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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

2011

Open to Public Inspection

**A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011**

**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 FKA YMCA OF THE SUNCOAST  
Doing Business As

Number and street (or P O box if mail is not delivered to street address)Room/suite  
2469 ENTERPRISE ROAD

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 ▶

**D** Employer identification number  
59-0810731

**E Telephone number**  
(727) 467-9622

**G** Gross receipts \$ 28,499,549

**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><b>1</b> Briefly describe the organization's mission or most significant activities TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE WITH PROG'S THAT BUILD HEALTHY SPIRIT, MIND &amp; BODY FOR ALL</div><div></div><div></div><div></div></div>																								
	<div><div><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																								
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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

2012-05-03

Date

**Paid Preparer's Use Only**

Preparer's signature ▶ CARR RIGGS INGRAM LLC

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CARR RIGGS & INGRAM LLC  
2111 DREW STREET  
CLEARWATER, FL 337653215

Date

Check if self-employed ▶ ☐

Preparer's taxpayer identification number (see instructions)  
P00735117

EIN ▶ 72-1396621

Phone no ▶ (727) 446-0504

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 (2011)

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 organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 9,108,973	including grants of \$	(Revenue \$ 8,866,952 )
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 CURRENTLY OPERATES IN 45 ELEMENTARY SCHOOLS, MIDDLE SCHOOLS AND YMCA SITES SERVING AN AVERAGE OF 3,300 CHILDREN THROUGHOUT THE SCHOOL YEAR YMCA SUBSIDIZED FINANCIAL ASSISTANCE FOR BEFORE-AND-AFTER SCHOOL CARE ALONE WAS PROVIDED FOR APPROXIMATELY 20% OF CHILDREN TOTALING \$550,000 IN 2011, WE CONTINUED OUR VERY SUCCESSFUL PARTNERSHIPS WITH THE TARPON SPRINGS HOUSING AUTHORITY, PROVIDING OVER 50 CHILDREN RESIDING IN PUBLIC HOUSING WITH AFTER SCHOOL PROGRAMMING 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 SCHOOL, 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 SUMMERCAMPERS, TOTALING \$314,000 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 18 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 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 2011, THE YMCA OF THE SUNCOAST SERVED OVER 8,000 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 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 (CONTINUED ON SCHEDULE O)				


















4b	(Code )	(Expenses \$ 5,665,786	including grants of \$	(Revenue \$ 4,113,218 )
HEALTHY LIVINGFOR 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 HEALTHY INNOVATION ON A NATIONAL LEVEL, THE Y SIGNED ON TO FIRST LADY MICHELLE OBAMA'S PARTNERSHIP FOR A HEALTHIER AMERICA INITIATIVE THE NEW COMMITMENT FOCUSES ON ENDING THE CHILDHOOD OBESITY EPIDEMIC AND WORKS WITH THE PRIVATE SECTOR AND ITS HONORARY CHAIR WOMAN FIRST LADY MICHELLE OBAMA TO SOLVE THE NATION'S CHILDHOOD OBESITY CRISIS YMCAS HAVE ALWAYS BEEN COMMITTED TO FOSTERING HEALTHY ENVIRONMENTS FOR THOSE IN ITS CARE THIS COMMITMENT ESTABLISHES STANDARDS HELPING TO CREATE THE HEALTHIEST ENVIRONMENT POSSIBLE MOST IMPORTANTLY, THE Y'S COMMITMENT MEANS THAT WE CAN HELP MAKE THE HEALTHY CHOICE THE EASY CHOICE FOR THE HUNDREDS OF THOUSANDS OF BUSY PARENTS WHO RELY ON THE Y FOR EARLY CHILDHOOD AND AFTERSCHOOL PROGRAMS 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 HEALTHY INNOVATION INITIATIVES, THE YMCA OF THE SUNCOAST PAID PARTICULAR ATTENTION TO THE WAY IN WHICH WE ENGAGED HEALTH SEEKERS LOOKING AT OUR PROGRAMS THROUGH A NEW LENS WITH OUR HEALTHY LIVING FRAMEWORK, WE'RE FOCUSING ON PROMOTING WELL-BEING, REDUCING RISK, AND RECLAIMING HEALTH MANY ARE FIGHTING CHRONIC DISEASE, AND IT IS OUR GOAL TO HELP EACH INDIVIDUAL FIND HIS OR HER WAY TO THE PROGRAM OR PLACE IN OUR YMCA THAT WILL BEST HELP THEM CONNECT TO A LIFE CHANGING ACTIVITY, GROUP, OR NEW BEHAVIOR 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 2011 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 \$20,000 WERE PROVIDED TO MANY 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 2011, 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 (CONTINUED ON SCHEDULE O)				

4c	(Code )	(Expenses \$ 4,537,693	including grants of \$	(Revenue \$ 6,084,928 )
SOCIAL RESPONSIBILITIESSOCIAL 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 DIVERSE AND LOW INCOME COMMUNITIES, SUSTAIN AND EXPAND THE LIVESTRONG AT THE YMCA 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 2011, THE YMCA OF THE SUNCOAST HELD ITS 6TH 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 5TH 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 THE Y'S VOLUNTEER PROGRAM Y COMMUNITY CHAMPIONS CONTINUES TO GROW AND EXPAND AS WE DEVELOP SYSTEMS AND PROCESSES TO TRACK VOLUNTEERISM AND ENGAGEMENT WITH THE Y NEW SOFTWARE, PRINTED MATERIALS, ONLINE RESOURCES, AND EDUCATION ALLOW THE Y TO BETTER INVOLVE COMMUNITY MEMBERS IN MEANINGFUL AND VALUABLE WORK AS A VOLUNTEER-LED ORGANIZATION, THE Y CANNOT THRIVE WITHOUT THE SUPPORT OF VOLUNTEERS WE HONOR VOLUNTEERS AT AN ANNUAL CELEBRATION AS WELL AS LOCALLY AT EACH BRANCH THROUGH VARIOUS FORMS OF RECOGNITION AND THANKS IN APRIL OF 2011, THE YMCA HELD ITS ANNUAL 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 )				

	(Code )	(Expenses \$ 33,494	including grants of \$	(Revenue \$ )
4d	Other program services (Describe in Schedule O )	(Expenses \$ 33,494	including grants of \$	(Revenue \$ )
4e	Total program service expenses	\$ 19,345,946		

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	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? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	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? <i>If "Yes," complete Schedule D, Part VI.</i> 	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	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 ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I.</i>	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? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.	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 questions 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		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 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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <b>Note.</b> 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 <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	1a35
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1cYes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return . . . . .	2a1,523
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)	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3aNo
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 or securities account)? . . . . .	4aNo
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? . . .	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
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? . . . . .	6aNo
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).	
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? . . . . .	7aYes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7bYes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7cNo
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	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.	
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a
b	Enter the aggregate 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 aggregate amount of reserves on hand	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14aNo
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 . . . . .		
1a	25		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	25
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	Did the organization have members or stockholders? . . . . .	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	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	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> FL
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 made 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 made 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 <input checked="" type="checkbox"/> 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROB BOOS DIRECTOR	1 00	X						0	0	0
(2) DAVID L BRANDON CHAIRMAN	1 00	X		X				0	0	0
(3) KIMBERLY BRIGGS DIRECTOR	1 00	X						0	0	0
(4) ALLEN S CRUMBLEY PAST CHAIRMAN/ DIRECTOR	1 00	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) JOE MARTESKI DIRECTOR	1 00	X						0	0	0
(14) JENNIFER MOORE SECRETARY	1 00	X		X				0	0	0
(15) GARY PAPA DIRECTOR	1 00	X						0	0	0
(16) CHARLIE ROBINSON JR VICE CHAIRMAN	1 00	X		X				0	0	0
(17) ART SHAND 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PETER VOSOTAS DIRECTOR	1 00	X						0	0	0
(19) GREG RICHARDSON DIRECTOR	1 00	X						0	0	0
(20) HALEY KNAPP DIRECTOR	1 00	X						0	0	0
(21) HONORABLE BERNARD MCCABE DIRECTOR	1 00	X						0	0	0
(22) JEWEL LAMB DIRECTOR	1 00	X						0	0	0
(23) AMY MAGUIRE DIRECTOR	1 00	X						0	0	0
(24) JOHN CONNNELLY DIRECTOR	1 00	X						0	0	0
(25) LORI DRENTH DIRECTOR	1 00	X						0	0	0
(26) GREG SHOWERS DIRECTOR	1 00	X						0	0	0
(27) G SCOTT GOYER PRESIDENT AND CEO	55 00			X				227,334	0	32,109
(28) ELIZABETH DUBUQUE EXEC VICE PRESIDENT/COO	50 00			X				179,061	0	26,161
(29) CAROL PARKS SVP/CHIEF ADMINISTRATION OFFICER	50 00					X		115,969	0	18,282
1b Sub-Total . . . . .										
c Total from continuation sheets to Part VII, Section A . . . . .										
d Total (add lines 1b and 1c) . . . . .								522,364	0	76,552

2

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

3

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MANNA MEALS 5826 DARREN COURT CLEARWATER, FL 33760	SNACK AND FOOD PROVIDER	286,546
JACK JOYNER HEATING AND AC PO BOX 7080 CLEARWATER, FL 33758	AC MAINTENANCE AND REPAIR SER	160,176
MILLENIUM 12189 W LINEBAUGH AVE TAMPA, FL 33626	CLEANING SERVICES	151,249
C & G CONSTRUCTION 1304 S DUNCAN AVE CLEARWATER, FL 33756	BUILDING CONTRACTOR REPAIRS	146,414
TRIANGLE POOL SERVICES 12801 BELCHER RD LARGO, FL 33773	POOL SERVICES	135,278
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		7

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a126,983				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c67,284				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e1,024,006				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f1,298,707				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue			Business Code				
	2a	MEMBERSHIP FEES	7139409,249,533	9,249,533			
	b	BEFORE & AFTER SCHOOL	7139406,552,077	6,552,077			
	c	SUMMER CAMP PROGRAMS	7139401,474,785	1,474,785			
	d	SPORTS & RECREATION	713940517,527	517,527			
	e	AQUATIC PROGRAMS	713940411,660	411,660			
	f	All other program service revenue		555,098	555,098		
	g	Total. Add lines 2a-2f . . . . .		18,760,680			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		195,696			195,696
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties . . . . .					
	6a	(i) Real					
		38,162					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)		38,162			
	d	Net rental income or (loss) . . . . .		38,162			38,162
	7a	(i) Securities					
		6,567,797					
		(ii) Other					
		85,692					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)		73,032	85,692		
	d	Net gain or (loss) . . . . .		158,724	158,724		
	8a	Gross income from fundraising events (not including \$ 67,284 of contributions reported on line 1c) See Part IV, line 18 . . . .					
		a	227,010				
		b	126,716				
c	Net income or (loss) from fundraising events . .		100,294			100,294	
9a	Gross income from gaming activities See Part IV, line 19 . . . .						
	a						
	b						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances . . . .						
	a						
	b						
b	Less cost of goods sold . . . .						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	OTHER REVENUE		541519107,532	107,532			
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		107,532				
12	Total revenue. See Instructions . . . .		21,878,068	19,026,936	0	334,152	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	23,819	23,819		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	598,915	33,494	496,559	68,862
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	10,131,457	9,152,541	870,215	108,701
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	1,302,986	1,045,465	221,962	35,559
10	Payroll taxes . . . . .	838,183	734,453	90,137	13,593
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .				
d	Lobbying . . . . .	3,046	3,046		
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	556,469	405,740	148,396	2,333
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .				
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	3,274,651	3,159,157	105,273	10,221
17	Travel . . . . .	150,834	133,672	15,707	1,455
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	178,428	129,493	41,975	6,960
20	Interest . . . . .	557,565	500,833	51,059	5,673
21	Payments to affiliates . . . . .	231,987	218,854	8,970	4,163
22	Depreciation, depletion, and amortization . . . . .	1,874,615	1,760,519	102,856	11,240
23	Insurance . . . . .	450,390	399,885	45,454	5,051
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	1,222,580	1,198,823	22,209	1,548
b	PRINTING AND PUBLIC REL	280,170	37,139	121,247	121,784
c	EQUIPMENT EXPENSES	280,092	202,187	70,557	7,348
d	BANK CHARGES	204,831	168,025	32,538	4,268
e					
f	All other expenses	59,971	38,801	15,726	5,444
25	Total functional expenses. Add lines 1 through 24f	22,220,989	19,345,946	2,460,840	414,203
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	<b>1</b>	Cash—non-interest-bearing . . . . .			173,379	<b>1</b>	118,602
	<b>2</b>	Savings and temporary cash investments . . . . .			3,662,862	<b>2</b>	3,495,268
	<b>3</b>	Pledges and grants receivable, net . . . . .			983,556	<b>3</b>	868,436
	<b>4</b>	Accounts receivable, net . . . . .			458,978	<b>4</b>	404,323
	<b>5</b>	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				<b>5</b>	
	<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .				<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .				<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .			207,108	<b>9</b>	246,370
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	44,397,510			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	18,267,246	26,734,128	<b>10c</b>	26,130,264
	<b>11</b>	Investments—publicly traded securities . . . . .			6,435,981	<b>11</b>	6,062,456
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .				<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .				<b>13</b>	
	<b>14</b>	Intangible assets . . . . .				<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .			208,500	<b>15</b>	194,390
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			38,864,492	<b>16</b>	37,520,109
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .			1,396,302	<b>17</b>	1,401,824
	<b>18</b>	Grants payable . . . . .				<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .			589,534	<b>19</b>	515,298
	<b>20</b>	Tax-exempt bond liabilities . . . . .				<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				<b>21</b>	
	<b>22</b>	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			11,529,283	<b>23</b>	10,664,343
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .				<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			437,311	<b>25</b>	471,495
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			13,952,430	<b>26</b>	13,052,960
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .			22,372,999	<b>27</b>	22,043,847
	<b>28</b>	Temporarily restricted net assets . . . . .			1,539,063	<b>28</b>	1,423,302
	<b>29</b>	Permanently restricted net assets . . . . .			1,000,000	<b>29</b>	1,000,000
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .				<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .				<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .				<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances . . . . .</b>			24,912,062	<b>33</b>	24,467,149
	<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>			38,864,492	<b>34</b>	37,520,109

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	21,878,068
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,220,989
3	Revenue less expenses Subtract line 2 from line 1	3	-342,921
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,912,062
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-101,992
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	24,467,149

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

2011

Open to Public  
Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST INC FKA YMCA OF THE SUNCOAST	Employer identification number  59-0810731
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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 **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 Se**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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support test—2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,799,509	2,549,161	2,439,455	2,472,863	2,449,646	12,710,634
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	21,359,922	20,520,812	19,762,384	19,452,562	18,760,680	99,856,360
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	24,159,431	23,069,973	22,201,839	21,925,425	21,210,326	112,566,994
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 )						112,566,994

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	24,159,431	23,069,973	22,201,839	21,925,425	21,210,326	112,566,994
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	533,874	382,305	251,517	266,883	221,198	1,655,777
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	533,874	382,305	251,517	266,883	221,198	1,655,777
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.)	53,441	42,775	55,009	117,372		268,597
13 Total support (Add lines 9, 10c, 11 and 12.)	24,746,746	23,495,053	22,508,365	22,309,680	21,431,524	114,491,368
14 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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	98.320 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	98.080 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	1.450 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	1.590 %
19a 33 1/3% support tests—2011. 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 type="checkbox"/>	
b 33 1/3% support tests—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-0810731

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

Form 990, Special Condition Description:

Special Condition Description
-------------------------------

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services
(Code ) (Expenses \$ 33,494 including grants of \$ ) (Revenue \$ )

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 CHAIRMAN	1 00	X		X				0	0	0	
KIMBERLY BRIGGS DIRECTOR	1 00	X						0	0	0	
ALLEN S CRUMBLEY PAST CHAIRMAN/ DIRECTOR	1 00	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	
JOE MARTESKI DIRECTOR	1 00	X						0	0	0	
JENNIFER MOORE SECRETARY	1 00	X		X				0	0	0	
GARY PAPA DIRECTOR	1 00	X						0	0	0	
CHARLIE ROBINSON JR VICE CHAIRMAN	1 00	X		X				0	0	0	
ART SHAND DIRECTOR	1 00	X						0	0	0	
PETER VOSOTAS 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	
JOHN CONNNELLY DIRECTOR	1 00	X						0	0	0	
LORI DRENTH 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			
GREG SHOWERS DIRECTOR	1 00	X						0	0	0
G SCOTT GOYER PRESIDENT AND CEO	55 00			X				227,334	0	32,109
ELIZABETH DUBUQUE EXEC VICE PRESIDENT/COO	50 00			X				179,061	0	26,161
CAROL PARKS SVP/CHIEF ADMINISTRATION OFFICER	50 00					X		115,969	0	18,282

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

2011

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, line 35c (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 FKA YMCA OF THE SUNCOAST	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 on behalf of or in opposition to candidates for public office 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 function activities ▶ \$

3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$

4

Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

- A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (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) 2008	(b) 2009	(c) 2010	(d) 2011	(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		3,046
	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			3,046
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
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	27 65% OF THE DUES COLLECTED FROM A GROUP OF YMCAS IN THE STATE OF FLORIDA, "THE FLORIDA STATE ALLIANCE OF YMCAS" WERE SPENT FOR LOBBYING EXPENSES BY THE FLORIDA STATE ALLIANCE OF YMCAS

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public  
Inspection

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

**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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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) 2011



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 . . . . .	3,079,734	2,865,735	2,424,912	3,374,991
b	Contributions . . . . .	7,011	46,658	26,525	11,985
c	Investment earnings or losses . . . . .	-117,127	232,795	519,298	-856,330
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .	75,093	65,454	105,000	105,734
f	Administrative expenses . . . . .				
g	End of year balance . . . . .	2,894,525	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 ▶ 65 000 %

b

Permanent endowment ▶ 35 000 %

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)

Yes

No

3a(ii)

Yes

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		3,761,883		3,761,883
b Buildings . . . . .		30,715,999	10,976,429	19,739,570
c Leasehold improvements . . . . .		3,385,082	2,063,178	1,321,904
d Equipment . . . . .		6,534,546	5,227,639	1,306,907
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				26,130,264



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	121,878,068
2	Total expenses (Form 990, Part IX, column (A), line 25)	22,220,989
3	Excess or (deficit) for the year Subtract line 2 from line 1	-342,921
4	Net unrealized gains (losses) on investments	-219,072
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	117,080
9	Total adjustments (net) Add lines 4 - 8	-101,992
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-444,913

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	121,776,076
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a-219,072	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d117,080	
e	Add lines 2a through 2d . . . . .	2e-101,992
3	Subtract line 2e from line 1 . . . . .	321,878,068
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 ) . . . . .	521,878,068

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	122,220,989
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a	
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .	2e0
3	Subtract line 2e from line 1 . . . . .	322,220,989
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 ) . . . . .	522,220,989

Part XIVSupplemental 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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH ASC 740 WITH RESPECT TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED DUE TO ITS TAX-EXEMPT STATUS, THE ORGANIZATION IS NOT SUBJECT TO U S FEDERAL INCOME TAX OR STATE INCOME TAX THE ORGANIZATION'S FORM 990 HAS NOT BEEN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE OR THE STATE OF FLORIDA FOR THE LAST THREE YEARS THE ORGANIZATION DOES NOT EXPECT THE TOTAL OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS THE ORGANIZATION DID NOT HAVE ANY AMOUNTS ACCRUED OR RECOGNIZED FOR INTEREST AND PENALTIES AT DECEMBER 31, 2011 AND 2010
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN FAIR VALUE OF INTEREST SWAP 117,080
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN FAIR VALUE OF INTEREST SWAP

SCHEDULE G  
(Form 990 or 990-EZ)

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

2011

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

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

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

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.

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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2011

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	
			FISHING	GOLF TOURNAMENTS	2	(Add col (a) through	
			TOURNAMENTS	(event type)	(total number)	col (c))	
			(event type)				
1	Gross receipts	. . .	112,559	29,860	151,875	294,294	
2	Less Charitable contributions	. . .	36,925	4,970	25,389	67,284	
3	Gross income (line 1 minus line 2)	. . .	75,634	24,890	126,486	227,010	
Direct Expenses	4	Cash prizes	. . .				
	5	Non-cash prizes	. .				
	6	Rent/facility costs	. .				
	7	Food and beverages	. .				
	8	Entertainment	. . .				
	9	Other direct expenses	.	27,804	13,436	85,476	126,716
	10	Direct expense summary Add lines 4 through 9 in column (d). . . . . ▶					( 126,716 )
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶					100,294

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.

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

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

2011

Open to Public  
Inspection

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

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . .▶ ☐

(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) NATIONAL COUNCIL OF YOUNG MENS CHRISTIAN ASSOCIATIONS OF THE US101 N WACKER DRIVE CHICAGO,IL 60606	56-3258696	501(C)(3)	9,050				FURTHERANCE OF EXEMPT PURPOSE

2

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

3

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

**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
------------	------------------	-------------



Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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 FKA YMCA OF THE SUNCOAST

Employer identification number

59-0810731

Part I

Questions Regarding Compensation

		Yes	No
1a	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><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	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	1b	
2	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?	2	
3	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><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	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		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	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		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	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		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	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	7	No
8	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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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)	219,984	0	7,350	0	32,109	259,443	0
	(ii)	0	0	0	0	0	0	0
(2) ELIZABETH DUBUQUE	(i)	171,291	0	7,770	0	26,161	205,222	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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
	PART I, LINE 3	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 20, 2011. THE COMMITTEE REVIEWED THE COMPENSATION OF THE PRESIDENT AND CEO, THE EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER, SENIOR VICE PRESIDENT /CHIEF ADMINISTRATION OFFICER, VICE PRESIDENT OF FINANCIAL DEVELOPMENT, VICE PRESIDENT OF BUILDINGS AND GROUNDS AND DIRECTOR OF FINANCE. THEY USED COMPARABLE DATA INCLUDING THE 2010 YMCA'S SURVEY OF EXECUTIVE COMPENSATION COMPLIED BY SULLIVAN COTTER AND THE 2010-11 TAMPA BAY ONLINE SALARY SURVEY DATA. MEMBERS ALSO REVIEWED THE 2011 SALARY ADMINISTRATION GUIDELINE RECOMMENDATIONS PROVIDED BY THE YMCA HUMAN RESOURCES AND TALENT MANAGEMENT TASK FORCE. THE COMMITTEE DETERMINED THAT THE RECOMMENDED COMPENSATION WAS COMPARABLE TO OTHER YMCA AND NON-PROFIT EXECUTIVES AND NOT EXCESSIVE. THE COMMITTEE APPROVED THE CEOS RECOMMENDATIONS FOR MERITS. MINUTES OF THE MEETING WERE TAKEN AND RETAINED IN A SECURED FILE IN HUMAN RESOURCES. THE EXECUTIVE COMPENSATION COMMITTEE SUBMITTED A MOTION TO THE BOARD OF DIRECTORS THAT WAS APPROVED.

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

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

**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) ELIAS ADVANTAGE GROUP	CHESTER "BUD" ELIAS, BOARD MEMBER	2,000	BOARD MEMBER OWNS A COMPANY THAT PROVIDES LONG TERM DISABILITY INSURANCE TO THE YMCA BOARD MEMBER RECEIVES A COMMISSION FOR THESE SERVICES		No
(2) CAPSTONE BUILDING MAINTENANCE	ALLEN CRUMBLEY, BOARD MEMBER	7,645	BOARD MEMBER IS ALSO OWNER OF CAPSTONE BUILDING, WHICH PROVIDED CONTRACTUAL SERVICES FOR PAINTING AT A YMCA BRANCH		No
(3) WELLS FARGO	CHARLES ROBINSON, BOARD MEMBER	82,370	BOARD MEMBER IS ALSO A SENIOR VICE PRESIDENT OF WELLS FARGO INSURANCE, WHICH PROVIDES COVERAGES TO THE YMCA WELLS FARGO EARNED 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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2011

Open to Public Inspection

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.

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST INC FKA YMCA OF THE SUNCOAST	Employer identification number  59-0810731
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Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	<p>IN THE PAST YEAR, THE YMCA OF THE SUNCOAST HAS PARTNERED WITH NATIONAL AND LOCAL ORGANIZATIONS TO CREATE NEW OPPORTUNITIES, RESOURCES, AND BENEFITS TO THOSE WE SERVE IN OUR COMMUNITIES ON A NATIONAL LEVEL, THE Y SIGNED ON TO FIRST LADY MICHELLE OBAMA'S PARTNERSHIP FOR A HEALTHIER AMERICA INITIATIVE. THE NEW COMMITMENT FOCUSES ON ENDING THE CHILDHOOD OBESITY EPIDEMIC AND WORKS WITH THE PRIVATE SECTOR AND ITS HONORARY CHAIR WOMAN FIRST LADY MICHELLE OBAMA TO SOLVE THE NATION'S CHILDHOOD OBESITY CRISIS. THE NEW STANDARDS ADOPTED BY YMCA CHILDCARE PROGRAMS WILL ESTABLISH A MINIMUM EXPECTED PHYSICAL ACTIVITY FOR CHILDREN OF DIFFERENT AGES ENROLLED IN OUR PROGRAMS, DEFINE FOOD AND BEVERAGE OFFERINGS, INCLUDING DESIGNATING WATER AS THE PRIMARY BEVERAGE DURING SNACK TIMES AND OFFERING FRUITS AND VEGETABLES AS SNACK OPTIONS, LIMIT THE AMOUNT OF SCREEN TIME (WATCHING TV, PLAYING VIDEO GAMES, USING COMPUTERS), ENCOURAGE BREASTFEEDING OF INFANTS IN OUR CARE, AND COMMIT Y'S TO CONDUCTING PARENT EDUCATION TO ENCOURAGE HEALTHY BEHAVIORS AT HOME. YMCAS HAVE ALWAYS BEEN COMMITTED TO FOSTERING HEALTHY ENVIRONMENTS FOR THOSE IN ITS CARE. THIS COMMITMENT ESTABLISHES STANDARDS HELPING TO CREATE THE HEALTHIEST ENVIRONMENT POSSIBLE. MOST IMPORTANTLY, THE Y'S COMMITMENT MEANS THAT WE CAN HELP MAKE THE HEALTHY CHOICE THE EASY CHOICE FOR THE HUNDREDS OF THOUSANDS OF BUSY PARENTS WHO RELY ON THE Y FOR EARLY CHILDHOOD AND AFTERSCHOOL PROGRAMS. WITH OUR CONTINUING WORK IN THE AFRICAN-AMERICAN HISPANIC LATINO COLLABORATION WITH OUR NATIONAL YMCA, ANOTHER INITIATIVE HAS GROWN FROM THAT CALLED THE HEALTH SMART BEHAVIOR PROGRAM (HSB). THE HSB IS BASED ON THE HEALTH SELF-EMPOWERMENT (HSE) THEORY, WHICH ASSERTS THAT HEALTH MOTIVATION, HEALTH SELF-PRAISE, HEALTH SELF-EFFICACY, COPING SKILLS, AND HEALTH RESPONSIBILITY WILL LEAD TO HEALTH-PROMOTING BEHAVIORS AND LIFESTYLES (CALLED HEALTH-SMART BEHAVIORS) UNDER WHATEVER CONDITIONS EXIST IN ONE'S LIFE. THE PROGRAM EMPOWERS PARTICIPANTS WITH SKILLS AND KNOWLEDGE FOR ENGAGING IN HEALTH-SMART BEHAVIORS AS WELL AS SKILLS AND KNOWLEDGE FOR MANAGING STRESS, ANXIETY, AND DEPRESSION. ADDITIONALLY, THE PROGRAM USES THE RECENTLY PUBLISHED MOTIVATORS OF AND BARRIERS TO HEALTH-SMART BEHAVIORS INVENTORY TO CUSTOMIZE THE PROGRAM FOR USE WITH CULTURALLY DIVERSE INDIVIDUALS, FAMILIES, AND COMMUNITIES. OUR Y HAS ROLLED OUT THIS PROGRAM IN OUR AFRICAN-AMERICAN AND LATINO COMMUNITIES, INTERVIEWING AND CONNECTING WITH INDIVIDUALS TO ENGAGE THEM IN THE FIRST STEPS TO HEALTHIER LIFESTYLES. ANOTHER SUCCESSFUL PARTNERSHIP LAST YEAR WAS WITH THE UNITED WAY FOR THE SUMMER INITIATIVE TO PROVIDE FREE SUMMER CARE FOR 41 CHILDREN AMONG THREE OF OUR CAMPS. THIS WAS DESIGNED TO SERVE LOW-WAGE WORKING PARENTS WHO MAY NOT OTHERWISE BE ABLE TO AFFORD TO SEND THEIR CHILD TO A QUALITY SUMMER PROGRAM. THIS PROGRAM HAS DEVELOPED INTO PROVIDING FINANCIAL EDUCATION CLASSES FOR PARENTS, AS WELL AS ADDRESSING SUMMER LEARNING LOSS. EACH CHILD ENROLLED IN ONE OF THE THREE CAMPS RECEIVED SUMMER BRIDGE WORKBOOKS AND LAST SUMMER WAS THE FIRST YEAR WHERE UNITED WAY PARTNERED WITH ST. PETE COLLEGE TO PROVIDE TUTORING AT ALL OF OUR CAMPS ONCE PER WEEK FOR 5 HOURS. FINALLY, WE BEGAN PREPARATIONS TO ADOPT THE YMCA DIABETES PREVENTION PROGRAM. THE YMCA'S DIABETES PREVENTION PROGRAM HELPS THOSE AT HIGH RISK OF DEVELOPING TYPE 2 DIABETES ADOPT AND MAINTAIN HEALTHY LIFESTYLES BY EATING HEALTHIER, INCREASING PHYSICAL ACTIVITY AND LOSING A MODEST AMOUNT OF WEIGHT IN ORDER TO REDUCE THEIR CHANCES OF DEVELOPING THE DISEASE. THE PROGRAM IS A 12-MONTH LIFESTYLE BEHAVIOR INTERVENTION WITH 16 CORE SESSIONS FOLLOWED BY MONTHLY MAINTENANCE SESSIONS. BASED ON RESEARCH FUNDED BY THE NATIONAL INSTITUTES OF HEALTH AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION, THE PROGRAM REDUCES THE RISK OF DEVELOPING TYPE 2 DIABETES BY 58%.</p>

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 20, 2011. THE COMMITTEE REVIEWED THE COMPENSATION OF THE PRESIDENT AND CEO, THE EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER, SENIOR VICE PRESIDENT /CHIEF ADMINISTRATION OFFICER, VICE PRESIDENT OF FINANCIAL DEVELOPMENT, VICE PRESIDENT OF BUILDINGS AND GROUNDS AND DIRECTOR OF FINANCE. THEY USED COMPARABLE DATA INCLUDING THE 2010 YMCAS SURVEY OF EXECUTIVE COMPENSATION COMPLIED BY SULLIVAN COTTER AND THE 2010-11 TAMPA BAY ONLINE SALARY SURVEY DATA. MEMBERS ALSO REVIEWED THE 2011 SALARY ADMINISTRATION GUIDELINE RECOMMENDATIONS PROVIDED BY THE YMCA HUMAN RESOURCES AND TALENT MANAGEMENT TASK FORCE. THE COMMITTEE DETERMINED THAT THE RECOMMENDED COMPENSATION WAS COMPARABLE TO OTHER YMCA AND NON-PROFIT EXECUTIVES AND NOT EXCESSIVE. THE COMMITTEE APPROVED THE CEOS RECOMMENDATIONS FOR MERITS. MINUTES OF THE MEETING WERE TAKEN AND RETAINED IN A SECURED FILE IN HUMAN RESOURCES. THE EXECUTIVE COMPENSATION COMMITTEE SUBMITTED A MOTION TO THE 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 LOSSES ON INVESTMENTS -219,072 CHANGE IN FAIR VALUE OF INTEREST SWAP 117,080 TOTAL TO FORM 990, PART XI, LINE 5 -101,992

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990 PART III 4A	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. IN 2011, THE YMCA OF THE SUNCOAST HAD 30 PARTICIPANTS IN THE YOUTH LEADERSHIP PINELLAS PROGRAM. 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. 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.

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990 PART III 4B	<p>THE NORTH PINELLAS BRANCH AND GREATER PALM HARBOR BRANCH Y MCAS SERVED 55 PEOPLE IN THEIR MASH (MAINSTREAM ADULTS SHARING HOPE) PROGRAMS IN 2011. THERE ARE A 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, 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 Y MCA AND MASH PARENTS HAVE ACCEPTED THE CHALLENGE TO HELP CREATE INDEPENDENCE IN THEIR LIVES. THE GOAL WITHIN THE PROGRAM IS TO ENCOURAGE AND SUPPORT SINGLE "CHALLENGED ADULTS" TO MEET AND SOCIALIZE WITH THEIR PEERS AND TO EXPERIENCE THE ENJOYMENT OF FRIENDSHIP, FUN, AND PHYSICAL ACTIVITY. PHYSICALLY AND/OR MENTALLY CHALLENGED ADULTS WITHIN THE PASCO/UPPER PINELLAS AREA ARE ABLE TO PARTICIPATE IN A PROGRAM THAT ALLOWS THEM TO GROW IN SPIRIT, MIND AND BODY THROUGH INTERACTION WITH FRIENDS, EXPRESSING THEIR CREATIVITY, AND PARTICIPATING IN RECREATIONAL PROGRAMS.</p>