,727. |
|   | <b>11</b> Investments - publicly traded securities .....   | 6,259,887.               | <b>11</b>   | 5,743,523.         |             |
|   | <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 .....   | 68,590.                  | <b>15</b>   | 0.                 |             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 41,420,546.  | <b>16</b>                | 40,403,122. |                    |             |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 2,035,520.               | <b>17</b>   | 1,642,848.         |             |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                    |             |
|   | <b>19</b> Deferred revenue .....   | 951,798.                 | <b>19</b>   | 715,747.           |             |
|   | <b>20</b> Tax-exempt bond liabilities .....  | 5,854,212.               | <b>20</b>   | 0.                 |             |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                    |             |
|   | <b>22</b> Loans and other payables to any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                    |             |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 65,844.                  | <b>23</b>   | 5,681,658.         |             |
|   | <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<br>of Schedule D .....  | 118,541.                 | <b>25</b>   | 297,351.           |             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 9,025,915.               | <b>26</b>   | 8,337,604.         |             |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                    |             |
|   | <b>27</b> Net assets without donor restrictions .....  | 28,579,891.              | <b>27</b>   | 26,907,330.        |             |
|   | <b>28</b> Net assets with donor restrictions .....   | 3,814,740.               | <b>28</b>   | 5,158,188.         |             |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                    |             |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                    |             |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                    |             |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                    |             |
|   | <b>32</b> Total net assets or fund balances .....  | 32,394,631.              | <b>32</b>   | 32,065,518.        |             |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 41,420,546.  | <b>33</b>                | 40,403,122. |                    |             |

Form **990** (2020)

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

Form 990 (2020)

59-0810731 Page **12**

**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>  | 19,055,936.  |
| <b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....  | <b>2</b>  | 20,973,920.  |
| <b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....  | <b>3</b>  | <1,917,984.> |
| <b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....                       | <b>4</b>  | 32,394,631.  |
| <b>5</b> Net unrealized gains (losses) on investments .....  | <b>5</b>  | 642,476.     |
| <b>6</b> Donated services and use of facilities .....  | <b>6</b>  | 1,039,612.   |
| <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 on Schedule O) .....  | <b>9</b>  | <93,217.>    |
| <b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) ..... | <b>10</b> | 32,065,518.  |

**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 on 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 on Schedule O and describe any steps taken to undergo such audits .....  | <b>3b</b> |          |          |

Form **990** (2020)

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

OMB No. 1545-0047

**2020**

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2020; b 33 1/3% support test - 2019; 17a 10% -facts-and-circumstances test - 2020; b 10% -facts-and-circumstances test - 2019; 18 Private foundation.



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2016  | (b) 2017  | (c) 2018  | (d) 2019  | (e) 2020  | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   | 3318289.  | 3026967.  | 3303385.  | 2493322.  | 4740144.  | 16882107. |
| <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 ..... | 21845743. | 23365994. | 23624262. | 24278385. | 14554626. | 107669010 |
| <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 .....   | 25164032. | 26392961. | 26927647. | 26771707. | 19294770. | 124551117 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  | 44,150.   | 24,650.   | 203,191.  | 34,031.   | 93,567.   | 399,589.  |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |           |           |           |           |           | 0.        |
| <b>c</b> Add lines 7a and 7b .....  | 44,150.   | 24,650.   | 203,191.  | 34,031.   | 93,567.   | 399,589.  |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |           |           |           |           |           | 124151528 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2016  | (b) 2017  | (c) 2018  | (d) 2019  | (e) 2020  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>9</b> Amounts from line 6 .....   | 25164032. | 26392961. | 26927647. | 26771707. | 19294770. | 124551117 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... | 279,484.  | 336,314.  | 381,166.  | 348,678.  | 214,593.  | 1560235.  |
| <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 .....   | 279,484.  | 336,314.  | 381,166.  | 348,678.  | 214,593.  | 1560235.  |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |           |           | 60,260.   | 52,689.   | 710.      | 113,659.  |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  | 245,243.  | 227,423.  |           |           |           | 472,666.  |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 25688759. | 26956698. | 27369073. | 27173074. | 19510073. | 126697677 |

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

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

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | 97.99 % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....                       | <b>16</b> | 97.85 % |

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

|  |           |        |
|--|-----------|--------|
| <b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | 1.23 % |
| <b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....                         | <b>18</b> | 1.29 % |

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | 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 lines 3b and 3c below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in 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 box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a, b, c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a, b.

**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 ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt-use assets  | <b>2</b>       |                             |
| <b>3</b>                                | Subtract line 2 from line 1d.   | <b>3</b>       |                             |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>       |                             |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>       |                             |
| <b>6</b>                                | Multiply line 5 by 0.035.   | <b>6</b>       |                             |
| <b>7</b>                                | Recoveries of prior-year distributions  | <b>7</b>       |                             |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>       |                             |

| <b>Section C - Distributable Amount</b> |   | (A) Prior Year | (B) Current Year |
|---|---|----------------|------------------|
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, column A)   |                | Current Year     |
| <b>2</b>                                | Enter 0.85 of line 1.   |                |                  |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, column A)  |                |                  |
| <b>4</b>                                | Enter greater of line 2 or line 3.  |                |                  |
| <b>5</b>                                | Income tax imposed in prior year  |                |                  |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   |                |                  |
| <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). |                |                  |

**YOUNG MEN'S CHRISTIAN ASSOCIATION**

Schedule A (Form 990 or 990-EZ) 2020 **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>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2020 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

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

Schedule A (Form 990 or 990-EZ) 2020

YOUNG MEN'S CHRISTIAN ASSOCIATION

**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 for the latest information.

OMB No. 1545-0047

2020

Table with 2 columns: Name of the organization (YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.) and Employer identification number (59-0810731)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 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

- [X] 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...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] 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...

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   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <hr/> <hr/> <hr/>                 | \$ <u>817,609.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <hr/> <hr/> <hr/>                 | \$ <u>403,974.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <hr/> <hr/> <hr/>                 | \$ <u>387,390.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <hr/> <hr/> <hr/>                 | \$ <u>241,320.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | <hr/> <hr/> <hr/>                 | \$ <u>186,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <hr/> <hr/> <hr/>                 | \$ <u>182,800.</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>129,000.</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>127,421.</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>119,270.</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>73,206.</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>60,299.</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>50,479.</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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|--|---|

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| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 13         | <hr/> <hr/> <hr/>                 | \$ <u>45,000.</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>42,810.</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>35,017.</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>32,300.</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>27,450.</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>27,435.</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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|--|---|

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| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 19         | <hr/> <hr/> <hr/>                 | \$ <u>26,500.</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>26,375.</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>26,200.</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>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.) |
| 23         | <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.) |
| 24         | <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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| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 25         | _____<br>_____<br>_____           | \$ <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.) |
| 26         | _____<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.) |
| 27         | _____<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.) |
| 28         | _____<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.) |
| 29         | _____<br>_____<br>_____           | \$ <u>19,750.</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>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.) |

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| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 31         | <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.) |
| 32         | <hr/> <hr/> <hr/>                 | \$ <u>14,520.</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>12,160.</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>12,047.</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>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.) |
| 36         | <hr/> <hr/> <hr/>                 | \$ <u>11,632.</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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|--|---|

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| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 37         | <hr/> <hr/> <hr/>                 | \$ <u>11,000.</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>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.) |
| 39         | <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.) |
| 40         | <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.) |
| 41         | <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.) |
| 42         | <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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| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 43         | <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.) |
| 44         | <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.) |
| 45         | <hr/> <hr/> <hr/>                 | \$ <u>9,500.</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>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.) |
| 47         | <hr/> <hr/> <hr/>                 | \$ <u>8,124.</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>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.) |

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|--|---|

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| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 49         | <hr/> <hr/> <hr/>                 | \$ <u>7,732.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 50         | <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.) |
| 51         | <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.) |
| 52         | <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.) |
| 53         | <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.) |
| 54         | <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.) |



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| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 55         |                                   | \$ <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.) |
| 56         |                                   | \$ <u>7,487.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 57         |                                   | \$ <u>7,142.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 58         |                                   | \$ <u>6,840.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 59         |                                   | \$ <u>6,160.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 60         |                                   | \$ <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.) |

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| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 61         | _____<br>_____<br>_____           | \$ 6,000.                  | 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>_____           | \$ 6,000.                  | 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>_____           | \$ 6,000.                  | 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>_____           | \$ 6,000.                  | 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>_____           | \$ 5,500.                  | 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>_____           | \$ 5,435.                  | 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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| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 67         | <hr/> <hr/> <hr/>                 | \$ <u>5,300.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 68         | <hr/> <hr/> <hr/>                 | \$ <u>5,196.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 69         | <hr/> <hr/> <hr/>                 | \$ <u>5,160.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 70         | <hr/> <hr/> <hr/>                 | \$ <u>5,144.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 71         | <hr/> <hr/> <hr/>                 | \$ <u>5,110.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 72         | <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.) |

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|------------|-----------------------------------|----------------------------|---|
| 73         | _____<br>_____<br>_____           | \$ <u>5,092.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 74         | _____<br>_____<br>_____           | \$ <u>5,074.</u>           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 75         | _____<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.) |
| 76         | _____<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.) |
| 77         | _____<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.) |
| 78         | _____<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.) |

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|------------|-----------------------------------|----------------------------|---|
| 79         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 80         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 81         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 82         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 83         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 84         |                                   | \$ 5,000.                  | 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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|------------|-----------------------------------|----------------------------|---|
| 85         | _____<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.) |
| 86         | _____<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.) |
| _____      | _____<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.)            |
| _____      | _____<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 |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |

|  |   |
|--|---|
| 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 |                                     |
|   |                     |  |                                     |
| (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 |                                     |
|   |                     |  |                                     |
| (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 |                                     |
|   |                     |  |                                     |
| (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 |                                     |
|   |                     |  |                                     |



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**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) 2020**

**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.)  | <b>(a) Filing organization's totals</b>                  | <b>(b) Affiliated group totals</b> |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (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)).**

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers?  |     | 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   |    | 2,960. |
| <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   |     |    | 2,960. |
| <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). THE ALLIANCE INCURS LOBBYING EXPENSES ON BEHALF OF THE YMCAS IN THE STATE OF FLORIDA. EACH YEAR THE ALLIANCE PROVIDES THE PERCENTAGE OF TOTAL LOBBYING EXPENSES TO THEIR TOTAL EXPENSES. THAT PERCENTAGE IS USED TO CALCULATE THE PORTION OF THE DUES THAT WENT

**Part IV** Supplemental Information *(continued)*

TOWARD THOSE EXPENSES. 62.7% OF THE DUES COLLECTED FROM THE ALLIANCE  
FOR 2020 WERE USED FOR LOBBYING EXPENSES.

Multiple horizontal lines for supplemental information.

**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

**2020**  
**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 (for example, 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

**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 make 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 program
  - 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                     | 6,125,270.       | 5,233,155.     | 5,233,595.         | 4,686,886.           | 4,450,032.          |
| <b>b</b> Contributions                                  | 165,577.         | 8,943.         | 519,951.           | 52,239.              | 168,391.            |
| <b>c</b> Net investment earnings, gains, and losses     | 660,288.         | 1,065,311.     | <370,391.>         | 616,470.             | 202,313.            |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs | 193,800.         | 182,139.       | 150,000.           | 122,000.             | 133,850.            |
| <b>f</b> Administrative expenses                        | 33,260.          |                |                    |                      |                     |
| <b>g</b> End of year balance                            | 6,724,075.       | 6,125,270.     | 5,233,155.         | 5,233,595.           | 4,686,886.          |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **▶ 47.3791 %**
  - b** Permanent endowment **▶ 25.7926 %**
  - c** Term endowment **▶ 26.8282 %**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| <b>(i)</b> Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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  |                                      | 3,305,098.                      |                              | 3,305,098.     |
| <b>b</b> Buildings  |                                      | 41,624,015.                     | 22,349,967.                  | 19,274,048.    |
| <b>c</b> Leasehold improvements   |                                      | 2,734,529.                      | 2,700,360.                   | 34,169.        |
| <b>d</b> Equipment  |                                      | 6,769,001.                      | 5,708,479.                   | 1,060,522.     |
| <b>e</b> Other  |                                      | 75,890.                         |                              | 75,890.        |
| <b>Total.</b> Add lines 1a through 1e. <i>(Column (d) must equal Form 990, Part X, column (B), line 10c.)</i> |                                      |                                 |                              | 23,749,727.    |

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

Schedule D (Form 990) 2020

59-0810731 Page **3**

**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>  | 24,954.        |
| (3) <b>OBLIGATION UNDER CAPITAL LEASES</b>                                  | 177,373.       |
| (4) <b>OBLIGATION UNDER INTEREST RATE</b>                                   |                |
| (5) <b>SWAP AGREEMENT</b>   | 95,024.        |
| (6) .....   |                |
| (7) .....   |                |
| (8) .....   |                |
| (9) .....   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 297,351.       |

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

Schedule D (Form 990) 2020

**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>  | 19,124,191. |
| <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> | 642,476.    |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 9,965.      |
| <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> | 652,441.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 18,471,750. |
| <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> | 38,395.     |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | 545,791.    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 584,186.    |
| <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>  | 19,055,936. |

**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>  | 21,049,878. |
| <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> | 114,353.    |
| <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> | 114,353.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 20,935,525. |
| <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> | 38,395.     |
| <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> | 38,395.     |
| <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>  | 20,973,920. |

**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:**

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

**PART X, LINE 2:**

THE ORGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A



**Part XIII** Supplemental Information (continued)

TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A).

THE ORGANIZATION APPLIES ASC TOPIC 740, INCOME TAXES. ASC TOPIC 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 2017 THROUGH 2020 FOR ALL MAJOR TAX JURISDICTIONS.

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

|   |           |
|---|-----------|
| INVESTMENT RETURN   | 642,799.  |
| CONTRIBUTIONS AND GRANT FOR ACQUISITION OF CAPITAL ASSETS | 48,355.   |
| CONTRIBUTIONS TO ENDOWMENT                                | 165,577.  |
| LOSS ON SALE OF PROPERTY AND EQUIPMENT                    | -310,940. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B                     | 545,791.  |

**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.

**2020**

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                |         |
|-----------------|--|---|---------------------------------------|---------------------|---------------------------------|---------|
|                 |  | MAYOR'S PRAYER BREAK<br>(event type)                        | GILLS GOLF TOURNAMENT<br>(event type) | 1<br>(total number) | (add col. (a) through col. (c)) |         |
| Revenue         | 1  | Gross receipts  | 42,163.                               | 17,800.             | 13,710.                         | 73,673. |
|                 | 2  | Less: Contributions   | 34,510.                               | 5,066.              | 10,507.                         | 50,083. |
|                 | 3  | Gross income (line 1 minus line 2)                          | 7,653.                                | 12,734.             | 3,203.                          | 23,590. |
| Direct Expenses | 4  | Cash prizes   |                                       |                     |                                 |         |
|                 | 5  | Noncash prizes  |                                       | 504.                |                                 | 504.    |
|                 | 6  | Rent/facility costs   | 4,838.                                | 3,300.              | 685.                            | 8,823.  |
|                 | 7  | Food and beverages  | 4,838.                                | 454.                | 318.                            | 5,610.  |
|                 | 8  | Entertainment   | 5,766.                                |                     |                                 | 5,766.  |
|                 | 9  | Other direct expenses                                       | 1,342.                                | 1,339.              | 6,233.                          | 8,914.  |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |                                       |                     |                                 | 29,617. |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |                                       |                     | <6,027.>                        |         |

**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 bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|---|--|
|                 |  |   |   |   |  |
| Revenue         | 1  | Gross revenue   |   |   |  |
|                 | 2  | Cash prizes   |   |   |  |
| Direct Expenses | 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) 2020 **OF THE SUNCOAST, INC.**

59-0810731 Page 3

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**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

**2020**

**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 |
|--|----------------|--|---------------------------------|--|--|--|---|
| COMMUNITY FOUNDATION OF TAMPA BAY<br>4300 W CYPRESS ST, STE 700<br>TAMPA, FL 33607                             | 59-3001853     | 501(C)(3)                              | 15,000.                         | 0.                                       | N/A  | N/A  | EMPLOYEE ASSISTANCE FUND                  |
| NATIONAL COUNCIL OF YOUNG MEN'S<br>CHRISTIAN ASSOCIATION OF THE US -<br>101 N WACKER DR - CHICAGO, IL<br>60606 | 56-3258696     | 501(C)(3)                              | 6,000.                          | 0.                                       | N/A  | N/A  | FURTHERANCE OF EXEMPT<br>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 ..... ▶

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

Schedule I (Form 990) 2020

**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:**

THE FIRST RECIPIENT IS A LOCAL GRANT-MAKING FOUNDATION. WE RECEIVE REPORTINGS FROM THE ORGANIZATIONS ON THE USES OF THE DONATIONS AND REVIEW ITS 990 ON GUIDESTAR. THE CEO AND OTHER STAFF ALSO RECEIVE UPDATES AND REPORTINGS FROM THE ORGANIZATIONS ON THEIR CHARITABLE WORK. THE SECOND RECIPIENT IS A YMCA ORGANIZATION.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **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 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>  |     |    |

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

Schedule J (Form 990) 2020



**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)  | 253,954.   | 0.                                  | 7,006.                              | 22,942.  | 21,563.                 | 305,465.                        | 0.  |
|                                       | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) THOMAS BUTTON<br>COO              | (i)  | 148,321.   | 0.                                  | 2,340.                              | 14,005.  | 22,612.                 | 187,278.                        | 0.  |
|                                       | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) CAROL PARKS<br>SR VP / CAO        | (i)  | 140,360.   | 0.                                  | 500.                                | 12,243.  | 9,185.                  | 162,288.                        | 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) |  |                                     |                                     |  |                         |                                 |   |

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

**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. IN 2020, THESE DUES WERE INCURRED FOR JANUARY - MARCH AND THEN  
WERE CANCELLED. 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 2020 AND  
TAXED AS COMPENSATION WERE \$2,203 (3 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  | 10,270,150. |           |            |           |            |           |            |           |  |  |
| <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 |
| <b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....   |          | <b>X</b> |     |    |     |    |     |    |
| <b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....  |          | <b>X</b> |     |    |     |    |     |    |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....  |          | <b>X</b> |     |    |     |    |     |    |
| <b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?   |          |          |     |    |     |    |     |    |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....   |          | <b>X</b> |     |    |     |    |     |    |
| <b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...   |          |          |     |    |     |    |     |    |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....  | .00      | %        |     | %  |     | %  |     | %  |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ..... | .00      | %        |     | %  |     | %  |     | %  |
| <b>6</b> Total of lines 4 and 5 .....   | .00      | %        |     | %  |     | %  |     | %  |
| <b>7</b> Does the bond issue meet the private security or payment test? .....   | <b>X</b> |          |     |    |     |    |     |    |
| <b>8a</b> 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?   |          | <b>X</b> |     |    |     |    |     |    |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....  |          | %        |     | %  |     | %  |     | %  |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....  |          |          |     |    |     |    |     |    |
| <b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....                           | <b>X</b> |          |     |    |     |    |     |    |

**Part IV Arbitrage**

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

**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 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

**2020**

Open to Public  
Inspection

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

**FORM 990, PART III, LINE 1, MISSION STATEMENT:**

THE YMCA IS A POWERFUL ASSOCIATION OF MEN, WOMEN, AND CHILDREN COMMITTED TO BRINGING ABOUT LASTING PERSONAL AND SOCIAL CHANGE. WITH A FOCUS ON NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN, IMPROVING THE NATION'S HEALTH AND WELL-BEING, AND PROVIDING OPPORTUNITIES TO GIVE BACK AND SUPPORT NEIGHBORS, THE YMCA ENABLES YOUTH, ADULTS, FAMILIES, AND COMMUNITIES TO BE HEALTHY, CONFIDENT, CONNECTED, AND SECURE. EACH DAY, WE WORK SIDE-BY-SIDE WITH OUR NEIGHBORS TO MAKE SURE THAT EVERYONE, REGARDLESS OF AGE, INCOME, OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW, AND THRIVE. IN ADDITION, WE HAVE AN ORGANIZATIONAL COMMITMENT TO INTEGRATING DIVERSITY, INCLUSION, AND GLOBAL STRATEGIES ACROSS KEY OPERATIONAL AND PROGRAMMATIC AREAS TO STRENGTHEN THEIR CAPACITY TO SERVE DIVERSE AND UNDERSERVED POPULATIONS, FOSTER COMMUNITY COHESION, AND ADVANCE SOCIAL EQUITY. THE Y'S PROGRAMS AND INITIATIVES STAY TRUE TO OUR MISSION, FROM QUALITY OUT-OF-SCHOOL PROGRAMMING AND LIFE-SAVING SWIM LESSONS TO VALUE-BASED YOUTH SPORTS AND ENGAGING HEALTHY ACTIVITIES FOR THE ENTIRE FAMILY. WE ARE PROUD TO HELP 86,000 PEOPLE IN OUR COMMUNITY RECEIVE THE SUPPORT, GUIDANCE, AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND, AND BODY.

**FORM 990, PART III, 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 86,000 MEN, WOMEN, AND CHILDREN IN CITRUS, HERNANDO, PASCO, AND PINELLAS COUNTIES, THE Y

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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

PROVIDES OPPORTUNITIES FOR ALL AGES TO LEARN, GROW, AND THRIVE. WE HAVE STRENGTHENED OUR COMMUNITY FOR 64 YEARS.

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 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. MANY OF OUR NEW PROGRAMS AND SERVICES WERE A RESPONSE TO THE COVID-19 PANDEMIC. THIS WAS A TIME WHERE WE SERVED OUR COMMUNITY IN NEW, SIGNIFICANT, AND MEANINGFUL WAYS.

- ON TUESDAY, MARCH 17, 2020, THE YMCA OF THE SUNCOAST CLOSED OUR SEVEN FACILITIES TO MEMBERS AND TRANSITIONED OUR BRANCHES TO PROVIDE YOUTH RELIEF CARE FOR ESSENTIAL WORKERS. THIS PROGRAM ENABLED HEALTHCARE AND EMERGENCY RESPONSE PROFESSIONALS AND OTHER ESSENTIAL WORKERS TO CONTINUE THEIR FOCUS ON PUBLIC HEALTH AND ENSURE THEIR CHILDREN WERE IN A SAFE, STRUCTURED, NURTURING ENVIRONMENT. WE SERVED 688 CHILDREN IN 500 FAMILIES DURING THIS CRITICAL TIME.

- WE COLLABORATED WITH FEEDING AMERICA - TAMPA BAY, THE FOOD BANK OF CITRUS, AND OTHER COMMUNITY ORGANIZATIONS TO SERVE AS A FOOD

|                          |  |                                |            |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | YOUNG MEN'S CHRISTIAN ASSOCIATION<br>OF THE SUNCOAST, INC. | Employer identification number | 59-0810731 |
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DISTRIBUTION CENTER, SERVING OVER 23,000 MEALS TO THOSE IN NEED.

- WE PARTNERED WITH MOBILE COMMUNITY BLOOD CENTERS TO USE OUR BRANCHES AS SITES FOR BLOOD DONATIONS. ENOUGH BLOOD WAS DONATED TO IMPACT 1,422 LIVES AS A RESULT OF ONEBLOOD & LIFESOUTH BLOOD DRIVES HOSTED AT YMCAS ACROSS TAMPA BAY.

- WHILE OUR YMCAS WERE CLOSED, WE BEGAN OFFERING VIRTUAL CLASSES. IN 2020, WE PROVIDED 92,500 VIRTUAL YMCA CLASSES, HELPING OUR COMMUNITY STAY ACTIVE, HEALTHY AND CONNECTED IN THEIR OWN HOME. WE PROVIDED VIRTUAL CLASSES AND VIRTUAL LUNCH-AND-LEARNS AS A SERVICE AND MEMBERSHIP BENEFIT.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

AFTER 21 YEARS OF SERVICE TO THE COMMUNITY, IN 2020, WE CLOSED THE DOORS AT OUR HIGH POINT BRANCH YMCA FACILITY DUE TO THE PRESENCE OF MULTIPLE PROVIDERS IN THE COMMUNITY AND DECLINING ENROLLMENT. HOWEVER, WE CONTINUE TO PROVIDE PROGRAMS TO THE HIGH POINT COMMUNITY THROUGH COMMUNITY PARTNERSHIPS.

4 SQUARE WAS LAUNCHED IN 2019 IN CONJUNCTION WITH HIGH POINT ELEMENTARY SCHOOL, GIVING STUDENTS A STRUCTURED RECESS AND OUTDOOR TIME FOCUSING ON CHARACTER BUILDING. THE ELEMENTARY SCHOOL IS SITUATED IN AN UNDERSERVED NEIGHBORHOOD. UNFORTUNATELY, THE FUNDING SOURCE FOR THIS PROGRAM WAS ELIMINATED.

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

OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND



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TEEN. WE BELIEVE ALL KIDS HAVE GREAT POTENTIAL AND DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT. OUR YMCA PROGRAMS, SUCH AS SCHOOL AGE PROGRAMS BEFORE AND AFTERSCHOOL CARE, SUMMER CAMP, LEADERS CLUBS, SWIM, SPORTS & PLAY, AND OTHERS, OFFER A RANGE OF EXPERIENCES THAT ENRICH SOCIAL-EMOTIONAL, COGNITIVE, AND PHYSICAL GROWTH. EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT MAKE PARTICIPATION POSSIBLE FOR APPROXIMATELY 20 PERCENT OF THE YOUNG PEOPLE WE ENGAGE.

THROUGHOUT THE SCHOOL YEAR, THE YMCA PROVIDES BEFORE AND AFTERSCHOOL CARE TO PRE-K, ELEMENTARY, AND MIDDLE SCHOOL-AGE CHILDREN RESIDING IN PINELLAS, PASCO, HERNANDO, OR CITRUS COUNTIES, INCLUDING SPECIAL NEEDS AND DEVELOPMENTALLY DISABLED CHILDREN. YMCA SCHOOL-AGE CARE ENSURES THAT THE TIME GAPS BEFORE AND AFTER SCHOOL ARE FILLED CREATIVELY AND CONSTRUCTIVELY. THIS PROGRAM PROVIDES WORKING PARENTS WITH SAFE, EDUCATIONAL, AFFORDABLE, QUALITY SUPERVISION FOR THEIR CHILDREN. OUR AFTERSCHOOL PROGRAMS FOCUS ON YOUTH DEVELOPMENT FOR ALL COMMUNITIES WITH A HOLISTIC DEVELOPMENT APPROACH (SOCIAL/EMOTIONAL, PHYSICAL, AND COGNITIVE/ACADEMIC). THE SCHOOL-AGE PROGRAMS PROVIDING BEFORE AND AFTERSCHOOL CARE PROGRAMS OPERATE IN 55 ELEMENTARY SCHOOLS, MIDDLE SCHOOLS, AND YMCA SITES SERVING OVER 7,200 CHILDREN THROUGHOUT THE SCHOOL YEAR. OUR YMCA PROVIDES A HIGH-QUALITY CURRICULUM USING MULTIPLE PARTNERS FOR ENRICHMENT PROGRAMS AND EVIDENCE-BASED LEARNING. THE CURRICULUM IDENTIFIES, UTILIZES, AND RECOGNIZES CULTURAL DIFFERENCES AND COMMONALITIES THROUGHOUT MOST ACTIVITIES AND ALIGNS WITH THE EDUCATIONAL STANDARDS. ALL OF THE STUDENTS ENROLLED IN THE AFTERSCHOOL

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PROGRAM BENEFIT FROM SUPPLEMENTAL LEARNING THROUGH ACTIVITIES, GAMES,  
AND PROJECTS THAT ARE FUN AND ENGAGING.

THE YMCA PROVIDED FINANCIAL ASSISTANCE FOR OVER 20% OF ENROLLED  
CHILDREN TOTALING \$352,000.

- IN ALL FOUR COUNTIES, WE PROVIDE LITERACY ENRICHMENT AS PART OF OUR  
BEFORE AND AFTERSCHOOL CARE. OUR AFTERSCHOOL READERS PROGRAM GIVES  
CHILDREN ACCESS TO BOOKS AND ENCOURAGES READING A MINIMUM OF 90 MINUTES  
PER WEEK. THE YREADS PROGRAM OPERATES WITHIN ONE OF OUR PINELLAS COUNTY  
LOCATIONS, DESIGNATED AS A LOWER-PERFORMING TITLE 1 SCHOOL, AND  
PROVIDES INTENSIVE SMALL GROUP READING INSTRUCTION UTILIZING PRE AND  
POST-TESTS TO TRACK GAINS. WITHIN CITRUS COUNTY, THE ACADEMIC  
ENRICHMENT PROGRAM FOCUSES ON 1ST GRADERS STRUGGLING TO READ AND  
PROVIDES AN INTENSIVE CURRICULUM WITH STATE CERTIFIED INSTRUCTORS  
PROVIDING SMALL GROUP INSTRUCTION.

- IN 2020, THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY (JWB) PROVIDED  
FUNDING THROUGH THE PROMISE TIME PROGRAM TO SERVE CHILDREN WITH  
FINANCIAL NEED AT 7 ELEMENTARY SCHOOL SITES AT NO COST TO THEM. THE  
PROGRAM PROVIDES BEFORE AND AFTER-CARE STAFFING, TUTORS, SCHOOL  
LIAISONS, AND ENRICHMENT LEARNING ACTIVITIES.

- THE YMCA AFTERSCHOOL PARTNERSHIP WITH ALL FOUR COUNTY SCHOOL  
DISTRICTS PROVIDES SNACKS AND WEEKDAY DINNER MEALS TO ALL PARTICIPANTS  
IN MOST SCHOOLS WE SERVE. THE ENROLLMENT FOR QUALIFIED CHILDREN IS FREE  
AND INCLUDES EDUCATION PROGRAMMING THAT FOLLOWS HEALTHY EATING AND  
PHYSICAL ACTIVITY (HEPA) STANDARDS.

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- IN PINELLAS COUNTY, WE OFFER Y LEARNING ACADEMIES IN MIDDLE SCHOOLS. THESE ACADEMIES DEVELOP STUDENTS WHO ARE PASSIONATE AND ENGAGED IN THEIR EDUCATION THROUGH HANDS-ON LEARNING IN STEM FIELDS. TEACHERS WORK WITH THE YMCA TO COORDINATE LEARNING FROM THE SCHOOL DAY WITH THE AFTER-SCHOOL PROGRAM AND PROVIDE HOMEWORK ASSISTANCE AND TUTORING. AS A RESULT, HANDS-ON OPPORTUNITIES IN CODING, VIDEO PRODUCTION, ROBOTICS, PODCASTING, AND PROGRAMMING ARE HELPING MORE STUDENTS ACHIEVE HIGH SCHOOL GRADUATION, COLLEGE ATTAINMENT, AND TRANSITION INTO STEM FIELDS IN THE WORKFORCE.

- WITHIN 4 HERNANDO COUNTY SCHOOL SITES, THE YMCA PROVIDES INFANT-TODDLER PRE-K PROGRAMS. THE PROGRAMS PROVIDE A DEVELOPMENTALLY APPROPRIATE CURRICULUM DESIGNED TO SUPPORT YOUNG CHILDREN'S COGNITIVE, SOCIAL, EMOTIONAL, AND PHYSICAL GROWTH.

YMCA SUMMER CARE PROGRAMS SERVE PRESCHOOL CHILDREN, SCHOOL-AGE CHILDREN, AND TEENAGERS RESIDING IN OUR FOUR-COUNTY SERVICE AREA. KIDS HAVE FUN WHILE LEARNING HOW TO MAKE NEW FRIENDS, BUILD NEW SKILLS, AND GROW IN SELF-CONFIDENCE. FOR MORE THAN 1,400 CHILDREN IN 2020, SUMMER PROGRAMMING PROVIDED HIGH-QUALITY, AFFORDABLE, SAFE PLACES WITH QUALIFIED SUPERVISION. YMCA-SUBSIDIZED FINANCIAL ASSISTANCE WAS AWARDED TO MORE THAN 20% OF PARTICIPANTS, TOTALING \$190,000.

- BASED ON THE NATIONAL YMCA PROGRAM MODEL, THE TYPICAL YMCA SUMMER CAMP PROVIDES CHILDREN WITH AN OUTDOOR, SOCIAL EXPERIENCE BUILT IN AN ATMOSPHERE OF FUN, LEARNING, AND RESPECT FOR THE PURPOSE OF BUILDING SELF-ESTEEM THROUGH THE GROWTH OF THE SPIRIT, MIND, AND BODY. IN 2020,

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MANY ASPECTS OF SUMMER CAMP LOOKED DIFFERENT WITH REQUIRED SOCIAL DISTANCING, LIMITED GROUP SIZES, AND OTHER COVID PROTOCOLS.

- THE PINELLAS COUNTY SCHOOL BOARD CONTRACTED AGAIN WITH OUR YMCA TO PROVIDE WRAP-AROUND AND FULL DAYCARE FOR CHILDREN IN THEIR SUMMER BRIDGE PROGRAM. WE SERVED 155 CHILDREN, MANY OF WHOM WERE FUNDED BY THE JUVENILE WELFARE BOARD, TO ATTEND THE SUMMER SCHOOL LEARNING SESSIONS TO BRING THEM CLOSER TO THEIR GRADE LEVEL REQUIREMENTS.

- THE Y HAS ALSO COMMITTED TO SERVING INDIVIDUALS WITH SPECIAL NEEDS AND CHALLENGES THROUGH CAMP COAST (CHILDREN ON THE AUTISM SPECTRUM TOGETHER). THE PROGRAM, LOCATED AT THE CLEARWATER YMCA, PROVIDES CHILDREN WITH AUTISM A SPECIALIZED AND VALUABLE DAY CAMP EXPERIENCE THAT ALLOWS THEM TO FEEL COMFORTABLE IN A SAFE, FUN, AND NURTURING ENVIRONMENT.

YMCA SWIM, SPORTS, AND PLAY PROGRAMS PROMOTE AN APPRECIATION OF ONE'S OWN WORTH. YOUNG PEOPLE PARTICIPATING IN SPORTS BUILD LIFELONG POSITIVE ATTITUDES, ESTABLISH HABITS OF HEALTHY EXERCISE AND PROPER NUTRITION, AND LEARN WAYS TO HAVE FUN. BOTH ADULT AND YOUTH SPORTS PROGRAMS VALUE COOPERATION OVER COMPETITION, FAIR PLAY OVER WINNING AT ANY COST, GOOD FEELING AND GOOD HEALTH OVER POINTS SCORED, AND BUILDING SELF-ESTEEM OVER BEATING THE OPPONENT. THE YMCA KNOWS THAT WITH THIS APPROACH, EVERYONE WINS-UNDEFEATED IN SPIRIT, MIND, AND BODY.

DURING THE YEAR, THE YOUTH SPORTS PROGRAMS SERVED 1,908 CHILDREN IN SMALLER GROUP SIZES. WHILE WE WERE ABLE TO PROVIDE PROGRAMMING IN FEWER MONTHS IN 2020, WE CONTINUED TO SERVE CHILDREN IN PROGRAMS SUCH AS

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YOUTH DANCE, GYMNASTICS, SPORTS SKILL CLINICS, YOUTH SOCCER, YOUTH FLAG FOOTBALL, YOUTH BASKETBALL, YOUTH TAE KWON DO, YOUTH VOLLEYBALL, SWIM TEAMS, YOUTH TRACK AND FIELD, AND MANY OTHERS.

IN 2020, THE YMCA OF THE SUNCOAST SERVED MORE THAN 10,000 TWEENS AND TEENS (YOUTH BETWEEN THE AGES OF 11-17) IN VARIOUS PROGRAMS AND THROUGH Y MEMBERSHIPS. YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS POSITIVE ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM AND GOOD VALUES, INCLUDING COOPERATION, RESPECT FOR THE BODY, GOOD CITIZENSHIP, AND A STRONG WORK ETHIC.

THE YMCA YOUTH IN GOVERNMENT PROGRAM SERVED 26 STUDENTS FROM HIGH SCHOOLS IN PINELLAS, PASCO, HERNANDO, AND CITRUS COUNTIES. ACTIVITY DAYS EXPOSE THE TEENS TO LOCAL GOVERNMENT LEADERS AND BUSINESS OPERATORS FOR LEADERSHIP AND A BETTER UNDERSTANDING OF THEIR COUNTY. STUDENTS LEARN FIRST-HAND ABOUT GOVERNMENT AND CIVIC ISSUES AND COLLABORATE ON POSSIBLE SOLUTIONS.

- WE CONTINUE TO HAVE POPULAR TEEN CENTERS AT OUR CLEARWATER, GREATER RIDGECREST, NORTH PINELLAS, HERNANDO COUNTY, JAMES P. GILLS FAMILY, AND GREATER PALM HARBOR BRANCHES. WITH A GOAL TO SERVE TEENS BETTER, WE LOOK TO FIND MORE WAYS TO ENGAGE TEENS IN YMCA PROGRAMS.

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

- DEVELOPED IN PARTNERSHIP WITH THE PARENT ORGANIZATIONS, LEADERSHIP PINELLAS AND LEADERSHIP CITRUS, YOUTH LEADERSHIP PINELLAS, AND YOUTH LEADERSHIP, CITRUS SEEKS TO EDUCATE INTERESTED HIGH SCHOOL TEENS LIVING IN THOSE COUNTIES ON COMMUNITY ISSUES, DEVELOP LEADERSHIP POTENTIAL,

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AND FOSTER INVOLVEMENT IN COMMUNITY SERVICES. THE ANNUAL NINE-MONTH PROGRAM IS A PARTNERSHIP BETWEEN THE ADULT-RUN LEADERSHIP ORGANIZATION AND THE YMCA OF THE SUNCOAST. EACH CLASS HAS THE OPPORTUNITY TO MEET COMMUNITY DECISION-MAKERS, AND GRADUATES ARE BETTER PREPARED TO TAKE ON LEADERSHIP ROLES OF THEIR OWN. THE CLASSES RUNNING THROUGH SPRING 2020 INCLUDED 53 STUDENTS.

- AT FOUR OF OUR BRANCHES, LEADERS CLUB MEETS AND INSTILLS POSITIVE DISCIPLINE BY DEVELOPING LEADERSHIP QUALITIES, BUILDING SELF-ESTEEM, AND A SENSE OF ACCOMPLISHMENT THROUGH A SERIES OF WELL-ROUNDED TRAININGS IN THE AREA OF PHYSICAL EDUCATION, HEALTHY LIVING, PERSONAL GROWTH, AND VALUES. STUDENTS LEARN VALUABLE WORK AND GAIN COMMUNITY SERVICE EXPERIENCE THROUGH VOLUNTEER ACTIVITY.

WE CONTINUE WORK IN OUR EARLY LEARNING READINESS (ELR) PROGRAM AT THE CLEARWATER YMCA AND WITHIN THE HIGH POINT COMMUNITY, WITH TWO GROUPS OF CAREGIVERS AND CHILDREN. THIS FREE PROGRAM TARGETS HISPANIC/LATINO FAMILIES AND IS FOR CAREGIVERS, PARENTS, AND THEIR CHILDREN AGED FIVE AND UNDER. THE Y'S PROGRAM HELPS CHILDREN WITH LANGUAGE SKILLS AND PREPARES THEM TO ENTER SCHOOL READY TO SUCCEED. IN 2020, THE PROGRAM GAVE 58 PARENTS, CAREGIVERS, AND CHILDREN SKILLS TO ENCOURAGE LEARNING.

AT THE YMCA, WE BELIEVE ALL CHILDREN DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. EVERY DAY, WE ARE PROUD AND RESPECTFUL OF THE TRUST PARENTS AND THE COMMUNITY PLACE IN OUR YMCA. CHILD PROTECTION IS OUR NUMBER ONE PRIORITY. OUR GOAL IS TO HELP EDUCATE PARENTS AND CHILDREN ON HOW TO BE SAFE FROM CHILD ABUSE IN ANY ENVIRONMENT WITH THE SKILLS THEY LEARN AT OUR Y. WE CONTINUE OUR

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EFFORTS TO ENSURE OUR STAFF AND VOLUNTEERS ARE TRAINED ON COMPREHENSIVE AND INNOVATIVE PRACTICES AROUND CHILD SAFETY TO ENSURE CHILDREN ARE SAFE IN OUR CARE.

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

THE Y IS COMMITTED TO IMPROVING AMERICA'S HEALTH AND WELL-BEING, COMMUNITY BY COMMUNITY. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND FOSTERS CONNECTIONS THROUGH FITNESS, SPORTS, FUN, AND SHARED INTERESTS. AS A RESULT, 86,000 PEOPLE IN OUR COMMUNITY RECEIVE THE SUPPORT, GUIDANCE, AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND, AND BODY. OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE, AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES, AND INCOME LEVELS. IN 2020, WE PROVIDED \$1,088,000 IN DIRECT FINANCIAL ASSISTANCE FOR MEMBERSHIPS AND PROGRAMS TO PEOPLE WHO OTHERWISE MAY NOT HAVE BEEN ABLE TO AFFORD TO PARTICIPATE. FOR 176 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. REPRESENTING A BALANCED SPIRIT, MIND, AND BODY, THE EQUILATERAL TRIANGLE HAS OFTEN BEEN DRAWN INSIDE 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

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PROGRAM, WALKING AND RUNNING CLUBS, SOCIAL GROUPS, ADULT SPORTS, FAMILY NIGHTS, AND MANY OTHERS. TO SUPPORT THESE PROGRAMMATIC EFFORTS, THE YMCA OF THE SUNCOAST CONTINUED AS A PIONEER FOR OTHER YMCAS BY PARTICIPATING IN THE YMCA OF THE USA HEALTH INNOVATION INITIATIVES.

FOR ADULTS, THE YMCA HAS CONTINUED TO FOCUS ON THE NEEDS OF THE PEOPLE WHO RELY ON OUR SUPPORT TO MAKE HEALTHY BEHAVIOR CHANGES. WITH THE COORDINATION OF OUR VICE PRESIDENT OF HEALTHY LIVING, WE OVERSEE, DEVELOP, AND IMPLEMENT HEALTHY LIVING PROGRAMMING AND SERVICES FOR ALL AND PROMOTE YMCA HEALTH AND WELLNESS INITIATIVES. YMCA OF THE SUNCOAST BUILDS AND MAINTAINS COLLABORATIONS WITH COMMUNITY HEALTH PARTNERS SUCH AS LOCAL HOSPITALS, PHYSICIANS, STATE, COUNTY, AND LOCAL GOVERNMENT AGENCIES, AND LARGE EMPLOYERS TO INCORPORATE PRINCIPLES OF HEALTHY LIFESTYLES INTO OUR WORK. THROUGH THESE COLLABORATIONS, OUR PARTNERS PROVIDE REFERRALS AND SUPPORT TO YMCA EVIDENCE-BASED PROGRAMS FOR THE PREVENTION AND MANAGEMENT OF CHRONIC DISEASES. OTHER HEALTH AND WELLNESS INITIATIVES INTRODUCED BY THE YMCA OF THE USA ARE REGULARLY PILOTTED AND TESTED IN OUR ORGANIZATION.

IN 2020, 1,500 INDIVIDUALS IMPROVED THEIR QUALITY OF LIFE THROUGH OUR COMMUNITY INTEGRATED HEALTH PROGRAMS, INCLUDING BLOOD PRESSURE SELF-MONITORING, PEDALING FOR PARKINSON'S, FALLS PREVENTION, CANCER SURVIVOR WELLNESS, DIABETES PREVENTION, AND WEIGHT LOSS PROGRAMS.

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



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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, SWIM LEAGUES, ADULT VOLLEYBALL, ADULT TENNIS, RACQUETBALL, ETC. PROGRAMS ARE OFFERED TO MEET THE NEEDS OF THE MEMBERS OF EACH LOCAL COMMUNITY.

SENIOR PROGRAMMING FOR ACTIVE OLDER ADULTS IS A LARGE PART OF OUR HEALTH AND WELLNESS OFFERINGS. WITH MANY RETIREMENT COMMUNITIES ACROSS OUR SERVICE AREA, SENIORS NOT ONLY COME TO THE Y FOR PHYSICAL EXERCISE AND WELLNESS BUT SOCIALIZATION AND CAMARADERIE AMONG FRIENDS. ALONG WITH MANY SENIOR FITNESS CLASSES AND PROGRAMS, WE HOST SOCIAL TRIPS TO LOCAL DESTINATIONS TO FOSTER RELATIONSHIP-BUILDING AMONG OUR SENIOR COMMUNITIES. IN 2020, OUR DIY AT THE Y ("DO IT YOURSELF AT THE Y") GROUPS WERE PUT ON HOLD DURING THE PANDEMIC. IT IS EXPECTED TO RESUME IN 2021. THIS INITIATIVE GIVES OLDER ADULTS WITH EXPERTISE IN SOMETHING AN OPPORTUNITY TO VOLUNTEER TO TEACH OTHERS. MEMBERS HAVE LED CLASSES SUCH AS KNITTING, QUILTING, BIBLE STUDY, GARDENING, HOW TO BUILD A BIRD HOUSE, HOW TO PLAY BRIDGE & MAHJONG, AND MANY MORE.

CLASSES AND PROGRAMS ARE PROVIDED TO HELP OLDER ADULTS MAINTAIN THEIR SELF-SUFFICIENCY AND INDEPENDENCE BY MAINTAINING A HEALTHY LIFESTYLE. THE ARTHRITIS AND WATER EXERCISE CLASSES ARE DESIGNED ESPECIALLY FOR SENIORS TO MAINTAIN MUSCLE TONE AND FLEXIBILITY USING THE WATER TO CUSHION THE JOINTS. IN ADDITION TO ENHANCING MOTOR FUNCTION, THESE PROGRAMS SERVE A PREVENTATIVE HEALTH FUNCTION IN THAT THEY MAY PREVENT

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OR POSTPONE THE NEED FOR SURGERIES.

YMCA AQUATICS PROGRAMS ARE PART OF THE Y'S OVERALL GOAL OF BUILDING A HEALTHY SPIRIT, MIND, AND BODY. IN ADDITION TO PROVIDING SPECIFIC SWIMMING AND WATER SAFETY SKILLS, THEY PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE. THESE PROGRAMS ARE OFFERED AT FEES AFFORDABLE TO THE COMMUNITY AT LARGE, WITH FINANCIAL ASSISTANCE FOR THOSE WHO CAN'T AFFORD THE FULL FEES. THE YMCA TAUGHT 1,707 PEOPLE TO SWIM IN POOLS LOCATED IN CITRUS, HERNANDO, PASCO, AND PINELLAS COUNTIES IN 2020. WE ALSO TAUGHT WATER SAFETY EDUCATION TO AN ADDITIONAL 3,493 CHILDREN IN SCHOOL AND CAMP SETTINGS IN A LAND-BASED CLASS. DROWNING IS THE SECOND-LEADING CAUSE OF DEATH IN CHILDREN IN THIS COMMUNITY. WE FEEL LEARNING TO SWIM IS A NECESSITY, NOT A LUXURY. LEARN-TO-SWIM LESSONS ARE CONDUCTED ALMOST DAILY THROUGHOUT THE YEAR FOR INFANTS FROM SIX MONTHS OLD TO ADULTS.

GRANTS FROM PRIVATE DONATIONS AND LOCAL, FOUNDATION, AND CORPORATE SUPPORT PROVIDED OVER \$184,000 TO FUND CHILDREN AND ADULTS IN FREE AND DISCOUNTED SWIMMING CLASSES DURING THE YEAR. DURING THE SPRING AND SUMMER, EIGHT Y BRANCHES OFFERED SAFETY AROUND WATER, A WEEK OF FREE SWIMMING LESSONS FOR SCHOOL-AGE CHILDREN. IN ADDITION, THREE AGENCIES JOINED TO LAUNCH THE FIFTH SUMMER WITH AQUATICS SAFETY PROGRAMMING ACROSS THE TAMPA BAY AREA COORDINATED BY THE YMCA OF THE SUNCOAST, TAMPA METROPOLITAN AREA YMCA, YMCA OF GREATER ST. PETERSBURG, MANATEE YMCA, AND THE SKY FAMILY YMCA. FREE SWIM AND WATER SAFETY EDUCATION AND LESSONS WERE PROVIDED TO YOUTH IN SUMMER CAMPS AND YMCA BRANCHES. THE FUNDING PARTNERS INCLUDE FLORIDA BLUE AND THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY. IN 2020, MORE THAN 7,000 CHILDREN PARTICIPATED IN ONE

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OR MORE WEEKS OF THESE WATER AND LAND CLASSES.

YMCA POOLS ARE USED FOR PEOPLE WITH DISABILITIES REGULARLY, AS WELL AS SCUBA PROGRAMS, PRIVATE SWIM LESSONS, SWIM TEAMS AND MEETS, AND LIFEGUARD TRAINING CLASSES. THE YMCA CONTINUES TO PROVIDE POOLS FOR AREA HIGH SCHOOL SWIM TEAMS TO PRACTICE AND CONDUCT MEETS. THE YMCA OF THE SUNCOAST HAS ESTABLISHED FAMILY AQUATIC CENTERS AT MOST OF OUR FACILITIES, INCLUDING NORTH PINELLAS, GREATER RIDGECREST, GREATER PALM HARBOR, JAMES P. GILLS FAMILY, HERNANDO COUNTY, AND CITRUS YMCA BRANCHES. THESE CENTERS FEATURE SLIDES AND INTERACTIVE DESIGNS WITH FOUNTAINS, SPRAYS, AND ACTIVITIES. SEVERAL LOCATIONS FEATURE A ZERO-DEPTH ENTRY POOL. OUR CLEARWATER YMCA HAS AN INDOOR POOL.

THE NORTH PINELLAS BRANCH YMCA SERVED 75 PEOPLE IN THEIR MASH (MAINSTREAM ADULTS SHARING HOPE) PROGRAM IN 2020. MANY ADULTS ARE PHYSICALLY AND/OR MENTALLY CHALLENGED AND LIVING AT HOME WITH THEIR PARENTS OR RELATIVES IN OUR PASCO AND UPPER PINELLAS AREA. THE YMCA AND MASH PARENTS HAVE ACCEPTED THE CHALLENGE TO HELP CREATE INDEPENDENCE IN THEIR LIVES. PHYSICALLY AND/OR MENTALLY CHALLENGED ADULTS WITHIN THE PASCO/UPPER PINELLAS AREA CAN PARTICIPATE IN A PROGRAM THAT ALLOWS THEM TO GROW IN SPIRIT, MIND, AND BODY THROUGH INTERACTION WITH FRIENDS, EXPRESSING THEIR CREATIVITY, AND PARTICIPATING IN RECREATIONAL PROGRAMS. THIS PROGRAM CHANGED DRASTICALLY IN 2020, WITH THE CLOSURE OF OUR FACILITIES AND ONGOING COVID CONCERNS, ALL OF THE PROGRAMS TOOK PLACE VIRTUALLY. WHILE THIS WAS DISAPPOINTING FOR MANY OF OUR MASH PARTICIPANTS, IT WAS STILL A WELCOMED OPPORTUNITY FOR VIRTUAL SOCIAL INTERACTION AND EXERCISE.

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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.

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

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 64 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 2020, WE ENGAGED 86,000 YMCA MEMBERS, PARTICIPANTS, VOLUNTEERS, AND DONORS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE.

THE YMCA OF THE SUNCOAST, GUIDED BY ITS STRATEGIC PLAN, SETS GOALS TO CREATE A CULTURE OF PHILANTHROPY AND VOLUNTEERISM. THE Y IS FOCUSED ON ADVANCING OUR MISSION THROUGH PHILANTHROPY BY GIVING, ASKING, JOINING, AND SERVING. OUR PLAN PRIORITIZES OUR ABILITY TO PROVIDE FINANCIAL ASSISTANCE, CREATE AND EXPAND PROGRAMS TO SERVE DIVERSE AND LOW-INCOME COMMUNITIES, SUSTAIN HEALTHY LIVING PROGRAMS, CLOSE THE ACADEMIC ACHIEVEMENT GAP, EXPAND PROGRAMS TO INCREASE YOUTH AND TEEN PARTICIPATION, AND EXPAND THE AQUATICS PROGRAM SO THAT EVERY CHILD WITHIN OUR SERVICE AREA PARTICIPATES IN A BEGIN TO SWIM PROGRAM AND INCREASE FUNDING FOR OUR ENDOWMENT.

WITH ITS COMMITMENT TO NEVER TURN A PERSON OR FAMILY AWAY BECAUSE OF AN

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INABILITY TO PAY FOR SERVICES, THE YMCA CONTINUES TO BE THE COMMUNITY WHERE PEOPLE OF ALL INCOMES AND BACKGROUNDS CAN FIND PROFESSIONAL SUPPORT FOR HEALTHY BEHAVIOR CHANGES. THE YMCA OF THE SUNCOAST PROVIDES FINANCIAL ASSISTANCE FOR ALL PERSONS IN NEED. CHARITABLE CONTRIBUTIONS TO THE YMCA ENABLE US TO PROVIDE FINANCIAL ASSISTANCE ON A SLIDING SCALE. WE PROMISE THAT EVERYONE WHO QUALIFIES WILL RECEIVE ASSISTANCE TO THE GREATEST EXTENT POSSIBLE BASED ON THE AVAILABILITY OF FUNDS.

THE Y'S VOLUNTEER PROGRAM Y COMMUNITY CHAMPIONS CONTINUED IN 2020 AT A REDUCED LEVEL. IT IS IMPORTANT TO US TO INVOLVE COMMUNITY MEMBERS IN MEANINGFUL AND VALUABLE WORK. AS A VOLUNTEER-LED ORGANIZATION, THE Y CANNOT THRIVE WITHOUT THE SUPPORT OF VOLUNTEERS. WE HONOR YOUTH AND ADULT PROGRAM VOLUNTEERS THROUGH VARIOUS FORMS OF RECOGNITION AND THANKS. IN 2020, THE YMCA OF THE SUNCOAST'S VOLUNTEER BASE INCLUDED 526 ACTIVE VOLUNTEERS, AND THE TOTAL NUMBER OF HOURS WAS OVER 12,000. THIS EQUATES TO NEARLY 6 FULL-TIME EMPLOYEES.

OUR Y IS FORTUNATE TO BENEFIT FROM TALENTED AND DEDICATED VOLUNTEERS WHO COMPOSE THE BOARD OF DIRECTORS AND ADVISORY COUNCILS AT EACH OF OUR BRANCHES. THESE INDIVIDUALS ADVISE ON STRATEGY, RECOMMEND POLICIES, FORGE COLLABORATIONS IN THE COMMUNITY, AND ACTIVELY FUNDRAISE. THEIR GUIDANCE AND OVERSIGHT IS CRITICAL TO MAINTAINING OUR STRONG REPUTATION, FINANCIAL POSITION, COMMUNITY ROOTS, AND SO MUCH MORE. A TOTAL OF 28 REPRESENTATIVES OF THE COMMUNITY SERVED ON THE YMCA OF THE SUNCOAST BOARD OF DIRECTORS, AND 133 OTHERS AS ADVISORY COUNCIL MEMBERS AT OUR BRANCHES.

IN 2020, THE YMCA OF THE SUNCOAST CONTINUED PARTNERSHIPS TO SERVE

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FAMILIES THAT INCLUDE AND CARE FOR FOSTER CHILDREN. WE BUILT ON RELATIONSHIPS WITH AGENCIES, INCLUDING ECKERD CONNECTS, DIRECTIONS FOR LIVING, LUTHERAN FAMILY SERVICES, AND KIDS CENTRAL TO SERVE FAMILIES WITH FOSTER CHILDREN. THEY SHARE OUR CALL TO SERVE BY STRENGTHENING YOUTH AND FAMILIES IN OUR COMMUNITIES. THIS OPPORTUNITY STEMS FROM OUR STRATEGIC PLAN TO ENSURE THAT FOSTER HOMES AND FOSTER YOUTH HAVE A YMCA CONNECTION. FAMILIES ARE INVITED TO TAKE ADVANTAGE OF FREE ACCESS TO OUR BRANCHES WITH A YMCA OF THE SUNCOAST MEMBERSHIP. FOSTER CHILDREN HAVE ACCESS TO THE YMCA UP TO THE AGE OF 22. IN 2020, 645 FOSTER CARE PARTICIPANTS WERE SERVED THROUGH MEMBERSHIP AND PROGRAM ENGAGEMENT.

IN 2020, THE YMCA OF THE SUNCOAST HELD ITS FIFTEENTH ANNUAL MAYORS' PRAYER BREAKFAST, HOSTED BY THE CITY OF CLEARWATER'S MAYOR. THIS EVENT, ATTENDED BY 200 PEOPLE, WAS A TIME FOR THE COMMUNITY TO COME TOGETHER IN FELLOWSHIP AND PRAYER. THE CITRUS MEMORIAL HOSPITAL FOUNDATION YMCA PREPARED A VIRTUAL PRAYER BREAKFAST IN MAY WHICH WAS SHARED WITH THE PUBLIC.

THE YMCA OF THE SUNCOAST HAS AN INTERNATIONAL PARTNERSHIP WITH THE YMCA OF PERU. ALTHOUGH CHALLENGED IN 2020 DUE TO COVID RESTRICTIONS, WE CONTINUED TO MAINTAIN THE RELATIONSHIP WHICH ALLOWS THE SHARING OF PROGRAM IDEAS AND ORGANIZATIONAL STRENGTHS BETWEEN THE TWO YMCAS. 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.

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 IN OUR STATE AND CREATE A HEALTHIER AND MORE  
ACTIVE POPULATION.

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

THE YMCA OF THE SUNCOAST BOARD MEMBERS RECEIVE AN EMAILED COPY OF THE  
COMPLETE FORM 990 AS ULTIMATELY FILED WITH THE IRS PRIOR TO THE FILING  
DEADLINE (AS EXTENDED FOR THE 2020 RETURN TO NOVEMBER 15, 2021). THE BOARD  
MAY REVIEW THE INFORMATION, MAKE INQUIRIES REGARDING THE 990 AND MAKE  
RECOMMENDATIONS FOR CHANGES PRIOR TO APPROVING THE 990 FOR FILING. THE CFO  
AND CEO 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 (THE EXECUTIVE  
BOARD MEMBERS AND ITS COMMITTEE MEMBERS) A CONFLICT OF INTEREST STATEMENT  
OF DISCLOSURE QUESTIONNAIRE TO BE COMPLETED AND RETAINED AT THE ASSOCIATION  
OFFICES. THE FORMS ARE COMPLETED AND SAVED ELECTRONICALLY IN AN ONLINE  
REPORTING SYSTEM WHICH MANAGES THE QUESTIONNAIRE DISTRIBUTION AND RESPONSE  
COLLECTION. DISCLOSURES OF CONFLICTS ARE REVIEWED BY CFO AND CEO. PER  
POLICY GUIDELINES, IN THE COURSE OF MEETINGS OR ACTIVITIES, THE VOLUNTEER,  
FULL-TIME STAFF OR BOARD MEMBER WILL DISCLOSE ANY INTERESTS IN A  
TRANSACTION OR DECISION WHERE THEIR INDIVIDUAL (INCLUDING BUSINESS OR OTHER  
NONPROFIT AFFILIATION), FAMILY AND/OR SIGNIFICANT OTHER, EMPLOYER, OR CLOSE  
ASSOCIATES WILL RECEIVE A BENEFIT OR GAIN. AFTER DISCLOSURE, THE  
VOLUNTEER, FULL-TIME STAFF OR BOARD MEMBER WILL BE ASKED TO LEAVE THE ROOM

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FOR THE DISCUSSION AND WILL NOT BE PERMITTED TO VOTE ON THE QUESTION.

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

THE APPROVAL OF EXECUTIVE COMPENSATION IN 2020 WAS DONE VIA EMAIL BY THE EXECUTIVE COMPENSATION COMMITTEE AND THEN BY THE BOARD. THE CEO EMAILED THE COMMITTEE INFORMATION ON CURRENT COMPENSATION OF EXECUTIVES AND COMPARABLE SALARY DATA. THE COMMITTEE REVIEWED THE DATA AND APPROVED THE COMPENSATION AS NOT EXCESSIVE.

THE MINUTES OF THE BOARD OF DIRECTOR'S MEETING HELD APRIL 20, 2020 REFLECTS THAT THE COMMITTEE REVIEWED A MARKET SURVEY OF SENIOR LEADERSHIP COMPENSATION OF LIKE-SIZED YMCAS AND OTHER NONPROFIT ORGANIZATIONS. SENIOR LEADERSHIP SALARIES WERE REDUCED BY AT LEAST 10% DURING 2020 AND 2020 MERIT INCREASES WERE SUSPENDED. THE BOARD APPROVED THE COMPENSATION AS NOT EXCESSIVE.

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:

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP -93,217.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS



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**PROCESS HAS NOT CHANGED FROM PRIOR YEARS.**

Multiple horizontal lines for additional text or calculations.