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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

2469 ENTERPRISE ROAD

Room/suite

City or town, state or country, and ZIP + 4

CLEARWATER, FL 33763

F Name and address of principal officer

G SCOTT GOYER

2469 ENTERPRISE ROAD

CLEARWATER, FL 33763

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.YMCASUNCOAST.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1961

M State of legal domicile

FL

Part I	Summary																																										
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE WITH PROG'S THAT BUILD HEALTHY SPIRIT, MIND & BODY FOR ALL</div></div>																																										
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																																										
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>27</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>26</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2010 (Part V, line 2a)</td><td>1,542</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>1,256</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	27	4	Number of independent voting members of the governing body (Part VI, line 1b)	26	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	1,542	6	Total number of volunteers (estimate if necessary)	1,256	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	7b	Net unrelated business taxable income from Form 990-T, line 34	0																								
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Part II

Signature Block

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

Sign Here

Signature of officer

G SCOTT GOYER PRESIDENT AND CEO

2011-05-10

Date

Paid Preparer Use Only

Print/Type preparer's name

CARR RIGGS INGRAM LLC

Preparer's signature

CARR RIGGS INGRAM LLC

Date

Check if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒

1

Briefly describe the organization's mission

WE KNOW THAT LASTING PERSONAL AND SOCIAL CHANGE COMES ABOUT WHEN WE ALL WORK TOGETHER THAT'S WHY, AT THE Y, STRENGTHENING COMMUNITY IS OUR CAUSE AS THE LEADING NON-PROFIT FOR STRENGTHENING COMMUNITY, THE Y IS A CAUSE-DRIVEN, CHARITABLE ORGANIZATION THAT STANDS FOR YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY EVERY DAY, WE WORK SIDE-BY-SIDE WITH OUR NEIGHBORS TO MAKE SURE THAT EVERYONE, REGARDLESS OF AGE, INCOME OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN, GROW AND THRIVE WITH A MISSION TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND BODY FOR ALL, OUR IMPACT IS FELT WHEN AN INDIVIDUAL MAKES A HEALTHY CHOICE, WHEN A MENTOR INSPIRES A CHILD AND WHEN A COMMUNITY COMES TOGETHER FOR THE COMMON GOOD

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 9,167,412 including grants of \$) (Revenue \$ 8,964,431)
	YOUTH DEVELOPMENT THE YMCA PROVIDES BEFORE AND AFTER-SCHOOL CHILD CARE THROUGHOUT THE SCHOOL YEAR TO PRE-K AND SCHOOL-AGE CHILDREN RESIDING FROM PINELLAS TO CITRUS COUNTY, INCLUDING EMOTIONALLY AND PHYSICALLY HANDICAPPED, FINANCIALLY DISADVANTAGED AND DEVELOPMENTALLY DISABLED CHILDREN AND FAMILIES 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, AFFORDABLE, QUALITY SUPERVISION FOR THEIR CHILDREN FROM THE HOURS OF 6 30 A M TO THE BEGINNING OF SCHOOL, AND FROM SCHOOL DISMISSAL TO 6 00 P M , AND ALL DAY ON SCHOOL HOLIDAYS CHILDREN HAVE THE CHANCE TO EXPRESS THEIR TALENTS IN THE ARTS, SPORTS, AND OTHER AREAS OF INTEREST, TAKING ADVANTAGE OF ALL THE Y HAS TO OFFER KIDS FIND OUT WHAT SUCCESS IS ALL ABOUT IN AN APPROACH THAT SAYS, "EVERYBODY PLAYS, EVERYBODY WINS " TIME IS SET ASIDE FOR TACKLING HOMEWORK WITH ADULT HELP AVAILABLE PROGRAM COMPONENTS INCLUDE VALUE SESSIONS FOCUSING ON CHARACTER DEVELOPMENT, READING, ARTS AND CRAFTS, HOMEWORK HELP, MONTHLY NEWSLETTERS, COMPUTER TIME, VOLUNTEER COMMUNITY SERVICE, FAMILY NIGHTS, SWIMMING, AND INDOOR AND OUTDOOR RECREATION EACH OF THESE PROGRAMS CONTRIBUTE TO DEVELOPING FAMILY INTERACTION AND COMMUNICATION, AS WELL AS EDUCATING CHILDREN IN THE IMPORTANCE OF FAMILY, COMMUNITY AND MAKING GOOD CHOICES FOR A HEALTHY FUTURE THE FRAMEWORK FOR EACH PROGRAM IS BASED ON CORE VALUES OF THE YMCA CARING, HONESTY, RESPECT AND RESPONSIBILITY CURRICULUM INCLUDES CONTENT FROM THE SIX PILLARS OF CHARACTER MAKING ETHICAL DECISIONS BY CHARACTER COUNTS, CHARACTER EDUCATION GRADES PRE-K-6 BY INCENTIVE PUBLICATIONS, INC , 2000 PROJECT WISDOM AND THE VIRTUES PROJECT COMPONENTS OF THE CURRICULUM INCLUDE ACTIVITIES SURROUNDING PEACEKEEPING, BULLYING PREVENTION, COOPERATION, RESPONSIBILITY, CARING, HONESTY, RESPECT, TRUST, FRIENDSHIPS, CONFLICT RESOLUTION, TEAMWORK AND COMMUNICATION OTHER ACTIVITIES INCLUDE EXPRESSIVE ARTS, RECREATION, MUSIC, NUTRITION, HEALTHY LIFESTYLES AND FIELD TRIPS THE CURRICULUM IDENTIFIES, UTILIZES AND RECOGNIZES CULTURAL DIFFERENCES AND COMMONALITIES THROUGHOUT MOST ACTIVITIES AND IS ALWAYS HELD TO SUNSHINE STATE STANDARDS THIS PROGRAM OPERATES IN NEARLY 50 ELEMENTARY SCHOOLS, MIDDLE SCHOOLS AND YMCA SITES SERVING OVER 3,000 CHILDREN THROUGHOUT THE SCHOOL YEAR YMCA SUBSIDIZED FINANCIAL ASSISTANCE WAS PROVIDED FOR APPROXIMATELY 20% OF CHILDREN TOTALING \$550,000 IN 2010, WE CONTINUED OUR VERY SUCCESSFUL PARTNERSHIPS WITH THE TARPON SPRINGS HOUSING AUTHORITY, PROVIDING 50 CHILDREN RESIDING IN PUBLIC HOUSING WITH AFTER SCHOOL PROGRAMMING IN PARTNERSHIP WITH OTHER AREA YOUTH SERVING NOT-FOR-PROFIT ORGANIZATIONS, THE YMCA CONTINUED THE OUT OF SCHOOL TIME (OST) AND HEALTHY INTERACTIVE PREVENTION (HIP) CLUBS AT OUR HIGH POINT BRANCH AND LARGO MIDDLE AND CLEARWATER FUNDAMENTAL SCHOOLS THE PROGRAM PROVIDES MORNING AND AFTERNOON CARE FOR MIDDLE-SCHOOL STUDENTS DELIVERED IN A CLUB BASED SETTING, WITH CLUBS DEVELOPED BY THE YOUTH, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PERSONAL AND ACADEMIC ENRICHMENT ACTIVITIES, PHOTOGRAPHY, COOKING, DRAMA, ARTS AND CRAFTS, MUSIC, ETC THE PROGRAM ALSO INCLUDES COMMUNITY SERVICE PROJECTS, SUBSTANCE ABUSE COMPONENTS, ADULT TRAININGS, ADULT EVENTS, GUEST SPEAKERS, FIELD TRIPS, AND ACADEMIC ENRICHMENT ANOTHER PARTNERSHIP IS A PROGRAM FOR MIDDLE-SCHOOL STUDENTS FUNDED BY COORDINATED CHILD CARE OF PINELLAS, INC THIS PROGRAM, THE 21ST CENTURY COMMUNITY LEARNING CENTERS GRANT PROGRAM AT TARPON MIDDLE, PROVIDES A SAFE ENVIRONMENT FOR STUDENTS DURING NON-SCHOOL HOURS THIS PROGRAM PROVIDES A RANGE OF SERVICES TO SUPPORT STUDENT LEARNING AND DEVELOPMENT, INCLUDING, BUT NOT LIMITED TO DRUG AND VIOLENCE PREVENTION PROGRAMS, COUNSELING PROGRAMS, ART, MUSIC, AND RECREATION PROGRAMS, TECHNOLOGY EDUCATION PROGRAMS, AND CHARACTER EDUCATION PROGRAMS, THAT ARE DESIGNED TO REINFORCE AND COMPLEMENT THE REGULAR ACADEMIC PROGRAM OF PARTICIPATING STUDENTS OUR SCHOOL AGE PROGRAMS ALSO PROVIDE SERVICES WHEN SCHOOL IS NOT IN SESSION, YMCA SUMMER CAMPS SERVE PRE-SCHOOL, SCHOOL-AGE CHILDREN, AND TEENAGERS RESIDING IN OUR FOUR COUNTY SERVICE AREA KIDS HAVE FUN WHILE THEY LEARN HOW TO MAKE NEW FRIENDS, BUILD NEW SKILLS AND GROW IN SELF-CONFIDENCE FOR KIDS, Y CAMP IS A FUN WAY TO ENJOY THE SUMMER FOR MOMS AND DADS, IT'S A WAY TO GIVE THEIR CHILDREN A POSITIVE DEVELOPMENTAL EXPERIENCE FOR PARENTS WHO WORK OUTSIDE THE HOME, Y CAMP ALSO SERVES AS CHILDCARE SOME PARTICIPANTS ATTEND FOR THE SOCIAL AND EDUCATIONAL BENEFITS, EVEN THOUGH A PARENT MAY BE AT HOME SERVICE BEGINS THE FIRST DAY OF SUMMER VACATION AND CONTINUES UNTIL SCHOOL BEGINS AGAIN IN THE FALL FOR NEARLY 3,200 CHILDREN, CAMP PROVIDES HIGH QUALITY, AFFORDABLE, SAFE PLACES WITH QUALIFIED SUPERVISION YMCA SUBSIDIZED FINANCIAL ASSISTANCE WAS GIVEN TO MANY CAMPERs, TOTALING \$316,000 BASED ON THE NATIONAL YMCA PROGRAM MODEL, YMCA CAMP PROVIDES CHILDREN WITH AN OUTDOOR, SOCIAL EXPERIENCE BUILT IN AN ATMOSPHERE OF FUN, LEARNING AND RESPECT FOR THE PURPOSE OF BUILDING SELF-ESTEEM THROUGH GROWTH OF THE SPIRIT, MIND, AND BODY THIS IS ACCOMPLISHED THROUGH ACTIVITIES THAT INCLUDE FIELD TRIPS, CRAFTS, SONGS, ARCHERY, VALUES, FITNESS, SPORTS, NATURE ACTIVITIES, SWIMMING, AND CANOEING DEPENDING ON THE AGE LEVEL, STAFF RATIOS RANGE FROM 1 10 TO 1 15 CAMP FOCUSES ON THE INDIVIDUAL CAMPER-TO-COUNSELOR RELATIONSHIP BASED ON THE WORTH OF INDIVIDUALS AS A BIRTHRIGHT THIS RELATIONSHIP IS THE PRIMARY VEHICLE FOR THE DEVELOPMENT OF POSITIVE SELF-ESTEEM, UPON WHICH, WE BELIEVE, ALL BEHAVIOR IS BASED OUTDOOR EDUCATION, OUTDOOR SKILL DEVELOPMENT, AND SHARING OF INTERNATIONAL CULTURES THROUGH COUNSELOR EXCHANGE PROGRAMS REMAIN IMPORTANT PARTS OF THE CONTENT OF OUR PROGRAMS AS "THE EXPERIENCE THAT LASTS A LIFETIME", YMCA CAMPING IS WHERE THE CHILD SPENDS THE MOST TIME DURING THE SUMMER - A RESPONSIBILITY THAT THE YMCA TAKES VERY SERIOUSLY YMCA YOUTH SPORTS PROGRAMS PROMOTE AN APPRECIATION OF ONE'S OWN WORTH YOUTH SPORTS FOCUS ON THE FULL AND EQUAL PARTICIPATION OF ALL EVERY CHILD PLAYS IN EVERY GAME YOUNG PEOPLE PARTICIPATING IN SPORTS BUILD LIFELONG POSITIVE ATTITUDES, ESTABLISH HABITS OF HEALTHY EXERCISE AND GOOD NUTRITION, AND LEARN WAYS TO HAVE FUN BOTH ADULT AND YOUTH SPORTS PROGRAMS VALUE COOPERATION OVER COMPETITION, FAIR PLAY OVER WINNING AT ANY COST, GOOD FEELING AND GOOD HEALTH OVER POINTS SCORED, AND BUILDING SELF-ESTEEM OVER BEATING THE OPPONENT THE YMCA KNOWS THAT WITH THIS APPROACH EVERYONE WINS-UNDEFEATED IN SPIRIT, MIND AND BODY DURING THE YEAR, THE YOUTH SPORTS PROGRAMS SERVE CHILDREN IN T-BALL, DANCE, GYMNASTICS, SOCCER, BASEBALL, FLAG FOOTBALL, BASKETBALL, TENNIS, TAE KWON DO, VOLLEYBALL, HOCKEY, IN-LINE SKATING AND MANY OTHERS ADULT SPORTS PROGRAMS INCLUDE BASKETBALL, BASEBALL, VOLLEYBALL, TENNIS, SOFTBALL, RACQUETBALL, AND FLOOR HOCKEY THE YMCA OF THE SUNCOAST USES THE SEARCH INSTITUTE'S 40 DEVELOPMENTAL ASSETS MODEL TO MEASURE THE SUCCESS OF OUR YOUTH AND TEEN PROGRAMS THROUGH EXTENSIVE RESEARCH, THE SEARCH INSTITUTE HAS IDENTIFIED 40 POSITIVE EXPERIENCES AND QUALITIES THAT ALL YOUTH AND TEENS NEED TO BECOME HEALTHY, CONTRIBUTING ADULTS THE YMCA HELPS TO PROVIDE THESE ASSETS IN THE LIVES OF THE YOUTH AND TEENS WE SERVE FOR EXAMPLE, ONE OF THE ASSETS IS HONESTY WHEN WE SURVEYED THE PARENTS OF YOUTH IN CHILD CARE, 99% REPORTED THAT THEY FEEL THE YMCA STAFF CREATE AN ENVIRONMENT WHERE IT'S IMPORTANT FOR THEIR CHILD TO TELL THE TRUTH, EVEN WHEN IT'S NOT EASY RESPECT IS ANOTHER OF THE ASSETS, 100% OF PARENTS FEEL THE YMCA STAFF CREATE AN ENVIRONMENT WHERE IT IS IMPORTANT TO RESPECT OTHERS THE Y HAS ALSO COMMITTED TO SERVING INDIVIDUALS WITH SPECIAL NEEDS AND CHALLENGES THROUGH OUR MAKE A SPLASH PROGRAM AND CAMP COAST MAKE A SPLASH WAS DESIGNED TO SHARE A COMMUNITY MEMBER'S LOVE OF WATER WITH OTHER CHILDREN WITH SPECIAL NEEDS THE PROGRAM TEACHES INDIVIDUALS WITH DISABILITIES TO BE SAFE AND HAVE FUN IN AND AROUND THE WATER AS WELL, CAMP COAST PROVIDES CHILDREN WITH AUTISM A DAY CAMP EXPERIENCE THAT WILL ALLOW THEM TO FEEL COMFORTABLE IN A SAFE, FUN AND NURTURING ENVIRONMENT CAMP COAST IS DESIGNED FOR CHILDREN ON THE AUTISM SPECTRUM BETWEEN THE AGES OF 4-9 IN 2010, THE YMCA OF THE SUNCOAST SERVED OVER 8,500 TEENS IN A VARIETY OF PROGRAMS YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS POSITIVE ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM AND GOOD VALUES, INCLUDING COOPERATION, RESPECT FOR THE BODY, GOOD CITIZENSHIP, AND A STRONG WORK ETHIC TEEN ACTIVITIES ARE AMONG THE MOST RAPIDLY GROWING YMCA PROGRAMS, REFLECTING THE GROWING AWARENESS THAT ADOLESCENTS NEED STRUCTURE AND ACTIVITIES, ESPECIALLY IN THE AFTER-SCHOOL HOURS
4b	(Code) (Expenses \$ 5,664,862 including grants of \$) (Revenue \$ 4,136,808)
	HEALTHY LIVING FOR MORE THAN 160 YEARS, THE YMCA HAS INCLUDED AN EQUILATERAL TRIANGLE IN ITS LOGO AS A SYMBOL OF WELLNESS, THE PURSUIT OF WHICH HAS LONG BEEN ONE OF THE ORGANIZATION'S SOUGHT AFTER OUTCOMES REPRESENTATIVE OF A BALANCED SPIRIT, MIND AND BODY, THE EQUILATERAL TRIANGLE HAS OFTEN BEEN DRAWN INSIDE OF A CIRCLE REPRESENTING THE SOCIAL DIMENSION OF HEALTH - OUR RELATIONSHIPS AND CONNECTIONS TO OTHER PEOPLE BEING A KEY COMPONENT OF OUR WELLNESS THE YMCA OF THE SUNCOAST PROVIDES NUMEROUS HEALTH AND WELLNESS PROGRAMS FOR ITS MEMBERS AND PROGRAM PARTICIPANTS AMONG CHILDREN AND FAMILIES, THE YMCA PROMOTES THE IMPORTANCE OF A PHYSICALLY ACTIVE LIFESTYLE THROUGH PROGRAMS LIKE CHILD CARE, SUMMER DAY CAMP, SWIMMING LESSONS AND YOUTH SPORTS TO SUPPORT THESE PROGRAMMATIC EFFORTS, THE YMCA OF THE SUNCOAST CONTINUED AS A PIONEER FOR OTHER YMCAS IN LEADING THE YMCA OF THE USA ACTIVATE AMERICA INITIATIVES USING AN EXPERIMENTAL FEEDBACK COLLECTION EFFORT, THE YMCA ENGAGED PARENTS OF CHILDREN IN FOUR YMCA AFTER SCHOOL PROGRAMS IN A YEAR-LONG EFFORT TO PROVIDE MONTHLY FEEDBACK REVOLVING AROUND YMCA IMPROVEMENT EFFORTS THE AREAS MEASURED INCLUDED PHYSICAL ACTIVITY FOR CHILDREN, HEALTHY RELATIONSHIPS BETWEEN STAFF MEMBERS AND CHILDREN, STRONGER RELATIONSHIPS BETWEEN STAFF AND PARENTS, AND GROWING CONNECTIONS AMONG FAMILIES ADDITIONALLY, THE YMCA SOUGHT TO MEASURE THE IMPACT OF ITS PROGRAMS UPON FAMILIES' TIME TOGETHER, COMMITMENT TO EATING HEALTHY, COMMITMENT TO BEING PHYSICALLY ACTIVE, AND RELATIONSHIPS WITH OTHER FAMILIES ALL OF THIS DATA IS USED AS GROUNDWORK FOR FUTURE EFFORTS TO BUILD HEALTH AND WELLNESS THROUGH PROGRAMS THAT SERVE FAMILIES WE HAVE ALSO SPREAD THIS COLLABORATIVE WORK TO MANY MORE SCHOOL SITES THAT ARE SHOWING SIMILAR SUCCESS MEASURES FOOD & FUN AFTERSCHOOL IS DESIGNED TO INFUSE HEALTHY SNACKS, PHYSICALLY ACTIVE GAMES, AND CREATIVE LEARNING ACTIVITIES INTO REGULAR PROGRAM SCHEDULES WITH CHILD OBESITY AND OTHER CHRONIC DISEASE RISK FACTORS ON THE RISE, SCHOOLS AND COMMUNITY ORGANIZATIONS ARE LOOKING FOR MORE CREATIVE WAYS TO HELP CHILDREN AND FAMILIES DEVELOP HEALTHY EATING AND PHYSICAL ACTIVITY HABITS AFTER SCHOOL PROGRAMS OFFER A WONDERFUL SETTING FOR TEACHING CHILDREN POSITIVE HEALTH BEHAVIORS WE ARE HOSTING THE FOOD AND FUN PROGRAM AT THREE SCHOOL AGE PROGRAM SITES IN PINELLAS COUNTY FOR ADULTS THE YMCA HAS CONTINUED TO FOCUS ON THE NEEDS OF THE PERSONS WHO MOST NEED OUR SUPPORT TO MAKE HEALTHY BEHAVIOR CHANGES USING NEW DATA COLLECTION TECHNIQUES LEARNED AS A RESULT OF OUR CONTINUING PARTICIPATION IN THE YMCA OF THE USA ACTIVATE AMERICA INITIATIVES, THE YMCA OF THE SUNCOAST PAID PARTICULAR ATTENTION TO THE WAY IN WHICH WE ENGAGED HEALTH SEEKERS COMING TO OUR YMCA FOR THE FIRST TIME MANY ARE FIGHTING CHRONIC DISEASE, AND IT IS OUR GOAL TO HELP EACH INDIVIDUAL FIND HIS OR HER WAY TO THE PROGRAM OR PLACE IN OUR YMCA THAT WILL BEST HELP THEM CONNECT TO A LIFE CHANGING ACTIVITY, GROUP, OR NEW BEHAVIOR WE ARE INCREASINGLY MEASURING THE CONNECTIONS AMONG MEMBERS THAT SUSTAIN AND SUPPORT THESE BEHAVIORS IN SO DOING, WE HOPE TO IDENTIFY AND BUILD ON SUCCESSFUL STEPS INTRODUCED BY OUR STAFF TEAMS TO THIS EFFORT THE YMCA CONTINUES TO OFFER A HOST OF PROGRAMS FOR ADULTS INCLUDING SWIMMING GROUPS, WALKING CLUBS, RUNNING CLUBS, YOGA, PILATES, STRESS MANAGEMENT, PERSONAL TRAINING, GROUP EXERCISE, OLDER ADULT PROGRAMMING, STRENGTH TRAINING, AND MUCH MORE WITH ITS COMMITMENT TO NEVER TURNING A PERSON OR FAMILY AWAY BECAUSE OF AN INABILITY TO PAY FOR SERVICES, THE YMCA CONTINUES TO BE THE PLACE IN THE COMMUNITY THAT PERSONS OF ALL INCOMES AND BACKGROUNDS CAN FIND PROFESSIONAL SUPPORT FOR HEALTHY BEHAVIOR CHANGES THE YMCA OF THE SUNCOAST PROVIDES FINANCIAL ASSISTANCE FOR ALL PERSONS IN NEED CHARITABLE CONTRIBUTIONS TO THE YMCA ENABLE US TO PROVIDE FINANCIAL ASSISTANCE ON A SLIDING SCALE WE PROMISE THAT EVERYONE WHO QUALIFIES WILL RECEIVE ASSISTANCE TO THE GREATEST EXTENT POSSIBLE BASED ON THE AVAILABILITY OF FUNDS SENIOR PROGRAMMING IS A LARGE PART OF OUR HEALTH AND WELLNESS OFFERINGS WITH MANY RETIREMENT COMMUNITIES ACROSS OUR SERVICE AREA, SENIORS NOT ONLY COME TO THE Y FOR PHYSICAL EXERCISE AND WELLNESS, BUT SOCIALIZATION AND CAMARADERIE AMONG FRIENDS ALONG WITH MANY SENIOR FITNESS CLASSES AND PROGRAMS, WE ALSO HOST SOCIAL TRIPS TO LOCAL DESTINATIONS TO FOSTER RELATIONSHIP BUILDING AMONG OUR SENIOR COMMUNITIES YMCA AQUATICS PROGRAMS ARE PART OF THE Y'S OVERALL GOAL OF BUILDING HEALTHY SPIRIT, MIND AND BODY IN ADDITION TO PROVIDING SPECIFIC SWIMMING AND WATER SAFETY SKILLS, THEY PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE THEY ALSO PROMOTE TEAMWORK, SELF-CONFIDENCE, AND LEADERSHIP THESE PROGRAMS ARE OFFERED AT FEES AFFORDABLE TO THE COMMUNITY AT LARGE, WITH FINANCIAL ASSISTANCE FOR THOSE WHO CAN'T AFFORD THE FULL FEES THE YMCA TAUGHT OVER 2,200 PEOPLE TO SWIM IN POOLS LOCATED IN CITRUS, HERNANDO, PASCO AND PINELLAS COUNTIES IN 2010 DROWNING IS THE SECOND-LEADING CAUSE OF DEATH IN CHILDREN IN THIS COMMUNITY WE FEEL LEARNING TO SWIM IS A NECESSITY, NOT A LUXURY LEARN-TO-SWIM LESSONS ARE CONDUCTED DAILY THROUGHOUT THE YEAR FOR INFANTS FROM 6 MONTHS OLD TO ADULTS IN YMCA AQUATICS PROGRAMS, CHILDREN LEARN TO BE SAFE AROUND WATER AND THEY FEEL THE SENSE OF ACCOMPLISHMENT THAT COMES WITH LEARNING SOMETHING NEW YOUTH PROGRESSIVE SWIMMING IS THE YMCA'S THIRD MOST WIDELY OFFERED PROGRAM NATIONWIDE IT USES A PROBLEM-SOLVING, GUIDED-DISCOVERY TEACHING APPROACH IN A POSITIVE, CARING ENVIRONMENT KIDS CAN DEVELOP LIFELONG SKILLS THAT CAN HELP THEM STAY SAFE AND HEALTHY CLASSES AND PROGRAMS ARE PROVIDED TO HELP ELDERLY PEOPLE MAINTAIN THEIR SELF-SUFFICIENCY AND INDEPENDENCE BY MAINTAINING A HEALTHY LIFESTYLE THE ARTHRITIS AND WATER EXERCISE CLASSES ARE DESIGNED ESPECIALLY FOR SENIORS TO MAINTAIN MUSCLE TONE AND FLEXIBILITY USING THE WATER TO CUSHION THE JOINTS IN ADDITION TO ENHANCING MOTOR FUNCTION, THESE PROGRAMS SERVE A PREVENTATIVE HEALTH FUNCTION IN THAT THEY MAY PREVENT OR POSTPONE THE NEED FOR SURGERIES IN ADDITION, AQUATIC EXERCISE CLASSES FOR PEOPLE WITH DISABILITIES ARE AVAILABLE STAFF IS TRAINED TO ACCOMMODATE INDIVIDUAL NEEDS SPECIAL POPULATION CLIENTS ARE INTERVIEWED INDIVIDUALLY AND MATCHED WITH A COMPATIBLE STAFF PERSON AS CLIENTS PROGRESS WITH THEIR PHYSICAL STRENGTHENING, THEIR PROGRAMS ARE CHANGED TO SUIT THEIR NEEDS THIS MAY INCLUDE ACTUAL SWIMMING INSTRUCTION, SURVIVAL TECHNIQUES IN WATER, WALKING, NAUTILUS, ETC THIS PROGRAM IS ONGOING AND YEAR-ROUND NOT ONLY DOES IT GIVE THEM POSITIVE EXPERIENCES, IT STRENGTHENS THEM PHYSICALLY AND ALLOWS THEM TO SOCIALIZE WITH OTHERS IN A CARING ATMOSPHERE YMCA POOLS ARE ALSO USED FOR SCUBA PROGRAMS, PRIVATE SWIM LESSONS, SWIM TEAMS AND MEETS, AND LIFEGUARD TRAINING CLASSES THE YMCA CONTINUES TO PROVIDE POOLS FOR AREA HIGH SCHOOL SWIM TEAMS THE YMCA OF THE SUNCOAST HAS ESTABLISHED FAMILY AQUATIC CENTERS AT OUR HIGH POINT, JAMES P GILLS FAMILY, GREATER RIDGECREST, AND GREATER PALM HARBOR FACILITIES THESE CENTERS FEATURE SLIDES, A ZERO-DEPTH ENTRY, AND INTERACTIVE DESIGN WITH FOUNTAINS, SPRAYS AND ACTIVITIES POOLS ARE ALSO LOCATED AT OUR CLEARWATER, NORTH PINELLAS AND HERNANDO COUNTY YMCA BRANCHES SUBSIDIES VALUED AT NEARLY \$10,000 WERE PROVIDED TO OVER 360 CHILDREN AND ADULTS IN SWIMMING CLASSES DURING THE YEAR THE YMCA WORKS HARD TO CONTINUOUSLY MEET COMMUNITY NEEDS AND MAKE OUR PROGRAMS AND SERVICES AVAILABLE TO EVERYONE THROUGH OUR MISSION OF DEVELOPING HEALTHY SPIRIT, MIND AND BODY FOR ALL, WE SERVE PEOPLE OF ALL FAITHS, RACES, NATIONAL ORIGINS, ABILITIES, AGES AND INCOMES IN 2010, OUR YMCA PROVIDED NEARLY \$1 9 MILLION IN FULL AND PARTIAL SCHOLARSHIPS TO PEOPLE WHO WOULD OTHERWISE NOT HAVE BEEN ABLE TO PARTICIPATE IN YMCA PROGRAMS AND SERVICES THE NORTH PINELLAS BRANCH AND GREATER PALM HARBOR BRANCH YMCAS SERVED 55 PEOPLE IN THEIR MASH (MAINSTREAM ADULTS SHARING HOPE) PROGRAMS IN 2010 THERE ARE A GROWING NUMBER OF ADULTS WHO ARE PHYSICALLY AND/OR MENTALLY CHALLENGED AND LIVING AT HOME WITH THEIR PARENTS OR RELATIVES IN OUR PASCO AND UPPER PINELLAS AREA MANY OF THESE ADULTS ARE ISOLATED DUE TO THE FACT THAT THEY ARE NEW TO THE AREA, THEY ARE UNABLE TO INDEPENDENTLY GET THEMSELVES OUT OF THEIR OWN ENVIRONMENT, OR THEY DO NOT HAVE A CIRCLE OF FRIENDS THESE INDIVIDUALS DO NOT CONSIDER THEMSELVES HANDICAPPED, RATHER THEY ARE CHALLENGED FOR INDEPENDENT LIVING THE YMCA AND MASH PARENTS HAVE ACCEPTED THE CHALLENGE TO HELP CREATE INDEPENDENCE IN THEIR LIVES THE GOAL WITHIN THE PROGRAM IS TO ENCOURAGE AND SUPPORT SINGLE "CHALLENGED ADULTS" TO MEET AND SOCIALIZE WITH THEIR PEERS AND TO EXPERIENCE THE ENJOYMENT OF FRIENDSHIP, FUN, AND PHYSICAL ACTIVITY (CONTINUED ON SCHEDULE O)
4c	(Code) (Expenses \$ 4,665,529 including grants of \$) (Revenue \$ 6,390,392)
	SOCIAL RESPONSIBILITY SOCIAL RESPONSIBILITY GUIDES THE Y TO GIVE BACK TO OUR COMMUNITIES AND PROVIDE SUPPORT TO OUR NEIGHBORS THE YMCA OF THE SUNCOAST, GUIDED BY ITS STRATEGIC PLAN, DIVIDED SOCIAL RESPONSIBILITY EVEN FURTHER BY SETTING GOALS AND TASK TO ACCOMPLISH A CULTURE OF PHILANTHROPY AND VOLUNTEERISM THE Y IS FOCUSED ON ADVANCING OUR MISSION THROUGH PHILANTHROPY BY GIVING, ASKING, JOINING AND SERVING OUR COMMITTEE IS FINALIZING A THREE-YEAR PLAN WITH FUNDING PRIORITY GIVEN TO INCREASED ABILITY TO PROVIDE FINANCIAL ASSISTANCE, CREATE AND EXPAND PROGRAMS TO SERVE
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses▶\$ 19,497,803

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
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? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
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? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
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? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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) and 501(c)(4) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☐

			Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	21			
		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			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	1,542	2b	Yes	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		No	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			3b			
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)?	4a		4a		No
	b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b			
7 Organizations that may receive deductible contributions under section 170(c).			7a	Yes		
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?			7b	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7c		No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7d			
d If "Yes," indicate the number of Forms 8282 filed during the year.						
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8			
9 Sponsoring organizations maintaining donor advised funds.			9a			
a Did the organization make any taxable distributions under section 4966?			9b			
b Did the organization make a distribution to a donor, donor advisor, or related person?						
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12.			10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			10b			
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders.			11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
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.			13a			
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?			14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			14b			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question 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	27		
b	Enter the number of voting members included in line 1a, above, who are independent	26		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 filedFL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. SHARLENE EFTIKIDES 2469 ENTERPRISE ROAD CLEARWATER, FL 33763 (727) 467-9622

Part VII

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) ROB BOOS DIRECTOR	1.00	X						0	0	0
(2) DAVID L BRANDON VICE CHAIR	1.00	X		X				0	0	0
(3) KIMBERLY BRIGGS DIRECTOR	1.00	X						0	0	0
(4) ALLEN S CRUMBLY CHAIRMAN	1.00	X		X				0	0	0
(5) CHESTER 'BUD' ELIAS JR DIRECTOR	1.00	X						0	0	0
(6) SCOTT FINK DIRECTOR	1.00	X						0	0	0
(7) BILL HARDY DIRECTOR	1.00	X						0	0	0
(8) KEVIN HAYSLETT DIRECTOR	1.00	X						0	0	0
(9) MARK HEPP DIRECTOR	1.00	X						0	0	0
(10) EDWARD BEBE HOBSON DIRECTOR	1.00	X						0	0	0
(11) STEVE JEFFERIES TREASURER	1.00	X		X				0	0	0
(12) MICHAEL KLINE DIRECTOR	1.00	X						0	0	0
(13) LORI DRENTH DIRECTOR	1.00	X						0	0	0
(14) JOE MARTESKI DIRECTOR	1.00	X						0	0	0
(15) JENNIFER MOORE DIRECTOR	1.00	X						0	0	0
(16) GARY PAPA DIRECTOR	1.00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) ART SHAND DIRECTOR	1 00	X						0	0	0
(18) PETER VOSOTAS DIRECTOR	1 00	X						0	0	0
(19) AMBER WILLIAMS DIRECTOR	1 00	X						0	0	0
(20) GREG SHOWERS DIRECTOR	1 00	X						0	0	0
(21) GREG RICHARDSON DIRECTOR	1 00	X						0	0	0
(22) HALEY KNAPP DIRECTOR	1 00	X						0	0	0
(23) HONORABLE BERNARD MCCABE DIRECTOR	1 00	X						0	0	0
(24) JEWEL LAMB DIRECTOR	1 00	X						0	0	0
(25) AMY MAGUIRE DIRECTOR	1 00	X						0	0	0
(26) JOHN CONNNELLY DIRECTOR	1 00	X						0	0	0
(27) CHARLIE ROBINSON JR SECRETARY	1 00			X				0	0	0
(28) G SCOTT GOYER PRESIDENT AND CEO	55 00			X				228,963	0	31,729
(29) ELIZABETH DUBUQUE EXECUTIVE VICE PRESIDENT/COO	50 00			X				179,608	0	25,767
(30) LOIS JENKINS VICE PRESIDENT OF FINANCE	50 00			X				130,157	0	19,423
(31) CAROL PARKS SENIOR VICE PRESIDENT/CHIEF ADMINISTRATION OFFICER	50 00					X		101,119	0	17,364
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								639,847	0	94,283

2

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

4

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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>	Yes	
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>		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
MANNA MEALS PO BOX 30181 PHILADELPHIA, PA 19103	SNACK AND FOOD PROVIDER	281,263
YMCA OF MIDDLE TENNESSEE 900 CHURCH ST NASHVILLE, TN 37203	SOFTWARE PROVIDER	207,751
MILLENIUM 12189 W LINEBAUGH AVE TAMPA, FL 33629	CLEANING SERVICES	150,016
GRAPHIX SCREEN PRINTING 720 E TARPON AVENUE TARPON SPRINGS, FL 34689	T-SHIRT SUPPLIER	145,118
TRIANGLE POOL SERVICES 12801 BELCHER RD LARGO, FL 33773	POOL SERVICES	131,790

2

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

7

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a	123,446				
	b	Membership dues 1b					
	c	Fundraising events 1c	44,480				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	1,161,166				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,143,771				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	2,472,863				
	Program Service Revenue	2a	MEMBERSHIP FEES	713940	9,572,733	9,572,733	
b		BEFORE & AFTER SCHOOL	713940	6,523,258	6,523,258		
c		SUMMER CAMP PROGRAMS	713940	1,560,597	1,560,597		
d		SPORTS & RECREATION	713940	566,029	566,029		
e		AQUATIC PROGRAMS	713940	428,584	428,584		
f		All other program service revenue		639,931	639,931		
g		Total. Add lines 2a-2f	19,291,132				
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)	228,833			228,833
		4	Income from investment of tax-exempt bond proceeds				
	5	Royalties					
	6a	Gross Rents	38,050				
	b	Less rental expenses					
	c	Rental income or (loss)	38,050				
	d	Net rental income or (loss)	38,050	38,050			
	7a	Gross amount from sales of assets other than inventory	5,356,146	856			
	b	Less cost or other basis and sales expenses	5,318,410				
	c	Gain or (loss)	37,736	856			
	d	Net gain or (loss)	38,592	38,592			
	8a	Gross income from fundraising events (not including \$ 44,480 of contributions reported on line 1c) See Part IV, line 18 a	161,430				
	b	Less direct expenses b	69,506				
	c	Net income or (loss) from fundraising events	91,924			91,924	
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11a	OTHER REVENUE	541519	123,857	123,857			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d	123,857					
12	Total revenue. See Instructions	22,285,251	19,491,631	0	320,757		

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	42,275	42,275		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	615,650	33,573	512,190	69,887
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	10,328,219	9,381,771	881,260	65,188
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	750,697	600,411	136,235	14,051
9	Other employee benefits	548,532	438,718	99,547	10,267
10	Payroll taxes	836,365	744,676	78,411	13,278
a	Fees for services (non-employees) Management				
b	Legal				
c	Accounting				
d	Lobbying	3,290	3,290		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	514,538	385,461	126,390	2,687
12	Advertising and promotion				
13	Office expenses				
14	Information technology	120,118	106,266	12,467	1,385
15	Royalties				
16	Occupancy	2,958,039	2,862,248	86,212	9,579
17	Travel	160,810	144,738	15,796	276
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	140,962	102,605	33,761	4,596
20	Interest	599,094	536,907	55,968	6,219
21	Payments to affiliates	246,580	220,686	21,827	4,067
22	Depreciation, depletion, and amortization	1,872,961	1,745,827	120,393	6,741
23	Insurance	500,955	461,521	35,491	3,943
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SUPPLIES	1,290,068	1,262,741	25,688	1,639
b	EQUIPMENT EXPENSES	330,165	198,367	128,263	3,535
c	PRINTING AND PUBLIC REL	273,912	29,580	125,855	118,477
d	BANK CHARGES	203,953	163,278	36,607	4,068
e	POSTAGE AND SHIPPING	31,575	20,340	7,058	4,177
f	All other expenses	21,473	12,524	8,446	503
25	Total functional expenses. Add lines 1 through 24f	22,390,231	19,497,803	2,547,865	344,563
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			95,336	1	173,379
	2	Savings and temporary cash investments			3,953,351	2	3,662,862
	3	Pledges and grants receivable, net			1,089,110	3	983,556
	4	Accounts receivable, net			368,385	4	458,978
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			598,975	9	207,108
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	43,594,679			
	b	Less: accumulated depreciation	10b	16,860,551	27,728,859	10c	26,734,128
	11	Investments—publicly traded securities			5,488,046	11	6,435,981
	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			249,273	15	208,500
16	Total assets. Add lines 1 through 15 (must equal line 34)			39,571,335	16	38,864,492	
Liabilities	17	Accounts payable and accrued expenses			1,565,982	17	1,396,302
	18	Grants payable				18	
	19	Deferred revenue			545,089	19	589,534
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			11,989,902	23	11,529,283
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			594,436	25	437,311
	26	Total liabilities. Add lines 17 through 25			14,695,409	26	13,952,430
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			22,190,924	27	22,372,999
	28	Temporarily restricted net assets			1,685,002	28	1,539,063
	29	Permanently restricted net assets			1,000,000	29	1,000,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			24,875,926	33	24,912,062
34	Total liabilities and net assets/fund balances			39,571,335	34	38,864,492	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,285,251
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,390,231
3	Revenue less expenses Subtract line 2 from line 1	3	-104,980
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,875,926
5	Other changes in net assets or fund balances (explain in Schedule O)	5	141,116
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	24,912,062

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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 in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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 separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2010

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 11, 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)
- 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 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)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h
- a

☐

Type I
- b

☐

Type II
- c

☐

Type III - Functionally integrated
- d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13

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

▶

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶
b	33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶
17a	10%-facts-and-circumstances test—2010. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	▶
b	10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	▶
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,855,706	2,799,509	2,549,161	2,439,455	2,472,863	14,116,694
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	21,186,255	21,359,922	20,520,812	19,762,384	19,452,562	102,281,935
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	25,041,961	24,159,431	23,069,973	22,201,839	21,925,425	116,398,629
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
8 Public Support (Subtract line 7c from line 6)						116,398,629

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	25,041,961	24,159,431	23,069,973	22,201,839	21,925,425	116,398,629
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	447,589	533,874	382,305	251,517	266,883	1,882,168
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	447,589	533,874	382,305	251,517	266,883	1,882,168
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	126,437	53,441	42,775	55,009	117,372	395,034
13 Total support (Add lines 9, 10c, 11 and 12)	25,615,987	24,746,746	23,495,053	22,508,365	22,309,680	118,675,831
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	98.080 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98.140 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	1.590 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.610 %
19a 33 1/3% support tests—2010. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2009. 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 <input type="checkbox"/>		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 59-0810731

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

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

(A) Name and Title	(B) Average hours per week	(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			
ROB BOOS DIRECTOR	1 00	X						0	0	0
DAVID L BRANDON VICE CHAIR	1 00	X		X				0	0	0
KIMBERLY BRIGGS DIRECTOR	1 00	X						0	0	0
ALLEN S CRUMBLEY CHAIRMAN	1 00	X		X				0	0	0
CHESTER 'BUD' ELIAS JR DIRECTOR	1 00	X						0	0	0
SCOTT FINK DIRECTOR	1 00	X						0	0	0
BILL HARDY DIRECTOR	1 00	X						0	0	0
KEVIN HAYSLETT DIRECTOR	1 00	X						0	0	0
MARK HEPP DIRECTOR	1 00	X						0	0	0
EDWARD BEBE HOBSON DIRECTOR	1 00	X						0	0	0
STEVE JEFFERIES TREASURER	1 00	X		X				0	0	0
MICHAEL KLINE DIRECTOR	1 00	X						0	0	0
LORI DRENTH DIRECTOR	1 00	X						0	0	0
JOE MARTESKI DIRECTOR	1 00	X						0	0	0
JENNIFER MOORE DIRECTOR	1 00	X						0	0	0
GARY PAPA DIRECTOR	1 00	X						0	0	0
ART SHAND DIRECTOR	1 00	X						0	0	0
PETER VOSOTAS DIRECTOR	1 00	X						0	0	0
AMBER WILLIAMS DIRECTOR	1 00	X						0	0	0
GREG SHOWERS DIRECTOR	1 00	X						0	0	0
GREG RICHARDSON DIRECTOR	1 00	X						0	0	0
HALEY KNAPP DIRECTOR	1 00	X						0	0	0
HONORABLE BERNARD MCCABE DIRECTOR	1 00	X						0	0	0
JEWEL LAMB DIRECTOR	1 00	X						0	0	0
AMY MAGUIRE DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(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			
JOHN CONNNELLY DIRECTOR	1 00	X						0	0	0
CHARLIE ROBINSON JR SECRETARY	1 00			X				0	0	0
G SCOTT GOYER PRESIDENT AND CEO	55 00			X				228,963	0	31,729
ELIZABETH DUBUQUE EXECUTIVE VICE PRESIDENT/COO	50 00			X				179,608	0	25,767
LOIS JENKINS VICE PRESIDENT OF FINANCE	50 00			X				130,157	0	19,423
CAROL PARKS SENIOR VICE PRESIDENT/CHIEF ADMINISTRATION OFFICER	50 00					X		101,119	0	17,364

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public
Inspection

If the organization answered “Yes,” to 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,” to 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,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

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

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

- 1 Provide a description of the organization’s direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

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 funtion 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

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 (grass roots 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><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a)		(b)
		Yes	No	Amount
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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		3,290
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			3,290
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 carryover lobbying and political 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible 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 expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number

59-0810731

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4

Number of states where property subject to conservation easement is located ►

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	2,865,735	2,424,912	3,374,991		
b Contributions	46,658	26,525	11,985		
c Investment earnings or losses	232,795	519,298	-856,330		
d Grants or scholarships					
e Other expenditures for facilities and programs	65,454	105,000	105,734		
f Administrative expenses					
g End of year balance	3,079,734	2,865,735	2,424,912		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 32 470 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

No

3a(ii)

No

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,761,883		3,761,883
b Buildings		30,282,827	11,121,086	19,161,741
c Leasehold improvements		2,791,992	1,843,140	948,852
d Equipment		6,145,045	3,896,325	2,248,720
e Other		612,932		612,932
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				26,734,128

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	122,285,251
2	Total expenses (Form 990, Part IX, column (A), line 25)	22,390,231
3	Excess or (deficit) for the year Subtract line 2 from line 1	-104,980
4	Net unrealized gains (losses) on investments	146,412
5	Donated services and use of facilities	-50,648
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	45,352
9	Total adjustments (net) Add lines 4 - 8	141,116
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	36,136

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	122,477,015
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a146,412
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d45,352
e	Add lines 2a through 2d	2e191,764
3	Subtract line 2e from line 1	322,285,251
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
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	522,285,251

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	122,440,879
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a50,648
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e50,648
3	Subtract line 2e from line 1	322,390,231
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
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	522,390,231

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	TO PRESERVE THE VALUE OF THE FUND ADJUSTED FOR INFLATION THROUGH LONG-TERM APPRECIATION OF PRINCIPAL (EQUAL TO OR GREATER THAN THE RATE OF INFLATION) TO PROVIDE FUNDING FOR PROGRAMS GIVING PRIORITY TO THE USE OF INCOME FOR MAJOR MAINTENANCE, MODERNIZATION, OR EXPANSION OF BUILDINGS AND FACILITIES, EXTENSION OF SERVICES AND DEVELOPING AND TRAINING PROFESSIONAL LEADERSHIP WHILE MAINTAINING THE PURCHASING POWER OF THE PORTFOLIO AND OFFSETTING INFLATION
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN FAIR VALUE OF INTEREST SWAP
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN FAIR VALUE OF INTEREST SWAP

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public
Inspection

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" to Form 990, Part IV, line 17.

1

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

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations

2a

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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(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			
Total ▶						

3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>FISHING TOURNAMENTS</u>	<u>GOLF TOURNAMENTS</u>	<u>2</u>	(Add col (a) through col (c))	
			(event type)	(event type)	(total number)		
1	Gross receipts	. . .	87,939	30,966	49,432	168,337	
2	Less Charitable contributions	. . .	27,475	3,630	12,775	43,880	
3	Gross income (line 1 minus line 2)	. . .	60,464	27,336	36,657	124,457	
Direct Expenses	4	Cash prizes	. . .				
	5	Non-cash prizes	. .				
	6	Rent/facility costs	. .				
	7	Food and beverages	. .				
	8	Entertainment	. . .				
	9	Other direct expenses	.	33,158	12,237	21,953	67,348
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					67,348
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					57,109

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11

Does the organization operate 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 operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐

Yes

☐

No

b

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient 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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ACADEMY PREP CENTER OF ST PETERSBURG2301 22ND AVENUE SOUTH ST PETERSBURG,FL 33712	59-3623000	501(C)(3)	6,684				FURTHERANCE OF EXEMPT PURPOSE
(2) PACE CENTER FOR GIRLS INC1 WEST ADAMS STREET SUITE 301 JACKSONVILLE,FL 322023644	59-2414492	501(C)(3)	6,684				FURTHERANCE OF EXEMPT PURPOSE
(3) RELIGIOUS COMMUNITY SERVICES INC503 SOUTH MARTIN LUTHER KING AVENUE CLEARWATER,FL 33756	59-1309186	501(C)(3)	6,684				FURTHERANCE OF EXEMPT PURPOSE
(4) NATIONAL COUNCIL OF YOUNG MENS CHRISTIAN ASSOCIATIONS OF THE US101 N WACKER DRIVE CHICAGO,IL 60606	56-3258696	501(C)(3)	11,000				FURTHERANCE OF EXEMPT PURPOSE

2

Enter total number of section 501(c)(3) and government organizations

▶

4

3

Enter total number of other organizations

▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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 non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST INC

Employer identification number

59-0810731

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div></div>		
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div></div>		
<div><div>3</div><div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment from the organization or a related organization?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div><div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div></div>		No
<div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 5a or 5b, describe in Part III</div></div>		No
<div><div>6</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div><div>If "Yes," to line 6a or 6b, describe in Part III</div></div>		No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>		No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

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 in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) G SCOTT GOYER	(i) (ii)	219,963 0	0 0	9,000 0	27,476 0	4,253 0	260,692 0	0 0
(2) ELIZABETH DUBUQUE	(i) (ii)	170,608 0	0 0	9,000 0	21,553 0	4,214 0	205,375 0	0 0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

Employer identification number

59-0810731

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CHESTER BUD ELIAS	BOARD MEMBER	2,000	SEE BELOW - BOARD MEMBER OWNS A COMPANY THAT PROVIDES LONG TERM DISABILITY INSURANCE TO THE YMCA BOARD MEMBER RECEIVES A COMMISSION FOR THESE SERVICES		No
(2) WELLS FARGO	CHARLES ROBINSON, BOARD MEMBER	83,236	SEE BELOW - BOARD MEMBER IS ALSO A VP OF WELLS FARGO, WHICH PROVIDES INSURANCE COVERAGE TO THE YMCA WELLS FARGO EARNS COMMISSIONS FROM THESE SERVICES		No

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST INC	Employer identification number 59-0810731
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Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	TO ITS MANY MISSION-DRIVEN PROGRAMS AND SERVICES, THE YMCA OF THE SUNCOAST ADDED SEVERAL SIGNIFICANT PROGRAMS IN 2010 TO PROVIDE FOR TARGETED POPULATIONS WE EXPANDED OUR NATIONAL COLLABORATIVE WITH THE LANCE ARMSTRONG FOUNDATION, PROVIDING HEALTH AND WELLNESS PROGRAMS FOR CANCER SURVIVORS THESE SUPPORTIVE PROGRAMS ARE NOW CONVENING CANCER SURVIVORS AT 6 OF OUR YMCA FACILITIES IN ADDITION, WE LAUNCHED A REVITALIZED VOLUNTEER PROGRAM THROUGHOUT ALL COMMUNITIES IN OUR ASSOCIATION TAKING GUIDANCE FROM OUR STRATEGIC PLAN TO CREATE A STRONGER CULTURE OF VOLUNTEERISM, WE IMPLEMENTED THE "Y COMMUNITY CHAMPIONS" PROGRAM WHICH ALLOWS VOLUNTEERS TO ENGAGE IN MEANINGFUL OPPORTUNITIES THROUGH BETTER INTERNAL SYSTEMS AND PROCESSES AT OUR YS FINALLY, WE BEGAN PARTICIPATING IN A YMCA OF THE USA LED PROGRAM CALLED THE AFRICAN-AMERICAN AND HISPANIC/LATINO HEALTH AND WELL-BEING COLLABORATIVE (AAHL) WHICH FOCUSES ON THE UNIQUE CHALLENGES OF YMCAS LOCATED IN MAJORITY-MINORITY NEIGHBORHOODS AND COMMUNITIES IN WHICH AFRICAN-AMERICANS/BLACKS MAKE UP 20% OR MORE OF THE POPULATION AND HISPANIC/LATINOS MAKE UP 20% OR MORE OF THE TOTAL POPULATION AND THE COMBINED MINORITY POPULATION IS OVER 51% THE ISSUE OF HEALTH DISPARITIES IS A RALLYING POINT FOR THE URGENCY AND FOCUS OF THIS COLLABORATIVE HEALTH DISPARITIES, IN WHICH BLACKS (INCLUDES AFRICAN-AMERICAN AND CARIBBEAN-AMERICAN) AND LATINOS EXPERIENCE A HIGHER INCIDENCE OF CHRONIC DISEASE AND/OR MORTALITY THAN THE REST OF THE U S POPULATION, IS A HEALTH CRISIS THAT IS INFLUENCED AND ENHANCED BY POLITICAL AND SOCIO-ECONOMIC FACTORS, THE ENVIRONMENT, AND INDIVIDUAL LIFESTYLES THIS AAHL COLLABORATIVE IS AN EFFORT OF THE YMCA MOVEMENT TO IDENTIFY PRACTICES THAT SUCCESSFULLY ENGAGE MEMBERS OF MAJORITY-MINORITY COMMUNITIES IN MAKING LIFESTYLE CHOICES THAT POSITIVELY IMPACT THEIR HEALTH AND WELL-BEING OUR CLEARWATER BRANCH, GREATER RIDGECREST BRANCH, AND HIGH POINT BRANCH YMCAS ARE SERVING MAJORITY-MINORITY COMMUNITIES AND WILL WORK TOGETHER TO ADDRESS HEALTH DISPARITIES BY FOCUSING ON THE HEALTH AND WELL-BEING OF BLACK AND LATINO INDIVIDUALS AND FAMILIES BY - DEVELOPING UNIQUELY APPROPRIATE, CULTURALLY-COMPETENT APPROACHES TO ENGAGING AND SUPPORTING INDIVIDUALS AND FAMILIES IN THEIR PURSUIT OF HEALTH AND WELL-BEING - SUPPORTING A HIGHLY SKILLED STAFF TEAM THAT IS MADE UP OF INDIVIDUALS VIEWED AS CULTURALLY COMPETENT, AND WHOM CHILDREN AND ADULTS CONSIDER CREDIBLE ROLE MODELS - ADOPTING A PROGRAM THAT THAT BEEN PROVEN TO PROMOTE HEALTHY LIFESTYLE CHANGE IN MINORITY POPULATIONS - DEVELOPING A BROAD RANGE OF PROGRAMS, ACTIVITIES, CLUBS AND EVENTS THAT HELP INDIVIDUALS AND FAMILIES DEVELOP IN SPIRIT, MIND, AND BODY - FOCUSING ON THE TOTAL HEALTH AND WELL-BEING OF COMMUNITIES INCLUDING INDIVIDUALS AND FAMILIES - REACHING BEYOND THE WALLS OF THE Y TO ENGAGE COMMUNITY PARTNERS - ALIGNING THE COMMUNITY RESOURCES NECESSARY TO SUPPORT HEALTH AND WELL-BEING BY EMPOWERING, CONVENING AND SUPPORTING COMMUNITY BASED ORGANIZATIONS WHO SHARE THE YMCA'S VALUES AND MISSION AND BY RESPECTING AND INCORPORATING THE LATINO ORGANIZATION'S VALUES AND MISSION INTO THE YMCA'S THE OUTCOMES AND LEARNINGS FROM THE AAHL ARE EXPECTED TO GENERATE LEADING PRACTICES THAT WILL BE SHARED WITH OTHER YMCAS AND INDIVIDUALS COMMITTED TO MAKING A DIFFERENCE IN IMPROVING THE LIVES AND WELL BEING OF AFRICAN AMERICANS AND LATINOS ACROSS THE COUNTRY

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE YMCA OF THE SUNCOAST HAS APPOINTED A DESIGNEE TO CONDUCT A THOROUGH REVIEW OF THE COMPLETE 990 TO PROVIDE AN INDEPENDENT, PROFESSIONAL REVIEW THE YMCA OF THE SUNCOAST BOARD OF DIRECTORS ALSO RECEIVES AN EMAILED COPY OF THE PUBLIC DISCLOSURE VERSION OF THE 990 PRIOR TO ITS BOARD MEETING NEAREST THE DATE OF THE FILING DEADLINE, TYPICALLY IN LATE APRIL THE BOARD MAY REVIEW THE INFORMATION PRIOR TO ITS PRESENTATION IN THE MEETING, MAKE INQUIRIES REGARDING THE 990 AND MAKE RECOMMENDATIONS FOR CHANGES PRIOR TO THE FILING DEADLINE THE COMPLETE 990 IS AVAILABLE FOR REVIEW AT THE BOARD MEETING IN ADDITION, THE CEO AND VICE PRESIDENT OF FINANCE ALSO REVIEW THE COMPLETE FORM AND OVERSEE THE PREPARATION INPUTS AND PROCESS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	IN MAY OF EACH YEAR, THE YMCA OF THE SUNCOAST DISTRIBUTES TO ALL FULL-TIME STAFF, VOLUNTEERS SERVING IN A DECISION-MAKING CAPACITY AND THE ASSOCIATION BOARD MEMBERS AND ITS COMMITTEE MEMBERS A CONFLICT OF INTEREST STATEMENT OF DISCLOSURE TO BE COMPLETED AND RETAINED AT THE ASSOCIATION OFFICES THE FORMS ARE COLLECTED BY THE HUMAN RESOURCE DEPARTMENT AND LOGGED INTO ITS DATABASE AS HAVING BEEN RECEIVED AT LEAST ONCE A YEAR, THEY ARE REVIEWED BY THE AUDIT COMMITTEE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>THE EXECUTIVE COMPENSATION COMMITTEE WAS COMMISSIONED BY YMCA OF THE SUNCOAST TO ADVISE, EVALUATE AND CONFIRM THAT THE COMPENSATION FOR SENIOR STAFF, AS DEFINED BY INTERMEDIATE SANCTIONS, IS NOT EXCESSIVE. THE COMMITTEE, CONSISTING OF MEMBERS OF THE BOARD OF DIRECTORS AND THE BOARD CHAIR, MET ON JUNE 17, 2010. THE COMMITTEE REVIEWED THE COMPENSATION OF THE PRESIDENT AND CEO, THE EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER, VICE PRESIDENT OF FINANCE/CHIEF FINANCE OFFICER, VICE PRESIDENT OF HUMAN RESOURCES, VICE PRESIDENT OF FINANCIAL DEVELOPMENT AND VICE PRESIDENT OF BUILDINGS AND GROUNDS. THEY USED COMPARABLE DATA INCLUDING THE 2009 YMCA METRO SOUTH GROUP COMPENSATION STUDY, THE 2009 YMCA'S SURVEY OF EXECUTIVE COMPENSATION COMPILED BY SULLIVAN COTTER AND THE 2009-10 TAMPA BAY ONLINE SALARY SURVEY DATA. MEMBERS ALSO REVIEWED THE 2010 SALARY ADMINISTRATION GUIDELINE RECOMMENDATIONS PROVIDED BY THE YMCA HUMAN RESOURCES AND TALENT MANAGEMENT TASK FORCE. THE COMMITTEE APPROVED LUMP SUM AWARDS WHILE ACKNOWLEDGING AND SUPPORTING THAT THERE WAS NO INCREASE BUDGETED FOR MERITS UNTIL MID-YEAR. THE COMMITTEE DETERMINED THAT THE COMPENSATION WAS COMPARABLE TO OTHER YMCA AND NON-PROFIT EXECUTIVES AND NOT EXCESSIVE. MINUTES OF THE MEETING WERE TAKEN AND RETAINED IN A SECURED FILE IN HUMAN RESOURCES. THE EXECUTIVE COMPENSATION COMMITTEE SUBMITTED A MOTION TO THE BOARD OF DIRECTORS THAT WAS APPROVED.</p>

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 146,412 DONATED SERVICES AND USE OF FACILITIES -50,648 CHANGE IN FAIR VALUE OF INTEREST SWAP 45,352 TOTAL TO FORM 990, PART XI, LINE 5 141,116

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	<p>THE YMCA YOUTH IN GOVERNMENT PROGRAM SERVED 80 STUDENTS FROM THREE HIGH SCHOOLS IN PINELLAS COUNTY THESE STUDENTS PARTICIPATED IN THE STATE CONFERENCE IN TALLAHASSEE AT THE STATE CONFERENCE, MEMBERS OF THE SUNCOAST YMCA DELEGATION WON MANY AWARDS, INCLUDING THOSE FOR BILL WRITING, JUDICIAL PROCEEDINGS, AND DEBATING WE CONTINUE TO HAVE POPULAR TEEN CENTERS AT OUR CLEARWATER, HIGH POINT, GREATER RIDGECREST, NORTH PINELLAS, HERNANDO COUNTY, JAMES P GILLS FAMILY AND GREATER PALM HARBOR BRANCHES WE CONTINUE TO SERVE TEENS WELL AND LOOK TO FIND MORE WAYS TO ENGAGE TEENS IN YMCA PROGRAMS THE GREATER RIDGECREST BRANCH SERVED TEENS THROUGH "BRENDA'S KIDS," A GROUP OF YOUNG TEENS GATHERED IN HONOR OF A MOTHER WHO LOST HER SON TO VIOLENCE NOW, THIS GROUP OF TEENS MEETS AT THE YMCA TO LEARN LIFE LESSONS FROM BIBLICAL TEACHINGS ABOUT RESPONSIBILITY, LEADERSHIP, ACCOUNTABILITY, AND COMMUNITY SERVICE OVER 100 YOUTH WERE SERVED IN THIS PROGRAM DURING THE YEAR DEVELOPED IN PARTNERSHIP WITH LEADERSHIP PINELLAS, THE YOUTH LEADERSHIP PINELLAS PROGRAM SEEKS TO PROVIDE INFORMATION ON COMMUNITY RESOURCES AND ISSUES, DEVELOP AN EXCELLENCE IN LEADERSHIP, BUILD TEAMWORK SKILLS, AND FOSTER INVOLVEMENT IN COMMUNITY SERVICES FOR A DIVERSE GROUP OF HIGH SCHOOL STUDENTS DIALOGUE IS CREATED BETWEEN ESTABLISHED AND POTENTIAL LEADERS OF DIVERSE BACKGROUNDS, INCLUDING BUSINESS AND PROFESSIONAL PERSONS, PLUS LEADERS OF GOVERNMENT, EDUCATION, ETC EACH CLASS HAS THE OPPORTUNITY TO MEET COMMUNITY DECISION MAKERS AND TO ENGAGE THEM IN FRANK, OFF-THE-RECORD DISCUSSIONS ON CURRENT ISSUES LEADERS CLUBS ARE AT SEVERAL OF OUR YMCA BRANCHES THE PROGRAM INSTILLS POSITIVE DISCIPLINE BY DEVELOPING LEADERSHIP QUALITIES, BUILDS SELF-ESTEEM AND A SENSE OF ACCOMPLISHMENT THROUGH A SERIES OF WELL-ROUNDED TRAININGS IN THE AREA OF PHYSICAL EDUCATION, HEALTHY LIVING, PERSONAL GROWTH, AND VALUES STUDENTS LEARN VALUABLE WORK AND COMMUNITY SERVICE EXPERIENCE THROUGH VOLUNTEER ACTIVITY YOUTH AGES 12 - 17 MEET REGULARLY FOR WORKSHOPS, PROGRAM UPDATES AND RECREATIONAL ACTIVITIES THE YMCA OF THE SUNCOAST IN PARTNERSHIP WITH PROGRESS ENERGY CREATED AND DELIVERED AN ENERGY EDUCATION AWARENESS PROGRAM FOR MIDDLE SCHOOL STUDENTS (AGES 11 - 13) AT CLEARWATER FUNDAMENTAL AND LARGO MIDDLE SCHOOL, WHO PARTICIPATE IN YMCA BEFORE AND AFTER SCHOOL PROGRAMS THROUGH A GENEROUS GRANT FROM PROGRESS ENERGY, SEVEN TEEN LEADERS FROM THE CLEARWATER BRANCH LED 45 YOUTH AT CLEARWATER FUNDAMENTAL AND LARGO MIDDLE SCHOOLS TO LEARN ABOUT ENERGY CONSERVATION THROUGH THEIR FIRST EVER "GREEN TEAM" THE ELEVEN WEEK PROGRAM INTRODUCED MIDDLE SCHOOLERS TO THE CONSERVATION OF NATURAL RESOURCES THROUGH HANDS-ON ACTIVITIES, GUEST SPEAKERS AND FIELD TRIPS TEENS FROM AROUND THE COUNTRY GATHERED AT BLUE RIDGE LEADERS SCHOOL FOR A WEEK-LONG PROGRAM THAT TEACHES LIFETIME LEADERSHIP SKILLS THE YMCA OF THE SUNCOAST SENT 25 LOCAL TEENS TO PARTICIPATE IN HEALTHY ACTIVITIES AND LEADERSHIP LEARNINGS</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4B	<p>PHYSICALLY AND/OR MENTALLY CHALLENGED ADULTS WITHIN THE PASCO/UPPER PINELLAS AREA ARE ABLE TO PARTICIPATE IN A PROGRAM THAT ALLOWS THEM TO GROW IN SPIRIT, MIND AND BODY THROUGH INTERACTION WITH FRIENDS, EXPRESSING THEIR CREATIVITY, AND PARTICIPATING IN RECREATIONAL PROGRAMS IN 2010, THE YMCA OF THE SUNCOAST HELD ITS FIFTH MAYORS' PRAYER BREAKFAST, HOSTED BY THE CITY OF CLEARWATER'S MAYOR THIS EVENT, ATTENDED BY NEARLY 400 PEOPLE, WAS A TIME FOR THE COMMUNITY TO COME TOGETHER IN FELLOWSHIP AND PRAYER AS WELL, OUR PASCO COUNTY YMCAS HELD THEIR 4TH ANNUAL PRAYER BREAKFAST IN THEIR COMMUNITY AND OUR HERNANDO BRANCH HELD THEIR ANNUAL INTERFAITH SERVICE, JOINING FORCES WITH COMMUNITY CHURCHES AND RELIGIOUS INSTITUTIONS FOR A MORNING OF PRAISE TODAY, THE YMCA IS FACING A NEW SET OF CHALLENGES A NATIONAL LIFESTYLE HEALTH CRISIS WHICH CALLS US TO MAKE CERTAIN WE ARE CREATING HEALTHY ENVIRONMENTS IN WHICH KIDS WILL DEVELOP HEALTHY HABITS, ISOLATION OF FAMILIES AND THE HIGH STRESS OF FAMILY LIFE WHICH CALLS US TO FIND NEW WAYS TO SUPPORT PARENTS AND FAMILIES THAT REDUCES STRESS, AND CHANGES IN SCHOOL FUNDING AND PROGRAMMING WHICH CALL US TO RECONSIDER OUR SATISFACTION WITH WORKING ONLY WITH CHILD CARE KIDS AND TO CONSIDER THE BROADER SCHOOL COMMUNITY AS OUR TARGET POPULATION FOR YMCA PROGRAMS, ACTIVITIES, CLUBS AND EVENTS FOR THE FIRST TIME IN OUR HISTORY AMERICA'S CHILDREN MAY NOT LIVE AS WELL OR AS LONG AS THEIR PARENTS THE ALARMING INCREASES IN DIABETES AND HEART DISEASE WHICH ARE EXACERBATED BY INACTIVITY, POOR EATING HABITS, STRESS AND OTHER ENVIRONMENTAL CONDITIONS PRESENTS A CHALLENGE THAT THE YMCA IS UNIQUELY POSITIONED TO CONFRONT SOME WAYS IN WHICH WE WORK TOWARD SOLUTIONS INCLUDE - BUILDING RELATIONSHIPS WITH AND AMONG FAMILIES AND CREATING SUPPORTIVE SMALL COMMUNITIES, - CREATING A RICH MIX OF INNOVATIVE PROGRAMS, ACTIVITIES, CLUBS AND EVENTS FOR KIDS, PARENTS AND FAMILIES WHICH RESPOND TO THEIR NEEDS AND INTEREST WHICH FOSTER SMALL COMMUNITIES, - PROVIDING ENVIRONMENTS THAT ARE DESIGNED TO SUPPORT PARTICIPANTS IN THEIR PURSUIT OF HEALTH AND WELL-BEING ENVIRONMENTS RICH IN HEALTHY CHOICES FOR BALANCED EATING, PLAYFUL PHYSICAL ACTIVITY AND SOCIALIZING - FOCUSING ON SUPPORTING BOTH OUR CHILD CARE FAMILIES AND ALL OTHER INTERESTED FAMILIES FROM THE BROADER SCHOOL COMMUNITY, IN THE PURSUIT OF THEIR GOALS FOR HEALTH AND WELL-BEING - HAVING STAFF WHO INTENTIONALLY MODEL THEIR PERSONAL JOURNEY TOWARDS THEIR GOALS FOR HEALTH AND WELL-BEING, AND WHO ARE SUPPORTED IN DOING SO BY YMCA EMPLOYEE POLICIES AND PRACTICES THE YMCA OF THE SUNCOAST WILL CONTINUE SERVING THE CHILDREN AND FAMILIES IN OUR SERVICE AREA, USING OUR LEARNINGS TO IMPROVE OUR SERVICE AND HELP PEOPLE GROW IN SPIRIT, MIND AND BODY</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4C	<p>DIVERSE AND LOW INCOME COMMUNITIES, SUSTAIN AND EXPAND THE LIVESTRONG PROGRAM FOR CANCER SURVIVORS AND THEIR FAMILIES, CREATE AND EXPAND PROGRAMS TO INCREASE YOUTH AND TEEN PARTICIPATION, EXPAND THE AQUATICS PROGRAM SO THAT EVERY CHILD WITHIN OUR SERVICE AREA PARTICIPATES IN A BEGIN TO SWIM PROGRAM, AND INCREASE FUNDING FOR OUR ENDOWMENT AND THE NUMBER OF MEMBERS IN OUR HERITAGE CLUB IN 2010, THE YMCA OF THE SUNCOAST ROLLED OUT A REVITALIZED VOLUNTEER PROGRAM CALLED Y COMMUNITY CHAMPIONS EACH STAFF MEMBER WAS ORIENTED AND TRAINED ON THE NEW TOOLS AVAILABLE AND HOW BEST TO MATCH A VOLUNTEER WITH A MEANINGFUL OPPORTUNITY TOOLS THAT WERE CREATED AND IMPLEMENTED INCLUDED AN UPDATED INTAKE PACKET, WRITTEN POSITION DESCRIPTIONS, A FORMAL RECOGNITION SYSTEM AND IMPLEMENTATION OF A RECRUITMENT PLAN MORE THAN 1250 VOLUNTEERS WERE CONNECTED TO OPPORTUNITIES TO IMPACT THEIR COMMUNITY THROUGH THIS PROGRAM THOSE VOLUNTEERS WERE SURVEYED TO DETERMINE WHAT IMPACT THE PROGRAM HAD ON THEIR LIVES MORE THAN 90% REPORTED THEIR VOLUNTEER EXPERIENCE WAS MEANINGFUL AND THAT THEY UNDERSTOOD THE IMPACT THEY WERE HAVING ON THEIR COMMUNITY BY HELPING THE YMCA ACHIEVE ITS MISSION OF THOSE THAT RESPONDED, NEARLY 80% REPORTED THAT THEIR INDIVIDUAL WELL-BEING HAD IMPROVED AS A RESULT OF THEIR VOLUNTEER EXPERIENCE</p> <p>RESPONDING TO THE NATION'S HEALTH CRISIS, THE YMCA CREATED A PROGRAM CALLED HEALTHY FAMILY HOME (WWW HEALTHY FAMILY HOME ORG) TO HELP THE ENTIRE FAMILY WORK TOGETHER AT HOME TO MAKE HEALTHIER CHOICES AND LIVE HEALTHIER LIVES HEALTHY FAMILY HOME PROVIDES FAMILIES WITH PRACTICAL, FLEXIBLE TOOLS AND SUPPORT FOR MAKING LASTING CHANGES FOR A HEALTHIER, HAPPIER LIFE ACTIONS AIMED AT THE WHOLE FAMILY THAT LEAD TO SMALL, SUSTAINED CHANGES - LIKE EATING BETTER, GETTING EXERCISE AND CONNECTING AS A FAMILY - ARE PROVEN TO HAVE A LONG-TERM IMPACT IN APRIL OF 2010, THE YMCA HELD ITS NATIONAL YMCA HEALTHY KIDS DAY EVENT THIS DAY OF INTERACTIVE FUN FOR PARENTS AND CHILDREN WELCOMES COMMUNITIES ACROSS THE NATION TO ENJOY FREE ACTIVITIES THAT REINFORCE YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY PARENTS AND CHILDREN ARE ENCOURAGED TO THINK ABOUT SMALL STEPS THEY CAN TAKE TOWARD HEALTHIER LIFESTYLES AND CONNECTING WITH THEIR COMMUNITY MEMBERS IN POSITIVE WAYS A FEW EXAMPLES OF TAKEAWAYS FROM HEALTHY KIDS DAY INCLUDE - MAKE FAMILY TIME SIT DOWN AS A FAMILY FOR ONE MEAL A DAY RESEARCH HAS SHOWN THAT FAMILY MEALS ARE MORE NUTRITIOUS THAN "SOLO" MEALS AND KIDS WHO EAT WITH THEIR FAMILY END UP MAKING HEALTHIER SNACK CHOICES - SNEAK IN MORE PHYSICAL ACTIVITY PLAN A WEEKLY FAMILY BREAKFAST WHERE YOU ARE THE TRANSPORTATION SKIP THE CAR, BUS OR TRAIN AND RIDE BIKES, WALK OR JOG/RUN - GET MORE FRUITS AND VEGETABLES IN YOUR DIET HAVE ALL FAMILY MEMBERS IDENTIFY THEIR FAVORITE FRUIT AND WRITE EACH ONE DOWN ON A LIST THEN FILL A FAMILY FRUIT BOWL WITH THOSE FRUITS AND KEEP IT ON THE COUNTER THIS WAY EVERYONE IN THE FAMILY WILL HAVE EASY ACCESS TO THEIR FAVORITE FRUIT WHEN THEY'RE LOOKING FOR A SNACK - MAKE GETTING EXERCISE FUN TURN UP THE MUSIC AND DO CHORES TOGETHER (CLEAN THE HOUSE, WASH WINDOWS, DO LAUNDRY, ETC)</p>