

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.
D Employer identification number: 59-0810731
E Telephone number: (727) 467-9622
G Gross receipts \$: 37,562,825.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.YMCASUNCOAST.ORG
K Form of organization: Corporation
L Year of formation: 1961
M State of legal domicile: FL

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature of officer: G. SCOTT GOYER, PRESIDENT & CEO
Preparer: LISA BURKE
Firm: CBIZ MHM, LLC
Address: 700 WEST 47TH STREET, SUITE 1100, KANSAS CITY, MO 64112

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

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

Form 990 (2023)

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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:
IN 2023, THE YMCA OF THE SUNCOAST SERVED OVER 99,000 MEN, WOMEN, AND CHILDREN IN LEVY, CITRUS, HERNANDO, PASCO, AND PINELLAS COUNTIES OF FLORIDA. THE Y PROVIDES OPPORTUNITIES FOR ALL AGES TO LEARN, GROW, AND THRIVE. SEE EXPANDED MISSION ON SCHEDULE O.

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

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

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

4a (Code:) (Expenses \$ 11,224,543. including grants of \$) (Revenue \$ 10,839,412.)
HEALTHY LIVING: THE Y IS COMMITTED TO IMPROVING AMERICA'S HEALTH AND WELL-BEING, COMMUNITY BY COMMUNITY. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN, AND SHARED INTERESTS. AS A RESULT, 99,000 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. WE DELIVERED OVER \$9.4 MILLION IN COMMUNITY INVESTMENT ACROSS ALL PROGRAMS TO ENSURE PARTICIPATION AMONG YOUTH, ADULTS, AND FAMILIES FACING FINANCIAL HARDSHIP AND SUBSIDIZING PROGRAMS THAT FILL COMMUNITY VOIDS.
(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 10,630,695. including grants of \$ 12,719.) (Revenue \$ 8,991,096.)
YOUTH DEVELOPMENT: OUR YMCA IS COMMITTED TO NURTURING THE GOD-GIVEN POTENTIAL OF EVERY CHILD AND TEEN. WE BELIEVE ALL KIDS HAVE GREAT POTENTIAL AND DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT. OUR YMCA PROGRAMS, SUCH AS SCHOOL AGE PROGRAMS BEFORE AND AFTERSCHOOL CARE, SUMMER CAMP, LEADERS CLUBS, SWIM, SPORTS & PLAY, AND OTHERS, OFFER A RANGE OF EXPERIENCES THAT ENRICH SOCIAL-EMOTIONAL, COGNITIVE, AND PHYSICAL GROWTH.

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 1,194,823. including grants of \$ 25,000.) (Revenue \$)
SOCIAL RESPONSIBILITY: OUR YMCA BELIEVES IN CREATING A CULTURE OF PHILANTHROPY AND VOLUNTEERISM BY GIVING BACK AND SUPPORTING OUR NEIGHBORS. WE HAVE BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS FOR OVER 65 YEARS. Y PROGRAMS, SUCH AS VOLUNTEERISM AND GIVING OPPORTUNITIES, GLOBAL PARTNERS, ADVOCACY WORK, 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. WE ENGAGE YMCA MEMBERS, PARTICIPANTS, VOLUNTEERS, AND DONORS IN ACTIVITIES THAT STRENGTHEN OUR COMMUNITY AND PAVE THE WAY FOR FUTURE GENERATIONS TO THRIVE.

(CONTINUED ON SCHEDULE O)

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

4e Total program service expenses 23,050,061.

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 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>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a 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>	X	
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>		X
c 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>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 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>		X
17 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> See instructions	X	
18 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>	X	
19 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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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>	X	

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OF THE SUNCOAST, INC.**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a 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 A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	81
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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OF THE SUNCOAST, INC.**

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	1486	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	11a
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		N/A
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		N/A

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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
1a Enter the number of voting members of the governing body at the end of the tax year 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.	1a	28		
b Enter the number of voting members included on line 1a, above, who are independent	1b	28		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<input checked="" type="checkbox"/>	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6			<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	8b		<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			<input checked="" type="checkbox"/>

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

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

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, VP / CFO - (727)467-9622
2469 ENTERPRISE ROAD, CLEARWATER, FL 33763

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) G. SCOTT GOYER PRESIDENT & CEO	50.00			X			305,460.	0.	49,679.	
(2) THOMAS BUTTON SVP/ COO	50.00			X			176,324.	0.	42,123.	
(3) CAROL PARKS SVP/ CHIEF ADMINISTRATION OFFICER	50.00			X			160,702.	0.	27,590.	
(4) SHARLENE CLARK VP/ CFO	50.00			X			124,624.	0.	25,807.	
(5) JOANNA CASTLE VP PHILANTHROPY	50.00				X		103,249.	0.	27,509.	
(6) MS. KIMBERLY BRIGGS BOARD CHAIR	1.00	X		X			0.	0.	0.	
(7) MR. MATT BECKER VICE CHAIR	1.00	X		X			0.	0.	0.	
(8) MS. KELLY CRANDALL TREASURER (TERM END 12/31/23)	1.00	X		X			0.	0.	0.	
(9) MR. BRIAN AUNGST, JR. SECRETARY	1.00	X		X			0.	0.	0.	
(10) MR. MATTHEW CRUM IMMEDIATE PAST CHAIR	1.00	X					0.	0.	0.	
(11) MR. JOSEPH BENAVIDES DIRECTOR	1.00	X					0.	0.	0.	
(12) MS. TAMARA BLACK DIRECTOR	1.00	X					0.	0.	0.	
(13) MR. DAVID L. BRANDON DIRECTOR	1.00	X					0.	0.	0.	
(14) MR. ALEX CHAMBERLIN DIRECTOR	1.00	X					0.	0.	0.	
(15) MR. DOUGLAS CHAMBERLIN DIRECTOR	1.00	X					0.	0.	0.	
(16) MR. ALLEN S CRUMBLY DIRECTOR	1.00	X					0.	0.	0.	
(17) MS. PAULEE DAY DIRECTOR (TERM END 12/31/23)	1.00	X					0.	0.	0.	

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

Form 990 (2023)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MS. AMERICA DEUPREE DIRECTOR	1.00	X					0.	0.	0.	
(19) MR. CHESTER 'BUD' ELIAS, JR. DIRECTOR	1.00	X					0.	0.	0.	
(20) MS. TRACY KALY DIRECTOR	1.00	X					0.	0.	0.	
(21) MR. JUSTIN KELLY DIRECTOR	1.00	X					0.	0.	0.	
(22) MS. LAURA MAIOCCO DIRECTOR	1.00	X					0.	0.	0.	
(23) MR. MICHAEL MCCARTHY DIRECTOR	1.00	X					0.	0.	0.	
(24) MS. JENNIFER MOORE DIRECTOR	1.00	X					0.	0.	0.	
(25) MR. GERRY MULLIGAN DIRECTOR	1.00	X					0.	0.	0.	
(26) MR. DEV PATHIK DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							870,359.	0.	172,708.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							870,359.	0.	172,708.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AQUA TRIANGLE 1 CORP, DBA TRIANGLE POOL SER 12801 S BELCHER RD, LARGO, FL 33773	POOL CLEANING	333,844.
24 HOURS, INC., 4251 SW HIGH MEADOW AVE, PALM CITY, FL 34990	CLEANING SERVICES	289,745.
TAMPA METROPOLITAN AREA YMCA, INC. 110 E OAK AVE, TAMPA, FL 33602	MARKETING SUPPORT	268,980.
FLEISCHMAN GARCIA MASLOWSKI 324 HYDE PARK AVE, STE 300, TAMPA, FL 33606	ARCHITECTS	212,294.
PRIME-SCAPE SERVICES PO BOX 17099, CLEARWATER, FL 33762	LAWN & PEST CONTROL	190,746.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

**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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MS. CHRISTINA RANKIN DIRECTOR	1.00	X					0.	0.	0.	
(28) MR. GARY REGOLI DIRECTOR	1.00	X					0.	0.	0.	
(29) MR. CHARLIE ROBINSON, JR. DIRECTOR	1.00	X					0.	0.	0.	
(30) MS. MELISSA ROGERS DIRECTOR	1.00	X					0.	0.	0.	
(31) MR. GREG SHOWERS DIRECTOR	1.00	X					0.	0.	0.	
(32) DR. SUSAN VADAPARAMPIL DIRECTOR (TERM START 10/10/23)	1.00	X					0.	0.	0.	
(33) MR. PETER VOSOTAS DIRECTOR	1.00	X					0.	0.	0.	
(34) MS. CAROLE GROVES DIRECTOR (TERM END 5/7/23)	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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	46,000.				
	b Membership dues	1b					
	c Fundraising events	1c	173,851.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,621,254.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,903,469.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			7,744,574.			
	Program Service Revenue	2 a MEMBERSHIP FEES	Business Code				
		813410	9,590,145.	9,590,145.			
b BEFORE & AFTER SCHOOL CARE		813410	6,542,275.	6,542,275.			
c SUMMER CAMP PROGRAMS		813410	1,909,649.	1,909,649.			
d AQUATICS		813410	553,421.	553,421.			
e WELLNESS PROGRAMS		813410	482,881.	482,881.			
f All other program service revenue		813410	550,733.	550,733.			
g Total. Add lines 2a-2f				19,629,104.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		601,514.			601,514.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	13,000.			
			(ii) Personal				
				0.			
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c	13,000.				
	d Net rental income or (loss)			13,000.	13,000.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	7,943,987.	1260000.		
			(ii) Other				
				7,922,305.	239,077.		
				21,682.	1020923.		
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)			1,042,605.		1042605.		
8 a Gross income from fundraising events (not including \$ 173,851. of contributions reported on line 1c). See Part IV, line 18	8a		181,247.				
			195,072.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-13,825.		-13,825.		
9 a Gross income from gaming activities. See Part IV, line 19	9a		995.				
			0.				
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities			995.		995.		
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue	813410	188,404.	188,404.			
	e Total. Add lines 11a-11d			188,404.			
	12 Total revenue. See instructions			29,206,371.	19830508.	0.	1631289.

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

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	37,719.	37,719.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	912,308.	39,602.	770,420.	102,286.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,918,919.	12,548,178.	1,251,774.	118,967.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	814,395.	673,662.	131,129.	9,604.
9 Other employee benefits	780,164.	591,933.	170,419.	17,812.
10 Payroll taxes	1,098,307.	953,199.	129,887.	15,221.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,726.		3,726.	
c Accounting	104,710.		104,710.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	19,155.			19,155.
f Investment management fees	39,528.		39,528.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	890,349.	452,876.	371,236.	66,237.
12 Advertising and promotion	284,860.	83,615.	95,278.	105,967.
13 Office expenses	2,231,339.	2,097,712.	117,306.	16,321.
14 Information technology	97,099.		36,356.	60,743.
15 Royalties				
16 Occupancy	3,140,597.	3,007,557.	115,547.	17,493.
17 Travel	110,225.	86,242.	22,682.	1,301.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	230,451.	150,967.	75,001.	4,483.
20 Interest	7,706.	6,231.	1,327.	148.
21 Payments to affiliates	330,776.	297,449.	25,299.	8,028.
22 Depreciation, depletion, and amortization	1,677,719.	1,561,841.	104,290.	11,588.
23 Insurance	423,504.	368,313.	49,672.	5,519.
24 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.)				
a BAD DEBT EXPENSE	87,742.	87,742.		
b _____				
c _____				
d _____				
e All other expenses _____	11,149.	5,223.	5,926.	
25 Total functional expenses. Add lines 1 through 24e	27,252,447.	23,050,061.	3,621,513.	580,873.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

Form 990 (2023)

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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) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	344,184.	1	1,018,438.	
	2 Savings and temporary cash investments	7,701,380.	2	8,122,782.	
	3 Pledges and grants receivable, net	3,047,550.	3	2,287,633.	
	4 Accounts receivable, net	510,908.	4	364,522.	
	5 Loans and other receivables from 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		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	125,934.	9	176,289.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 49,680,845.			
	b Less: accumulated depreciation	10b 29,691,395.	20,371,350.	10c	19,989,450.
	11 Investments - publicly traded securities	11,999,346.	11	14,630,066.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	89,930.	15	64,491.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	44,190,582.	16	46,653,671.		
Liabilities	17 Accounts payable and accrued expenses	1,509,767.	17	1,797,015.	
	18 Grants payable		18		
	19 Deferred revenue	1,213,082.	19	947,758.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	216,467.	25	149,731.	
	26 Total liabilities. Add lines 17 through 25	2,939,316.	26	2,894,504.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	35,780,803.	27	37,797,741.	
	28 Net assets with donor restrictions	5,470,463.	28	5,961,426.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	41,251,266.	32	43,759,167.	
33 Total liabilities and net assets/fund balances	44,190,582.	33	46,653,671.		

Form **990** (2023)

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

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,206,371.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,252,447.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,953,924.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41,251,266.
5	Net unrealized gains (losses) on investments	5	655,505.
6	Donated services and use of facilities	6	-101,528.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	43,759,167.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
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 _____		

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2023

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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2493322.	4740144.	11650782.	7880452.	7744574.	34509274.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	24278385.	14554626.	16284705.	17012591.	19830508.	91960815.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	26771707.	19294770.	27935487.	24893043.	27575082.	126470089
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	34,031.	93,567.	101,536.	25,939.	43,466.	298,539.
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.
c Add lines 7a and 7b	34,031.	93,567.	101,536.	25,939.	43,466.	298,539.
8 Public support. (Subtract line 7c from line 6.)						126171550

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	26771707.	19294770.	27935487.	24893043.	27575082.	126470089
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	348,678.	214,593.	449,215.	321,601.	601,514.	1935601.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	348,678.	214,593.	449,215.	321,601.	601,514.	1935601.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	52,689.	710.	8,421.		995.	62,815.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	27173074.	19510073.	28393123.	25214644.	28177591.	128468505

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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	98.21 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	98.20 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	1.51 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	1.34 %

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number 59-0810731
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2023)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number 59-0810731
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,639,011.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,189,358.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>974,831.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>663,768.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>246,681.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>245,338.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number 59-0810731
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>196,233.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>186,557.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>152,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>114,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number 59-0810731
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>95,389.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>63,409.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>46,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>43,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>42,634.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number 59-0810731
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 28,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number 59-0810731
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 26,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 25,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 20,117.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number 59-0810731
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ <u>19,540.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ <u>18,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ <u>15,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number 59-0810731
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ <u>14,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ <u>12,022.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ <u>11,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number 59-0810731
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 10,165.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number 59-0810731
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____ _____ _____	\$ 9,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	_____ _____ _____	\$ 9,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number 59-0810731
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ <u>8,607.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ <u>7,870.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number 59-0810731
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ <u>6,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number 59-0810731
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	_____ _____ _____	\$ <u>6,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number 59-0810731
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	_____ _____ _____	\$ <u>5,715.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	_____ _____ _____	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	_____ _____ _____	\$ <u>5,380.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	_____ _____ _____	\$ <u>5,350.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number 59-0810731
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	_____ _____ _____	\$ <u>5,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number 59-0810731
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number 59-0810731
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number 59-0810731
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number 59-0810731
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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

(e) Transfer of gift	
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

(e) Transfer of gift	
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

(e) Transfer of gift	
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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

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 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	YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST, INC.	Employer identification number	59-0810731
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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-.

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	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?														

Yes 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		4,259.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			4,259.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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 expenditures next year?	4	
5 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. 39.47% OF THE DUES COLLECTED FROM THE ALLIANCE
FOR 2023 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 for instructions and the latest information.

OMB No. 1545-0047

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures for public service and financial gain.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,760,550.	9,632,332.	6,724,075.	6,125,270.	5,233,155.
b Contributions	97,451.	483,457.	2,131,319.	165,577.	8,943.
c Net investment earnings, gains, and losses	910,703.	-1,066,665.	1,033,468.	660,288.	1,065,311.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,081,626.	250,608.	220,506.	193,800.	182,139.
f Administrative expenses	38,213.	37,966.	36,024.	33,260.	
g End of year balance	8,648,865.	8,760,550.	9,632,332.	6,724,075.	6,125,270.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- | | | |
|---------------------------------------|----------------|---|
| a Board designated or quasi-endowment | <u>54.4952</u> | % |
| b Permanent endowment | <u>22.2670</u> | % |
| c Term endowment | <u>23.2378</u> | % |
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | |
|--|---|
| (i) Unrelated organizations? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (ii) Related organizations? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,074,034.		3,074,034.
b Buildings		36,943,150.	22,299,038.	14,644,112.
c Leasehold improvements		3,049,889.	2,841,415.	208,474.
d Equipment		5,521,927.	4,550,942.	970,985.
e Other		1,091,845.		1,091,845.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				19,989,450.

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

Schedule D (Form 990) 2023

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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

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)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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) LEASE LIABILITIES	149,731.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	149,731.

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) 2023

**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.

1	Total revenue, gains, and other support per audited financial statements	1	27,211,017.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	655,505.
b	Donated services and use of facilities	2b	43,772.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	699,277.
3	Subtract line 2e from line 1	3	26,511,740.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,528.
b	Other (Describe in Part XIII.)	4b	2,655,103.
c	Add lines 4a and 4b	4c	2,694,631.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	29,206,371.

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

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

1	Total expenses and losses per audited financial statements	1	27,358,219.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	145,300.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	145,300.
3	Subtract line 2e from line 1	3	27,212,919.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,528.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	39,528.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	27,252,447.

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 2020 THROUGH 2023 FOR ALL MAJOR TAX JURISDICTIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT RETURN	986,485.
BANK INTEREST INCOME	252,688.
CONTRIBUTIONS AND GRANT FOR ACQUISITION OF CAPITAL ASSETS	297,556.
CONTRIBUTIONS TO ENDOWMENT	97,451.
GAIN ON SALE OF PROPERTY AND EQUIPMENT	1,020,923.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,655,103.

**SCHEDULE G
(Form 990)**

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.

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to 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			
GABRIEL GROUP - 3190 RIDER TRAIL S, EARTH CITY, MO	MAIL FUNDRAISING APPEALS		X	43,317.	19,155.	24,162.
Total				43,317.	19,155.	24,162.

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.

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

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 (add col. (a) through col. (c))	
		YMCA MAYOR'S PRAYER BREAK (event type)	GRAPE ESCAPE (event type)	11 (total number)		
Revenue	1	Gross receipts	52,300.	39,309.	252,331.	343,940.
	2	Less: Contributions	43,650.	10,983.	112,243.	166,876.
	3	Gross income (line 1 minus line 2)	8,650.	28,326.	140,088.	177,064.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes			2,986.	2,986.
	6	Rent/facility costs			4,623.	4,623.
	7	Food and beverages	13,707.	300.	10,675.	24,682.
	8	Entertainment	640.		3,000.	3,640.
	9	Other direct expenses		7,620.	143,822.	151,442.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				187,373.
11	Net income summary. Subtract line 10 from line 3, column (d)				-10,309.	

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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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

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

a The organization's facility	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 G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: GABRIEL GROUP

(I) ADDRESS OF FUNDRAISER: 3190 RIDER TRAIL S, EARTH CITY, MO 63045

PART I, LINE 2B, COLUMN (V):

GABRIEL GROUP PROVIDES FUNDRAISING APPEAL TEMPLATES TO OUR STAFF WHICH

ARE CUSTOMIZED IN PREPARATION FOR MAILING. GABRIEL GROUP MAELS AND
DISTRIBUTES THE APPEALS. DONORS MAIL THEIR CONTRIBUTIONS DIRECTLY TO THE

**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 for the latest information.

OMB No. 1545-0047

2023

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF TAMPA BAY 4300 W CYPRESS ST, #700 TAMPA, FL 33607	59-3001853	501(C)(3)	25,000.	0.	N/A	N/A	EMPLOYEE ASSISTANCE FUND
YMCA BLUE RIDGE ASSEMBLY 84 BLUE RIDGE CIR BLACK MOUNTAIN, NC 28711	56-0532130	501(C)(3)	5,500.	0.	N/A	N/A	FUTHERANCE OF EXEMPT PURPOSE

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

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

**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 YMCA BLUE RIDGE ASSEMBLY IS A YMCA ORGANIZATION. OUR CEO AND OTHER LEADERSHIP STAFF RECEIVE REPORTS FROM THE ORGANIZATION ON THE USES OF THE DONATIONS AND THEIR CHARITABLE WORK. THE COMMUNITY FOUNDATION OF TAMPA BAY IS A LOCAL GRANT-MAKING FOUNDATION. WE RECEIVE REPORTS FROM THE ORGANIZATION ON THE USES OF THE DONATIONS AND REVIEW ITS 990 ON GUIDESTAR.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2023

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 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 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
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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

Schedule J (Form 990) 2023

59-0810731

Page 2

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 and/or 1099-NEC 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 PRESIDENT & CEO	(i)	290,767.	0.	14,693.	37,213.	12,466.	355,139.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) THOMAS BUTTON SVP/ COO	(i)	169,771.	0.	6,553.	22,540.	19,583.	218,447.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CAROL PARKS SVP/ CHIEF ADMINISTRATION OFFICER	(i)	158,767.	0.	1,935.	19,543.	8,047.	188,292.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHARLENE CLARK VP/ CFO	(i)	123,440.	0.	1,184.	15,491.	10,316.	150,431.	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)							

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:

G. SCOTT GOYER PAYS FOR THE SOCIAL CLUB DUES AND ANY PERSONAL CHARGES FOR BELLEAIR COUNTRY CLUB. THE YMCA REIMBURSES HIM FOR THE DUES PORTION EACH MONTH. THE BOARD APPROVED FOR THE YMCA TO PAY FOR THE CLUB DUES FOR THE PURPOSES OF FUNDRAISING DEVELOPMENT AS A BUSINESS EXPENSE. TOTAL DUES REIMBURSED IN 2023 WAS \$7,939.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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FORM 990, PART III, PROGRAM SERVICE ACCOMPLISHMENTS:

WE HAVE STRENGTHENED OUR COMMUNITY FOR OVER 65 YEARS TO ACHIEVE GREATER
HEALTH IN SPIRIT, MIND, AND BODY.

THE YMCA STRENGTHENS THE FOUNDATIONS OF COMMUNITY THROUGH YOUTH
DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY. FOCUSING ON
NURTURING THE GOD-GIVEN POTENTIAL OF EVERY CHILD AND TEEN, IMPROVING
THE NATION'S HEALTH AND WELL-BEING, AND PROVIDING OPPORTUNITIES TO GIVE
BACK TO OUR COMMUNITY AND SUPPORT NEIGHBORS, THE YMCA ENABLES PEOPLE
AND COMMUNITIES TO BE HEALTHY, CONFIDENT, CONNECTED, AND SECURE. EACH
DAY, WE WORK WITH OUR NEIGHBORS TO ENSURE THAT EVERYONE, REGARDLESS OF
AGE, INCOME, OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW, AND
THRIVE. WE HAVE AN ORGANIZATIONAL COMMITMENT TO INTEGRATING DIVERSITY,
INCLUSION, AND GLOBAL STRATEGIES ACROSS KEY OPERATIONAL AND
PROGRAMMATIC AREAS TO STRENGTHEN OUR CAPACITY TO SERVE DIVERSE AND
UNDERSERVED POPULATIONS AND FOSTER COMMUNITY COHESION. THE Y'S PROGRAMS
AND INITIATIVES ALIGN WITH 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.

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

WE KNOW THAT DROWNING IS THE LEADING CAUSE OF DEATH FOR INFANTS AND
TODDLERS AGES ONE THROUGH FOUR. IN RESPONSE, THROUGH FUNDING PROVIDED
BY THE RUTH AND J.O. STONE FOUNDATION AND CAYLA'S COATS, WE EXPANDED
THE FLOAT PROGRAM TO ALL OF OUR BRANCHES IN 2023. THIS 1-TO-1 INFANT

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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AND TODDLER SURVIVAL SWIM PROGRAM TEACHES CHILDREN AGES 1-4 FUNDAMENTAL SKILLS THAT WILL PROVIDE PRECIOUS TIME TO PREVENT DROWNING. IN 8-12 SHORT CLASSES, A CHILD GROWS THEIR WATER SAFETY SKILLS AND AWARENESS OF THE WATER. THE FLOAT PROGRAM IS NOT A SUBSTITUTE FOR SUPERVISION OR FORMAL SWIM LESSONS. THE PROGRAM IS AGE-APPROPRIATE FOR WATER SAFETY, AND WE CONTINUE TO GROW THE PROGRAM IN 2024.

THE YMCA RECEIVED FUNDING FROM THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY TO EDUCATE THE COMMUNITY ON THE PREVENTION OF CHILD ABUSE AND NEGLECT. THROUGH THE CHILD PROTECTION COMMUNITY EDUCATION PROGRAM, THE YMCA LEADS COORDINATED EFFORTS WITHIN PINELLAS COUNTY TO TRAIN AND EDUCATE BOTH YOUTH-SERVING ORGANIZATION STAFF AND YOUTH IN THE PREVENTION OF CHILDHOOD SEXUAL ABUSE. THE Y PARTNERS WITH PRAESIDIUM INC. TO OFFER THE PRAESIDIUM GUARDIAN™ PROGRAM TO YOUTH-SERVING ORGANIZATIONS IN THE COMMUNITY. Y STAFF ALSO IMPLEMENTED THE MONIQUE BURR FOUNDATION AFTER SCHOOL SAFETY MATTERS PREVENTION EDUCATION PROGRAM CURRICULUM TO CHILDREN, TEACHING THEM HOW TO PREVENT, RECOGNIZE, AND RESPOND APPROPRIATELY TO THE FOUR TYPES OF CHILD ABUSE (PHYSICAL, EMOTIONAL, SEXUAL, NEGLECT), BULLYING, CYBERBULLYING, AND DIGITAL DANGERS IN AGE-APPROPRIATE LESSONS.

IN 2023, THE YMCA OF THE SUNCOAST BEGAN NEW COHORT WORK WITH OUR ACTIVE OLDER ADULT POPULATION AROUND SOCIAL ISOLATION AND LONELINESS. RESEARCH HAS LINKED SOCIAL ISOLATION AND LONELINESS TO HIGHER RISKS FOR A VARIETY OF PHYSICAL AND MENTAL CONDITIONS: HIGH BLOOD PRESSURE, HEART DISEASE, OBESITY, A WEAKENED IMMUNE SYSTEM, ANXIETY, DEPRESSION, COGNITIVE DECLINE, ALZHEIMER'S DISEASE, AND EVEN DEATH ARE ALL POTENTIAL OUTCOMES OF THIS SOLITARY EXISTENCE. WE BEGAN ACTIVELY

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ENGAGING ACTIVE OLDER ADULTS IN MEANINGFUL, PRODUCTIVE ACTIVITIES WITH OTHERS THAT CAN SERVE AS A LIFELINE. THESE INTERACTIONS NOT ONLY EXTEND LIFE BUT ALSO ENHANCE ITS QUALITY. THEY BOOST MOOD, INSTILL A SENSE OF PURPOSE, AND HELP MAINTAIN WELL-BEING. MOREOVER, THEY MAY EVEN IMPROVE COGNITIVE FUNCTION, AS STUDIES HAVE SHOWN. THUS, IN THE FACE OF ISOLATION, CONNECTION EMERGES AS THE POTENT ANTIDOTE.

PROJECT RALLY BEGAN IN 2023 AND IS A PICKLEBALL PROGRAM IN COLLABORATION WITH MOFFITT CANCER CENTER FOR CANCER SURVIVORS AT THE GREATER PALM HARBOR YMCA. PICKLEBALL HAS BECOME VERY POPULAR AMONG YMCA OF THE SUNCOAST MEMBERS OVER THE PAST SEVERAL YEARS, WITH MOST OF OUR SEVEN BRANCHES HOSTING REGULAR PICKLEBALL GROUPS. PICKLEBALL IS AN EXCELLENT OPPORTUNITY FOR WELLNESS PROGRAMMING IN CANCER SURVIVORSHIP DUE TO ITS SOCIAL AND WELLNESS BENEFITS. PROJECT RALLY INCLUDES DESIGNATED TIME FOR EXERCISE TRAINERS TO COACH AND SUPERVISE PICKLEBALL SESSIONS. THE PROGRAM TAKES PLACE FIVE DAYS A WEEK FOR 2 HOURS OF PLAYTIME. THE PILOT PROGRAM PROVIDED A 1-YEAR YMCA OF THE SUNCOAST MEMBERSHIP TO PROGRAM PARTICIPANTS AND A CAREGIVER.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE YMCA OF THE SUNCOAST PROVIDES NUMEROUS HEALTH AND WELLNESS PROGRAMS FOR ITS MEMBERS AND PROGRAM PARTICIPANTS. AMONG CHILDREN AND FAMILIES, THE YMCA PROMOTES THE IMPORTANCE OF A PHYSICALLY ACTIVE LIFESTYLE THROUGH PROGRAMS LIKE PERSONAL TRAINING, ACTIVE OLDER ADULTS, CPR/FIRST AID, YMCA MEMBERSHIP, FAMILY NIGHTS, THE YMCA'S DIABETES PREVENTION PROGRAM, WALKING AND RUNNING CLUBS, SOCIAL GROUPS, ADULT SPORTS, FAMILY NIGHTS, AND MANY OTHERS. TO SUPPORT THESE PROGRAMMATIC EFFORTS, THE YMCA OF THE SUNCOAST CONTINUED AS A PIONEER FOR OTHER YMCAS BY

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PARTICIPATING IN SEVERAL YMCA OF THE USA HEALTH INNOVATION INITIATIVES AND COHORTS WITH OTHER YMCAS ACROSS THE COUNTRY.

FOR ADULTS, THE YMCA HAS CONTINUED TO FOCUS ON THE NEEDS OF THOSE WHO RELY ON OUR SUPPORT TO MAKE HEALTHY BEHAVIOR CHANGES AS WE DEVELOP AND IMPLEMENT HEALTHY LIVING PROGRAMMING AND SERVICES FOR ALL. YMCA OF THE SUNCOAST COLLABORATES WITH COMMUNITY HEALTH PARTNERS SUCH AS LOCAL HOSPITALS, PHYSICIANS, STATE, COUNTY, 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 TO PREVENT AND MANAGE CHRONIC DISEASES. OTHER HEALTH AND WELLNESS INITIATIVES INTRODUCED BY THE YMCA OF THE USA ARE REGULARLY PILOTED AND TESTED IN OUR ORGANIZATION.

IN 2023, OVER 1,200 INDIVIDUALS IMPROVED THEIR QUALITY OF LIFE THROUGH OUR COMMUNITY-INTEGRATED HEALTH PROGRAMS, INCLUDING THE BLOOD PRESSURE SELF-MONITORING PROGRAM, ENHANCEFITNESS FALLS PREVENTION PROGRAM, DIABETES PREVENTION PROGRAM, CANCER SURVIVOR WELLNESS, ARTHRITIS MANAGEMENT PROGRAMS, 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. 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

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HEALTH AND WELLNESS OFFERINGS. WITH MANY RETIREMENT COMMUNITIES ACROSS OUR SERVICE AREA, SENIORS COME TO THE Y NOT ONLY FOR PHYSICAL EXERCISE BUT ALSO FOR SOCIALIZATION AMONG FRIENDS. ALONG WITH SENIOR FITNESS CLASSES AND PROGRAMS, WE HOST SOCIAL TRIPS TO LOCAL DESTINATIONS TO FOSTER RELATIONSHIP-BUILDING. LUNCH AND LEARN EDUCATIONAL SESSIONS OCCUR AT MANY YMCA LOCATIONS AND FEATURE SPEAKERS FROM VARIOUS AREAS OF EXPERTISE. OUR PROGRAMS HELP ADULTS MAINTAIN SELF-SUFFICIENCY BY MAINTAINING A HEALTHY LIFESTYLE AND SERVE A PREVENTATIVE HEALTH FUNCTION.

THE JOHN GEIGLE NORTH PINELLAS BRANCH YMCA SERVED 70 PEOPLE IN ITS MASH (MAINSTREAM ADULTS SHARING HOPE) PROGRAM. THE PROGRAM DEVELOPS INDEPENDENCE IN ADULT LIVES FOR THOSE WITH DIVERSE PHYSICAL OR INTELLECTUAL ABILITIES. THE PROGRAM ALLOWS THEM TO SOCIALIZED AND GROW WITH FRIENDS, EXPRESS THEIR CREATIVITY, AND PARTICIPATE IN RECREATIONAL AND SOCIAL ACTIVITIES.

YMCA AQUATICS AND LIFEGUARD PROGRAMS ARE PART OF THE Y'S OVERALL GOAL OF BUILDING A HEALTHY SPIRIT, MIND, AND BODY. IN ADDITION TO PROVIDING 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. DROWNING IS THE SECOND-LEADING CAUSE OF DEATH IN CHILDREN IN THIS COMMUNITY. LEARN-TO-SWIM LESSONS ARE CONDUCTED THROUGHOUT THE YEAR FOR INFANTS FROM SIX MONTHS OLD TO ADULTS.

GRANTS FROM PRIVATE DONATIONS AND FOUNDATION AND CORPORATE SUPPORT, SUCH AS POOLCORP, UNITED WAY OF HERNANDO COUNTY, FLORIDA STATE ALLIANCE

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OF YMCAS, YMCA OF THE USA, AND THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY, PROVIDED SUBSTANTIAL FUNDING FOR CHILDREN AND ADULTS TO PARTICIPATE IN FREE AND DISCOUNTED SWIMMING CLASSES DURING THE YEAR. DURING THE SPRING AND SUMMER, SEVEN Y BRANCHES OFFERED SAFETY AROUND WATER, A WEEK OF FREE SWIMMING LESSONS FOR SCHOOL-AGE CHILDREN. OVER 7,100 CHILDREN AND ADULTS LEARNED TO SWIM AND BE SAFE AROUND THE WATER IN 2023 ACROSS OUR FOUR-COUNTY AREA.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
 THROUGHOUT THE SCHOOL YEAR, THE YMCA AFTERSCHOOL PARTNERSHIP WITH ALL FOUR COUNTY SCHOOL DISTRICTS PROVIDES BEFORE AND AFTERSCHOOL CARE TO INFANT, TODDLER, PRE-K, ELEMENTARY, AND MIDDLE SCHOOL-AGE CHILDREN RESIDING IN OUR SERVICE AREA. 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, AND HIGH-QUALITY SUPERVISION FOR THEIR CHILDREN. OUR AFTER-SCHOOL PROGRAMS FOCUS ON YOUTH DEVELOPMENT FOR ALL COMMUNITIES WITH A HOLISTIC DEVELOPMENT APPROACH. WE OPERATE IN 50 SCHOOLS THAT SERVE OVER 4,200 CHILDREN THROUGHOUT THE SCHOOL YEAR. OUR YMCA PROVIDES A QUALITY CURRICULUM USING MULTIPLE PARTNERS FOR ENRICHMENT PROGRAMS AND EVIDENCE-BASED LEARNING. ALL STUDENTS ENROLLED IN THE AFTER-SCHOOL PROGRAMS BENEFIT FROM SUPPLEMENTAL LEARNING THROUGH ACTIVITIES, GAMES, AND FUN AND ENGAGING PROJECTS. THE YMCA PROVIDED \$242,000 IN FINANCIAL ASSISTANCE TO CHILDREN ENROLLED IN OUR BEFORE AND AFTER-SCHOOL CARE PROGRAMS IN 2023.

IN ALL FOUR COUNTIES, WE PROVIDE LITERACY ENRICHMENT PROGRAMMING AS PART OF OUR BEFORE AND AFTERSCHOOL CARE. THESE PROGRAMS GIVE CHILDREN

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ACCESS TO BOOKS AND ENCOURAGE READING AT LEAST 90 MINUTES PER WEEK. THE YREADS PROGRAM OPERATES WITHIN ONE PINELLAS COUNTY ELEMENTARY SCHOOL AND ONE CITRUS COUNTY ELEMENTARY SCHOOL, DESIGNATED AS LOWER-PERFORMING TITLE 1 SCHOOLS. THE YREADS PROGRAM PROVIDES INTENSIVE SMALL-GROUP READING INSTRUCTION WITH PRE AND POST-TESTS TO TRACK GAINS. THE JUVENILE WELFARE BOARD OF PINELLAS COUNTY (JWB) CONTINUED TO PROVIDE SUBSTANTIAL FUNDING TO THE PROMISE TIME PROGRAM TO SERVE CHILDREN WITH FINANCIAL NEEDS AT ELEMENTARY SCHOOL SITES AT NO COST TO THEM. IN AUGUST OF 2023, WE ADDED TWO ADDITIONAL SITES TO THE PROGRAM, PROVIDING IT AT NINE SITES DURING THE 2023-24 SCHOOL YEAR. THE PROGRAM OFFERS TUTORS, SCHOOL LIAISONS, AND ENRICHMENT LEARNING ACTIVITIES TO CONNECT THE ACADEMIC PORTIONS OF THE SCHOOL DAY WITH THE ACADEMIC PORTIONS OF THE AFTER-SCHOOL PROGRAM. WE OFFER Y MIDDLE SCHOOL ACADEMIES IN TWO MIDDLE SCHOOLS IN PINELLAS COUNTY. THESE ACADEMIES DEVELOP ENGAGED STUDENTS. TEACHERS WORK WITH THE YMCA TO COORDINATE LEARNING FROM THE SCHOOL DAY WITH THE AFTER-SCHOOL PROGRAM AND PROVIDE HOMEWORK ASSISTANCE, TUTORING, AND STEM ACTIVITIES.

YMCA SUMMER CARE PROGRAMS SERVE CHILDREN AGED PRESCHOOL THROUGH TEENS IN OUR FOUR-COUNTY SERVICE AREA. KIDS HAVE FUN WHILE LEARNING TO MAKE FRIENDS, ACQUIRE SKILLS, AND GROW IN SELF-CONFIDENCE. FOR 2,550 CHILDREN IN 2023, SUMMER PROGRAMMING PROVIDED HIGH-QUALITY, AFFORDABLE, SAFE PLACES WITH QUALIFIED SUPERVISION. YMCA-SUBSIDIZED FINANCIAL ASSISTANCE FOR SUMMER CAMP IN 2023 WAS \$133,000. BASED ON THE NATIONAL YMCA PROGRAM MODEL, THE TYPICAL YMCA SUMMER CAMP PROVIDES CHILDREN WITH A HEALTHY MIX OF ACADEMIC ENRICHMENT AND AN OUTDOOR, SOCIAL EXPERIENCE BUILT IN AN ATMOSPHERE OF FUN, LEARNING, AND RESPECT TO BUILD SELF-ESTEEM THROUGH THE GROWTH OF THE SPIRIT, MIND, AND BODY. THIS IS

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ACCOMPLISHED THROUGH FIELD TRIPS, CRAFTS, SONGS, ARCHERY, VALUES,
FITNESS, SPORTS, NATURE ACTIVITIES, SWIMMING, AND CANOEING.

THE PINELLAS COUNTY SCHOOL BOARD CONTRACTED AGAIN WITH US TO PROVIDE
WRAP-AROUND AND FULL-DAY CARE FOR CHILDREN IN THEIR SUMMER BRIDGE
PROGRAM. SUMMER BRIDGE PROVIDES ENGAGING LEARNING ACTIVITIES OVER THE
SUMMER TO PREPARE STUDENTS FOR MAXIMUM SUCCESS WHEN THE NEXT SCHOOL
YEAR BEGINS. WE SERVED 750 CHILDREN WITH WRAP-AROUND SUMMER CAMP,
FUNDED BY THE JUVENILE WELFARE BOARD, WHO ATTENDED THE SUMMER SCHOOL
LEARNING SESSIONS TO BRING THEM CLOSER TO THEIR GRADE-LEVEL
REQUIREMENTS.

THE Y SCHOLARS LEARNING ACADEMY SUMMER PROGRAM OPERATED IN PASCO COUNTY
AND INTRODUCED 34 ELEMENTARY SCHOLARS TO A CULTURE OF HIGH ACADEMIC
EXPECTATIONS. THIS FIVE-WEEK PROGRAM IS DESIGNED TO HELP
UNDERPERFORMING ELEMENTARY SCHOOL STUDENTS IN NEED MAKE MEASURABLE
GAINS IN MATH AND READING OVER THE SUMMER MONTHS WHEN THEY TYPICALLY
LOSE GROUND.

THE Y HAS ALSO COMMITTED TO SERVING INDIVIDUALS WITH SPECIAL NEEDS AND
CHALLENGES THROUGH CAMP COAST (CHILDREN ON THE AUTISM SPECTRUM
TOGETHER). THE SUMMER PROGRAM PROVIDES CHILDREN ON THE SPECTRUM WITH 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
WORTH. YOUNG PEOPLE PARTICIPATING IN SPORTS BUILD LIFELONG POSITIVE
ATTITUDES, ESTABLISH EXERCISE AND PROPER HEALTHY NUTRITION HABITS, AND

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LEARN WAYS TO HAVE FUN. THIS YEAR, OUR YOUTH SPORTS PROGRAMS SERVED OVER 5,000 YOUTH IN PROGRAMS SUCH AS BASEBALL, DANCE, GYMNASTICS, SOCCER, FLAG FOOTBALL, BASKETBALL, TENNIS, TAE KWON DO, VOLLEYBALL, SWIM TEAMS, TRACK AND FIELD, PICKLEBALL, AND MANY OTHERS.

THE YMCA YOUTH IN GOVERNMENT PROGRAM SERVES HIGH SCHOOL STUDENTS IN HERNANDO AND CITRUS COUNTIES. STUDENTS LEARN FIRST-HAND ABOUT GOVERNMENT AND CIVIC ISSUES AND COLLABORATE ON POSSIBLE SOLUTIONS, CULMINATING ONCE A YEAR WITH A STATE CONFERENCE IN TALLAHASSEE WITH OTHER TEENS FROM AROUND THE STATE.

YOUTH LEADERSHIP PINELLAS AND YOUTH LEADERSHIP CITRUS SEEKS TO EDUCATE INTERESTED HIGH SCHOOL TEENS ON LOCAL COMMUNITY ISSUES, DEVELOP LEADERSHIP POTENTIAL, AND FOSTER INVOLVEMENT IN COMMUNITY SERVICES. CLASSES IN 2023 CONTAINED 65 STUDENTS, PROVIDING THE OPPORTUNITY TO MEET COMMUNITY DECISION-MAKERS, AND GRADUATES ARE BETTER PREPARED TO TAKE ON THEIR LEADERSHIP ROLES.

TEEN LEADERS CLUB IS A YEAR-LONG LEADERSHIP DEVELOPMENT PROGRAM FOR MIDDLE AND HIGH SCHOOL TEENS. THIS PROGRAM PROVIDES TEENS WITH EXTENSIVE LEADERSHIP TRAINING AND VOLUNTEER OPPORTUNITIES THAT SUPPORT YMCA PROGRAMS AND SERVE THE COMMUNITY. IN ADDITION TO TEACHING TEENS LEADERSHIP THROUGH SERVICE, LEADERS CLUB INTRODUCES TEENS TO ALL THE WORK THE Y DOES TO STRENGTHEN THE COMMUNITY AND INSPIRES AND PREPARES TEENS TO BECOME FUTURE Y LEADERS. THE YEARLONG PROGRAM IS HIGHLIGHTED WITH A WEEKLONG TRIP TO LEADERS SCHOOL IN THE BLUE RIDGE MOUNTAINS OF NORTH CAROLINA. WE CONTINUE TO HAVE GROWING TEEN LEADERS CLUBS AT FOUR OF OUR Y BRANCHES.

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THE BRIDGING THE ACHIEVEMENT GAP (BTAG) / ACHIEVERS PROGRAM AT THE RIDGECREST BRANCH OF THE YMCA OF THE SUNCOAST CONTINUED TO GROW IN 2023. THE PROGRAM IDENTIFIES STUDENTS AT RISK OF DROPPING OUT OF SCHOOL, BEING HELD BACK, NOT MEETING GRADUATION REQUIREMENTS, AND NOT BEING SUFFICIENTLY PREPARED TO ENTER COLLEGE OR THE WORKFORCE. IT HELPS THEM EXPLORE, DETERMINE, AND PURSUE EDUCATION AND CAREER GOALS. SUCCESSFUL PARTICIPATION IN THE PROGRAM RESULTS IN INCREASED HIGH SCHOOL GRADUATION RATES, ACCEPTANCE TO HIGHER EDUCATION INSTITUTIONS, AND SUCCESSFUL TRANSITION INTO THE WORKFORCE. THE PROGRAM GOAL IS TO IMPROVE ACADEMIC PERFORMANCE AND REDUCE THE ACHIEVEMENT GAP BY FACILITATING THE DEVELOPMENT OF NON-COGNITIVE FACTORS: SOCIAL AND EMOTIONAL LEARNING AND ACADEMIC BEHAVIORS. THE BTAG PROGRAM FOCUSES ON INDIVIDUAL GOALS DESIGNED TO AID EACH HIGH SCHOOL STUDENT DEVELOP THEIR FULL POTENTIAL BY CREATING INDIVIDUALIZED PLANS FOR EACH PARTICIPANT BASED ON THEIR NEEDS AND GOALS.

WE CONTINUE OUR EARLY LEARNING READINESS (ELR) PROGRAMS IN THE CLEARWATER AND HIGH POINT COMMUNITIES IN PINELLAS COUNTY. THIS FREE PROGRAM TARGETS PRIMARILY HISPANIC/LATINO FAMILIES AND IS FOR CAREGIVERS, PARENTS, AND THEIR CHILDREN AGED FIVE AND UNDER. THIS PROGRAM HELPS CHILDREN BUILD BILINGUAL LANGUAGE SKILLS AND PREPARES THEM TO ENTER SCHOOL READY TO SUCCEED. THIS YEAR, THE PROGRAM GAVE THE PARENTS AND CAREGIVERS OF 32 CHILDREN SKILLS TO ENHANCE LEARNING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
THE Y IS FOCUSED ON ADVANCING OUR MISSION THROUGH PHILANTHROPY BY GIVING, ASKING, JOINING, AND SERVING. WE RAISED OVER \$1.3 MILLION IN

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OPERATING CONTRIBUTIONS, \$0.4 MILLION IN CAPITAL AND ENDOWMENT GIFTS,
AND \$5.7 MILLION IN GRANTS.

THE Y'S VOLUNTEER PROGRAM, Y COMMUNITY CHAMPIONS, ALLOWS COMMUNITY
MEMBERS TO GIVE BACK IN MEANINGFUL AND VALUABLE WORK. AS A
VOLUNTEER-LED ORGANIZATION, THE Y CANNOT THRIVE WITHOUT THE SUPPORT OF
VOLUNTEERS. IN 2023, 543 VOLUNTEERS DONATED THEIR TIME AND TALENTS TO
ASSIST IN THE Y'S CAUSE-DRIVEN PROGRAMS AND INITIATIVES, LOGGING MORE
THAN 26,200 HOURS. OUR Y IS ALSO FORTUNATE TO BENEFIT FROM TALENTED AND
DEDICATED VOLUNTEERS WHO COMPOSE THE BOARD OF DIRECTORS AND ADVISORY
COUNCILS AT EACH BRANCH. THESE INDIVIDUALS ADVISE ON STRATEGY,
RECOMMEND POLICIES, FORGE COLLABORATIONS IN THE COMMUNITY, AND ACTIVELY
FUNDRAISE. TWENTY-SIX COMMUNITY REPRESENTATIVES SERVED ON THE YMCA OF
THE SUNCOAST BOARD OF DIRECTORS AND 125 AS ADVISORY COUNCIL MEMBERS AT
OUR BRANCHES.

WE CONTINUED COLLABORATING WITH FEEDING AMERICA - TAMPA BAY AT TWO OF
OUR BRANCHES. BY DISTRIBUTING FOOD AT THE YMCA, A PLACE FREQUENTED BY
MANY FAMILIES, WE ELIMINATE AN EXTRA TRAVEL REQUIREMENT FOR THESE
FAMILIES. AT THE JAMES P. GILLS FAMILY YMCA, WE SERVED AS A FOOD
DISTRIBUTION CENTER, UTILIZING 45 VOLUNTEERS WHO PROVIDED OVER 800
HOURS, SERVING 2,888 HOUSEHOLDS AND 12,237 COMMUNITY RESIDENTS WITH
NEARLY 75 TONS OF FOOD. FURTHER, THE FEEDING MINDS PROGRAM OFFERS AN
EASILY ACCESSIBLE FOOD AID SOLUTION TO FAMILIES IN NEED IN THE GREATER
RIDGECREST AREA. THE FOOD PROVIDED INCLUDES A COMBINATION OF BOUGHT
NON-PERISHABLE ITEMS AND DONATIONS FROM FEEDING TAMPA BAY, ENCOMPASSING
A VARIETY OF ITEMS SUCH AS PRODUCE, BREAD, AND MEATS. IN 2023, WE
SERVED 248 COMMUNITY MEMBERS WITH 14,014 POUNDS OF FOOD.

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WE CONTINUED TO HOLD SEVERAL PRAYER BREAKFASTS ANNUALLY IN 3 COUNTIES AS A TIME FOR THE COMMUNITY TO UNITE IN FELLOWSHIP AND PRAYER. THESE EVENTS SERVED OVER 700 PEOPLE COMBINED.

CHILD SEXUAL ABUSE PREVENTION AND CHILD PROTECTION CONTINUE TO BE OUR NUMBER ONE PRIORITY. OUR GOAL IS TO HELP EDUCATE PARENTS AND CHILDREN ON HOW TO BE SAFE FROM CHILD ABUSE IN ANY ENVIRONMENT. IN 2023, THE YMCA OF THE SUNCOAST WAS INDEPENDENTLY REASSESSED AND ACHIEVED ACCREDITATION BY PRAESIDIUM AS HAVING MET THE HIGHEST STANDARDS IN SEXUAL ABUSE PREVENTION. WE CONTINUE TO TRAIN OUR STAFF AND VOLUNTEERS ON COMPREHENSIVE AND INNOVATIVE PRACTICES TO ENSURE CHILDREN AND VULNERABLE ADULTS ARE SAFE IN OUR CARE.

WITH ITS COMMITMENT TO NEVER TURN A PERSON OR FAMILY AWAY BECAUSE OF AN INABILITY TO PAY FOR SERVICES, THE YMCA CONTINUES TO BE THE 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 AND PROVIDED \$925,000 IN SUBSIDIES FUNDED BY DONATIONS THIS YEAR.

THE YMCA OF THE SUNCOAST CONTINUES TO PROUDLY SERVE OUR COMMUNITY. OUR STRATEGIC PLAN GUIDES US, PRIORITIZES OUR ABILITY TO PROVIDE FINANCIAL ASSISTANCE, CREATE AND EXPAND PROGRAMS TO HELP UNDERSERVED AND UNDERREPRESENTED COMMUNITIES, SUSTAIN HEALTHY LIVING PROGRAMS, INCREASE

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THE ENGAGEMENT AND ACTIVITY LEVELS OF OLDER ADULTS, CREATE OPPORTUNITIES THAT SUPPORT ACADEMIC SUCCESS, EXPAND PROGRAMS TO INCREASE YOUTH AND TEEN PARTICIPATION, IMPROVE THE MENTAL WELL-BEING OF OUR COMMUNITY, AND EXPAND WATER SAFETY PROGRAMS SO THAT EVERY CHILD WITHIN OUR SERVICE AREA PARTICIPATES IN A BEGIN TO SWIM PROGRAM.

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

DIRECTORS DAVID BRANDON AND JUSTIN KELLY HAVE A BUSINESS AND FAMILY RELATIONSHIP.

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 OF MAY 15, 2024. 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 APRIL OR 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 FINANCE AND AUDIT 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 THE CFO AND CEO. PER POLICY GUIDELINES, DURING MEETINGS OR ACTIVITIES, THE VOLUNTEER, FULL-TIME STAFF OF BOARD MEMBER WILL

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DISCLOSE ANY INTERESTS IN A TRANSACTION OR DECISION IN WHICH 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 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 TOOK PLACE IN MARCH 2023 BY THE EXECUTIVE COMPENSATION COMMITTEE AND THEN IN APRIL BY THE BOARD. THE CHIEF ADMINISTRATION OFFICER PRESENTED THE COMMITTEE INFORMATION ON CURRENT COMPENSATION OF EXECUTIVES AND COMPARABLE SALARY DATA. THE COMMITTEE REVIEWED THE DATA AND APPROVED THE COMPENSATION AS NOT EXCESSIVE. PURSUANT TO THE AGENDA OF THE BOARD OF DIRECTOR'S MEETING HELD APRIL 27, 2023, THE BOARD CHAIRMAN PRESENTED THE EXHIBIT FROM THE EXECUTIVE COMPENSATION COMMITTEE REFLECTING THAT "PURSUANT TO FEDERAL INTERMEDIATE SANCTIONS LEGISLATION, THE COMPENSATION COMMITTEE MET, REVIEWED COMPARABLE SALARIES FOR SIMILARLY SITUATED YMCA EXECUTIVES AND IT HAS CONCLUDED THAT PAY AND OTHER COMPENSATION GIVEN TO THE SENIOR EXECUTIVES AT THE YMCA OF THE SUNCOAST IS APPROPRIATE AND NOT EXCESSIVE". THE BOARD APPROVED THE COMPENSATION AS NOT EXCESSIVE.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE AT WWW.YMCASUNCOAST.ORG/PROGRAMS/COMMUNITY/ANNUAL-REPORTS.

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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 PROCESS HAS BEEN CONSISTENT IN RECENT YEARS.