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Form 990

Return of Organization Exempt From Income Tax

2012

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable	C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE SUNCOAST INC FKA YMCA OF THE SUNCOAST		D Employer identification number 59-0810731
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (727) 467-9622
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4	CLEARWATER, FL 33763	
<input type="checkbox"/> Application pending			G Gross receipts \$ 27,331,122
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

J Website: ► WWW.YMCASUNCOAST.ORG

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE WITH PROG'S THAT BUILD HEALTHY SPIRIT, MIND & BODY FOR ALL	
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	3 27
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 27
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 1,528
6 Total number of volunteers (estimate if necessary)	6 2,989
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
b Net unrelated business taxable income from Form 990-T, line 34	7b 0

8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,516,980	Current Year 3,147,177
9 Program service revenue (Part VIII, line 2g)	18,760,680	18,920,627
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	354,420	162,700
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	245,988	305,492
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,878,068	22,535,996

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,819	3,284
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,871,541	12,776,335
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 457,298		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,325,629	9,798,757
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	22,220,989	22,578,376
19 Revenue less expenses Subtract line 18 from line 12	-342,921	-42,380

20 Total assets (Part X, line 16)	Beginning of Current Year 37,520,109	End of Year 37,191,941
21 Total liabilities (Part X, line 26)	13,052,960	12,594,214
22 Net assets or fund balances Subtract line 21 from line 20	24,467,149	24,597,727

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 Type or print name and title	2013-05-10 Date
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Paid Preparer Use Only	Print/Type preparer's name CARR RIGGS INGRAM LLC	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00735117
	Firm's name ► CARR RIGGS & INGRAM LLC			Firm's EIN ► 72-1396621	
	Firm's address ► 2111 DREW STREET CLEARWATER, FL 337653215			Phone no (727) 446-0504	

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

Part III Statement of Program Service AccomplishmentsCheck 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. SERVING OVER 84,000 MEN, WOMEN, AND CHILDREN IN CITRUS, HERNANDO, PASCO, AND PINELLAS COUNTIES, THE Y PROVIDES OPPORTUNITIES FOR ALL AGES TO LEARN, GROW, AND THRIVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 9,182,182 including grants of \$) (Revenue \$ 8,825,229)

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 HEALTH AND WELLNESS, ACADEMICS, 21ST CENTURY SKILLS (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH, "STEM"), LEADERSHIP DEVELOPMENT, SERVICE LEARNING, ARTS EDUCATION, GLOBAL LEARNING AND PARENT AND CAREGIVER ENGAGEMENT. ALL YOUTH PARTICIPATE IN VALUE SESSIONS FOCUSING ON CHARACTER DEVELOPMENT AND ARE PROVIDED ENRICHMENT OPPORTUNITIES TO INCLUDE SWIMMING AND OUTDOOR RECREATION. EACH OF THESE PROGRAMS CONTRIBUTE TO DEVELOPING FAMILY INTERACTION AND COMMUNICATION, AS WELL AS EDUCATING CHILDREN IN THE IMPORTANCE OF FAMILY, COMMUNITY AND MAKING GOOD CHOICES FOR A HEALTHY FUTURE. THE FRAMEWORK FOR EACH PROGRAM IS BASED ON CORE VALUES OF THE YMCA: CARING, HONESTY, RESPECT AND RESPONSIBILITY. WE RECOGNIZE THAT ALL CHILDREN CAN LEARN AND ACHIEVE AND THAT CHILDREN HAVE DIFFERENT LEARNING STYLES, DIFFERENT INTERESTS, AND DIFFERENT TALENTS WHICH CAN BE FOSTERED TO MAXIMIZE SUCCESS INSIDE AND OUTSIDE OF THE CLASSROOM. OUR YMCA PROVIDES HIGH QUALITY CURRICULUM USING MULTIPLE PARTNERS FOR ENRICHMENT PROGRAMS AND EVIDENCE BASED CURRICULUM SUCH AS KIDZMATH, KIDZSCIENCE, THE FOOD AND FUN CURRICULUM DEVELOPED IN PART BY THE YUSA AND HARVARD RESEARCH CENTER. THE CURRICULUM IDENTIFIES, UTILIZES AND RECOGNIZES CULTURAL DIFFERENCES AND COMMONALITIES THROUGHOUT MOST ACTIVITIES AND ALIGN WITH THE COMMON CORE STATE STANDARDS. THIS PROGRAM OPERATES IN NEARLY 50 ELEMENTARY SCHOOLS, MIDDLE SCHOOLS AND YMCA SITES SERVING OVER 6,200 CHILDREN THROUGHOUT THE SCHOOL YEAR. YMCA SUBSIDIZED FINANCIAL ASSISTANCE WAS PROVIDED FOR APPROXIMATELY 15% OF THOSE CHILDREN TOTALING \$625,000. 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 (AND EXPANDED INTO AN ADDITIONAL SCHOOL IN 2012, LARGO MIDDLE), PROVIDES A SAFE ENVIRONMENT FOR STUDENTS DURING NON-SCHOOL HOURS. THIS PROGRAM PROVIDES A RANGE OF SERVICES TO SUPPORT STUDENT LEARNING AND DEVELOPMENT, INCLUDING, BUT NOT LIMITED TO, DRUG AND VIOLENCE PREVENTION PROGRAMS, COUNSELING PROGRAMS, ART, MUSIC, AND RECREATION PROGRAMS, TECHNOLOGY EDUCATION PROGRAMS, AND CHARACTER EDUCATION PROGRAMS, THAT ARE DESIGNED TO REINFORCE AND COMPLEMENT THE REGULAR ACADEMIC PROGRAM OF PARTICIPATING STUDENTS. OUR SCHOOL AGE PROGRAMS ALSO PROVIDE SERVICES WHEN SCHOOL IS NOT IN SESSION. YMCA SUMMER CAMPS SERVE PRE-SCHOOL, SCHOOL-AGE CHILDREN, AND TEENAGERS RESIDING IN OUR FOUR COUNTY SERVICE AREA. KIDS HAVE FUN WHILE THEY LEARN HOW TO MAKE NEW FRIENDS, BUILD NEW SKILLS AND GROW IN SELF-CONFIDENCE. FOR KIDS, Y CAMP IS A FUN WAY TO ENJOY THE SUMMER. FOR MOMS AND DADS, IT'S A WAY TO GIVE THEIR CHILDREN A POSITIVE DEVELOPMENTAL EXPERIENCE. FOR PARENTS WHO WORK OUTSIDE THE HOME, Y CAMP ALSO SERVES AS CHILDCARE. SOME PARTICIPANTS ATTEND FOR THE SOCIAL AND EDUCATIONAL BENEFITS, EVEN THOUGH A PARENT MAY BE AT HOME. SERVICE BEGINS THE FIRST DAY OF SUMMER VACATION AND CONTINUES UNTIL SCHOOL BEGINS AGAIN IN THE FALL. FOR NEARLY 4,000 CHILDREN, CAMP PROVIDES HIGH QUALITY, AFFORDABLE, SAFE PLACES WITH QUALIFIED SUPERVISION. YMCA SUBSIDIZED FINANCIAL ASSISTANCE WAS GIVEN TO MANY CAMPERS, TOTALING \$313,000 BASED ON THE NATIONAL YMCA PROGRAM MODEL. YMCA CAMP PROVIDES CHILDREN WITH AN OUTDOOR, SOCIAL EXPERIENCE BUILT IN AN ATMOSPHERE OF FUN, LEARNING AND RESPECT. FOR THE PURPOSE OF BUILDING SELF-ESTEEM THROUGH GROWTH OF THE SPIRIT, MIND, AND BODY. THIS IS ACCOMPLISHED THROUGH ACTIVITIES THAT INCLUDE FIELD TRIPS, CRAFTS, SONGS, ARCHERY, VALUES, FITNESS, SPORTS, NATURE ACTIVITIES, SWIMMING, AND CANOEING. DEPENDING ON THE AGE LEVEL, STAFF RATIOS RANGE FROM 1:10 TO 1:15. CAMP FOCUSES ON THE INDIVIDUAL CAMPER-TO-COUNSELOR RELATIONSHIP BASED ON THE WORTH OF INDIVIDUALS AS A BIRTHRIGHT. THIS RELATIONSHIP IS THE PRIMARY VEHICLE FOR THE DEVELOPMENT OF POSITIVE SELF-ESTEEM, UPON WHICH, WE BELIEVE, ALL BEHAVIOR IS BASED. OUTDOOR EDUCATION, OUTDOOR SKILL DEVELOPMENT, AND SHARING OF INTERNATIONAL CULTURES THROUGH COUNSELOR EXCHANGE PROGRAMS REMAIN IMPORTANT PARTS OF THE CONTENT OF OUR PROGRAMS. AS "THE EXPERIENCE THAT LASTS A LIFETIME", YMCA CAMPING IS WHERE THE CHILD SPENDS THE MOST TIME DURING THE SUMMER - A RESPONSIBILITY THAT THE YMCA TAKES VERY SERIOUSLY. YMCA YOUTH SPORTS PROGRAMS PROMOTE AN APPRECIATION OF ONE'S OWN WORTH. YOUTH SPORTS FOCUS ON THE FULL AND EQUAL PARTICIPATION OF ALL. EVERY CHILD PLAYS IN EVERY GAME. YOUNG PEOPLE PARTICIPATING IN SPORTS BUILD LIFELONG POSITIVE ATTITUDES, ESTABLISH HABITS OF HEALTHY EXERCISE AND GOOD NUTRITION, AND LEARN WAYS TO HAVE FUN. BOTH ADULT AND YOUTH SPORTS PROGRAMS VALUE COOPERATION OVER COMPETITION, FAIR PLAY OVER WINNING AT ANY COST, GOOD FEELING AND GOOD HEALTH OVER POINTS SCORED, AND BUILDING SELF-ESTEEM OVER BEATING THE OPPONENT. THE YMCA KNOWS THAT WITH THIS APPROACH, EVERYONE WINS. UNDEFEATED IN SPIRIT, MIND AND BODY DURING THE YEAR, THE YOUTH SPORTS PROGRAMS SERVE CHILDREN IN T-BALL, DANCE, GYMNASTICS, SOCCER, BASEBALL, FLAG FOOTBALL, BASKETBALL, TENNIS, TAE KWON DO, VOLLEYBALL, HOCKEY, IN-LINE SKATING AND MANY OTHERS. ADULT SPORTS PROGRAMS INCLUDE BASKETBALL, BASEBALL, VOLLEYBALL, TENNIS, SOFTBALL, RACQUEBALL, 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 2012, THE YMCA OF THE SUNCOAST SERVED OVER 10,500 TEENS IN A VARIETY OF PROGRAMS. YMCA YOUTH AND TEEN PROGRAMS GIVE KIDS POSITIVE ROLE MODELS TO HELP THEM DEVELOP SELF-ESTEEM AND GOOD VALUES, INCLUDING COOPERATION, RESPECT FOR THE BODY, GOOD CITIZENSHIP, AND A STRONG WORK ETHIC. TEEN ACTIVITIES ARE AMONG THE MOST RAPIDLY GROWING YMCA PROGRAMS, REFLECTING THE GROWING AWARENESS THAT ADOLESCENTS NEED STRUCTURE AND ACTIVITIES, ESPECIALLY IN THE AFTER-SCHOOL HOURS. THE YMCA YOUTH IN GOVERNMENT PROGRAM SERVED 60 STUDENTS FROM FOUR 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.

4b (Code) (Expenses \$ 5,941,382 including grants of \$) (Revenue \$ 4,228,896)

HEALTHY LIVING FOR MORE THAN 160 YEARS, THE YMCA HAS INCLUDED AN EQUILATERAL TRIANGLE IN ITS LOGO AS A SYMBOL OF WELLNESS, THE PURSUIT OF WHICH HAS LONG BEEN ONE OF THE ORGANIZATION'S SOUGHT AFTER OUTCOMES. REPRESENTATIVE OF A BALANCED SPIRIT, MIND AND BODY, THE EQUILATERAL TRIANGLE HAS OFTEN BEEN DRAWN INSIDE OF A CIRCLE REPRESENTING THE SOCIAL DIMENSION OF HEALTH - OUR RELATIONSHIPS AND CONNECTIONS TO OTHER PEOPLE BEING A KEY COMPONENT OF OUR WELLNESS. THE YMCA OF THE SUNCOAST PROVIDES NUMEROUS HEALTH AND WELLNESS PROGRAMS FOR ITS MEMBERS AND PROGRAM PARTICIPANTS AMONG CHILDREN AND FAMILIES. THE YMCA PROMOTES THE IMPORTANCE OF A PHYSICALLY ACTIVE LIFESTYLE THROUGH PROGRAMS LIKE CHILD CARE, SUMMER DAY CAMP, SWIMMING LESSONS AND YOUTH SPORTS. TO SUPPORT THESE PROGRAMMATIC EFFORTS, THE YMCA OF THE SUNCOAST CONTINUED AS A PIONEER FOR OTHER YMCA'S 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. YMCA'S 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. WE ALSO IMPLEMENTED LES MILLS EXERCISE CLASSES INTO OUR GROUP EXERCISE SCHEDULES WITH ADDITIONAL STRENGTH TRAINING CLASSES, MARTIAL ARTS-STYLE CARDIO CLASSES, AND CYCLING CLASSES. 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 2,250 PEOPLE TO SWIM IN POOLS LOCATED IN CITRUS, HERNANDO, PASCO AND PINELLAS COUNTIES. IN 2012, 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 TO PRACTICE AND CONDUCT MEETS. 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 \$25,000 WERE PROVIDED TO 700 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 2012, OUR YMCA PROVIDED AN OVERALL \$1.7 MILLION IN FULL AND PARTIAL SCHOLARSHIPS TO PEOPLE WHO WOULD OTHERWISE NOT HAVE BEEN ABLE TO PARTICIPATE IN YMCA PROGRAMS AND SERVICES.

4c (Code) (Expenses \$ 4,417,677 including grants of \$) (Revenue \$ 5,913,542)

SOCIAL RESPONSIBILITY. SOCIAL RESPONSIBILITY GUIDES THE Y TO GIVE BACK TO OUR COMMUNITIES AND PROVIDE SUPPORT TO OUR NEIGHBORS. THE YMCA OF THE SUNCOAST, GUIDED BY ITS STRATEGIC PLAN, DIVIDED SOCIAL RESPONSIBILITY EVEN FURTHER BY SETTING GOALS AND TASK TO ACCOMPLISH A CULTURE OF PHILANTHROPY AND VOLUNTEERISM. THE Y IS FOCUSED ON ADVANCING OUR MISSION THROUGH PHILANTHROPY BY GIVING, ASKING, JOINING AND SERVING. OUR COMMITTEE IS FINALIZING A THREE-YEAR PLAN WITH FUNDING PRIORITY GIVEN TO INCREASED ABILITY TO PROVIDE FINANCIAL ASSISTANCE, CREATE AND EXPAND PROGRAMS TO SERVE 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 IN 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 2012, THE YMCA OF THE SUNCOAST HELD ITS SEVENTH MAYOR'S 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 YMCA'S HELD THEIR 6TH 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. IN APRIL 2012, THE YMCA HELD AN ANNUAL VOLUNTEER 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. THESE STEPS CAN INCLUDE MAKING HEALTHIER SNACK CHOICES, SNEAK IN MORE PHYSICAL ACTIVITY, PLAN A WEEKLY FAMILY MEET UP, AND LEAVE THE CAR, BUS OR TRAIN AND RIDE BIKES, WALK OR LISTEN TO MUSIC. OTHER IDEAS INCLUDE SWIMMING, VOLLEYBALL, AND BASKETBALL. HAVE ALL THE FAMILY MEMBERS IDENTIFY THEIR FAVORITE FRUIT AND KEEP IT ON THE COUNTER. THIS WAY, EVERYONE IN THE FAMILY WILL HAVE EASY ACCESS TO A FRUIT BOWL. 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 A FRUIT BOWL. WASH FRUITS, DO LAUNDRY, ETC.

4d (Code) (Expenses \$ 3,284 including grants of \$) (Revenue \$ 3,284)

OTHER PROGRAM SERVICES (Describe in Schedule O)

4e **Total program service expenses** 19,541,241

Part IV Checklist of Required Schedules

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

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17	Yes	
18	Yes	
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b	No	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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)	28a	Yes	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	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? If "Yes," complete Schedule R, Part I	34	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a	No	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	No	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	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? If "Yes," complete Schedule R, Part VI	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O			

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	43	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	1	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,528	
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)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No	
b If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7a	Yes	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8		
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?	9a		
9 Sponsoring organizations maintaining donor advised funds.	9b		
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13b		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	27		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b Enter the number of voting members included in line 1a, above, who are independent	1b	27		
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	8a	Yes		
a The governing body?	8b	Yes		
b Each committee with authority to act on behalf of the governing body?	9		No	
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				

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 this 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?	15a	Yes	
a The organization's CEO, Executive Director, or top management official	15b	Yes	
b Other officers or key employees of the organization			
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 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
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 SHARLENE EFTIKIDES 2469 ENTERPRISE ROAD CLEARWATER, FL (727) 467-9622

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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. 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(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	Office	Key Employee	Highest Compensated	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 FINANCIAL DEPARTMENT CHAIR	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) DR 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) PETER VOSOTAS 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(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	Office key employee or director	Former highest compensated employee	Former highest compensated employee	Former highest compensated employee			
(18) GREG RICHARDSON DIRECTOR	1 00	X						0	0	0
(19) HONORABLE BERNARD MCCABE DIRECTOR	1 00	X						0	0	0
(20) JEWEL LAMB DIRECTOR	1 00	X						0	0	0
(21) AMY MAGUIRE DIRECTOR	1 00	X						0	0	0
(22) JOHN CONNNELLY DIRECTOR	1 00	X						0	0	0
(23) GREG SHOWERS DIRECTOR	1 00	X						0	0	0
(24) KELLY CRANDALL DIRECTOR	1 00	X						0	0	0
(25) LAURA MAIOCCO DIRECTOR	1 00	X						0	0	0
(26) MIKE MCLAMB DIRECTOR	1 00	X						0	0	0
(27) DR ROBERT DAVIDSON DIRECTOR	1 00	X						0	0	0
(28) G SCOTT GOYER PRESIDENT AND CEO	55 00			X				240,507	0	32,597
(29) ELIZABETH DUBUQUE EXEC VICE PRESIDENT/COO	50 00			X				183,709	0	26,362
(30) CAROL PARKS SR VP/CH ADMIN OFFICER	50 00				X			116,443	0	20,573
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								540,659	0	79,532

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 former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	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	308,624
YMCA OF MIDDLE TENNESSEE 1000 CHURCH ST NASHVILLE TN 37203	SOFTWARE DEVELOPMENT COSTS	215,571
MILLENIUM 12189 W LINEBAUGH AVE TAMPA FL 33626	CLEANING SERVICES	155,421
GRAPHIX 720 E TARPON AVE TARPON SPRINGS FL 34689	T-SHIRT VENDOR	152,145
TRIANGLE POOL SERVICES 12801 BELCHER RD LARGO FL 33773	POOL SERVICES	146,849

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 ►5

Part VIII Statement of Revenue

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

			(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	1a 139,686					
	b Membership dues	1b					
	c Fundraising events	1c 66,544					
	d Related organizations	1d					
	e Government grants (contributions)	1e 1,005,083					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,935,864					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		3,147,177				
Program Service Revenue	2a MEMBERSHIP FEES	Business Code					
		713940	9,104,842	9,104,842			
	b BEFORE & AFTER SCHOOL CARE		6,797,676	6,797,676			
	c SUMMER CAMP PROGRAMS		1,444,759	1,444,759			
	d SPORTS & RECREATION		478,437	478,437			
	e AQUATIC PROGRAMS		477,341	477,341			
	f All other program service revenue		617,572	617,572			
	g Total. Add lines 2a-2f		18,920,627				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		196,018			196,018	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		37,890					
	b Less rental expenses	0					
	c Rental income or (loss)	37,890					
	d Net rental income or (loss)			37,890			37,890
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
	4,574,548						
b Less cost or other basis and sales expenses	4,590,948	16,918					
c Gain or (loss)	-16,400	-16,918					
d Net gain or (loss)			-33,318	-33,318			
8a Gross income from fundraising events (not including \$ 66,544 of contributions reported on line 1c) See Part IV, line 18							
a	340,167						
b Less direct expenses	b 187,260						
c Net income or (loss) from fundraising events			152,907			152,907	
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a OTHER REVENUE	541519	114,695	114,695				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		114,695					
12 Total revenue. See Instructions		22,535,996	19,002,004	0	386,815		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response 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	3,284	3,284		
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	620,190	34,662	513,553	71,975
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	10,081,043	9,070,615	926,621	83,807
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,269,593	991,333	241,011	37,249
10 Payroll taxes	805,509	702,358	89,363	13,788
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying	2,966	2,966		
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	537,322	376,072	156,230	5,020
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	3,348,539	3,231,873	106,066	10,600
17 Travel	152,846	136,683	13,825	2,338
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	169,598	124,584	40,862	4,152
20 Interest	533,437	490,991	38,201	4,245
21 Payments to affiliates	248,710	221,198	23,062	4,450
22 Depreciation, depletion, and amortization	2,021,464	1,937,369	75,667	8,428
23 Insurance	440,278	397,880	38,158	4,240
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SUPPLIES	1,280,955	1,258,365	19,853	2,737
b EQUIPMENT EXPENSES	405,401	306,427	82,720	16,254
c PRINTING AND PUBLIC REL	364,081	45,512	141,866	176,703
d BANK CHARGES	191,451	146,184	39,857	5,410
e All other expenses	101,709	62,885	32,922	5,902
25 Total functional expenses. Add lines 1 through 24e	22,578,376	19,541,241	2,579,837	457,298
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	118,602	1 272,431
	2 Savings and temporary cash investments	3,495,268	2 3,379,477
	3 Pledges and grants receivable, net	868,436	3 770,591
	4 Accounts receivable, net	404,323	4 373,908
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	246,370	9 334,928
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 44,571,804	
	b Less accumulated depreciation	10b 19,867,696	10c 24,704,108
	11 Investments—publicly traded securities	6,062,456	11 7,181,580
	12 Investments—other securities See Part IV, line 11	12	
	13 Investments—program-related See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	194,390	15 174,918
	16 Total assets. Add lines 1 through 15 (must equal line 34)	37,520,109	16 37,191,941
Liabilities	17 Accounts payable and accrued expenses	1,401,824	17 1,365,991
	18 Grants payable	18	
	19 Deferred revenue	515,298	19 485,690
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	10,664,343	23 10,132,660
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	471,495	25 609,873
	26 Total liabilities. Add lines 17 through 25	13,052,960	26 12,594,214
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	22,043,847	27 21,135,095
	28 Temporarily restricted net assets	1,423,302	28 2,462,632
	29 Permanently restricted net assets	1,000,000	29 1,000,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	24,467,149	33 24,597,727
	34 Total liabilities and net assets/fund balances	37,520,109	34 37,191,941

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,535,996
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,578,376
3	Revenue less expenses Subtract line 2 from line 1	3	-42,380
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,467,149
5	Net unrealized gains (losses) on investments	5	342,613
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-169,655
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,597,727

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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?	3a	Yes
3b 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	3b	Yes

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
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 FINANCIAL DEPARTMENT CHAIR	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
DR 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
PETER VOSOTAS DIRECTOR	1 00	X					0	0	0
GREG RICHARDSON 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 CONNELLY DIRECTOR	1 00	X					0	0	0
GREG SHOWERS DIRECTOR	1 00	X					0	0	0
KELLY CRANDALL DIRECTOR	1 00	X					0	0	0
LAURA MAIOCCO 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Officer Or director Individual trustee Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MIKE MCLAMB DIRECTOR	1 00	X					0	0	0
DR ROBERT DAVIDSON DIRECTOR	1 00	X					0	0	0
G SCOTT GOYER PRESIDENT AND CEO	55 00			X			240,507	0	32,597
ELIZABETH DUBUQUE EXEC VICE PRESIDENT/COO	50 00			X			183,709	0	26,362
CAROL PARKS SR VP/CH ADMIN OFFICER	50 00				X		116,443	0	20,573

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2012****Open to Public
Inspection**

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.

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 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- e a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- 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 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 monetary support
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,549,161	2,439,455	2,472,863	2,449,646	3,080,633	12,991,758
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	20,520,812	19,762,384	19,452,562	18,760,680	18,920,627	97,417,065
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	23,069,973	22,201,839	21,925,425	21,210,326	22,001,260	110,408,823
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)						110,408,823

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	23,069,973	22,201,839	21,925,425	21,210,326	22,001,260	110,408,823
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	382,305	251,517	266,883	221,198	233,909	1,355,812
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	382,305	251,517	266,883	221,198	233,909	1,355,812
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)	42,775	55,009	117,372		114,695	329,851
13 Total support. (Add lines 9, 10c, 11, and 12)	23,495,053	22,508,365	22,309,680	21,431,524	22,349,864	112,094,486
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						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	98 500 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	98 320 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	1 210 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	1 450 %
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		

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

Facts And Circumstances Test

Explanation

2012

Open to Public
Inspection**SCHEDULE C**
(Form 990 or 990-EZ)**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.

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 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
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political 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			
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		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		2,966
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?		No	
j Total Add lines 1c through 1i			2,966
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	27 13% 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)**Supplemental Financial Statements****2012****Open to Public
Inspection**

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

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 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? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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 education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Year |
|----|-----------------------------|
| 2a | |
| 2b | |
| 2c | |
| 2d | |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4 Number of states where property subject to conservation easement is located ► _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

- (i) 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 (ASC 958) relating to these items
- a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
- b Assets included in Form 990, Part X ► \$ _____

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

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

- | | |
|---|---|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other |
| c <input type="checkbox"/> Preservation for future generations | |

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

	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 XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,894,525	3,079,734	2,865,735	2,424,912	3,374,991
b Contributions	600,021	7,011	46,658	26,525	11,985
c Net investment earnings, gains, and losses	381,016	-117,127	232,795	519,298	-856,330
d Grants or scholarships					
e Other expenditures for facilities and programs	80,200	75,093	65,454	105,000	105,734
g End of year balance	3,795,362	2,894,525	3,079,734	2,865,735	2,424,912

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

a Board designated or quasi-endowment 47 000 %

b Permanent endowment 26 000 %

c Temporarily restricted endowment 27 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Part VI Land, Buildings, and Equipment. 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		30,768,917	12,162,564		18,606,353
c Leasehold improvements		2,791,992	1,665,115		1,126,877
d Equipment		6,456,048	5,435,896		1,020,152
e Other		792,964	604,121		188,843
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					24,704,108

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	22,878,609
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	342,613
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	342,613
3	Subtract line 2e from line 1	3	22,535,996
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	22,535,996

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

1	Total expenses and losses per audited financial statements	1	22,748,031
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 XIII)	2d	169,655
e	Add lines 2a through 2d	2e	169,655
3	Subtract line 2e from line 1	3	22,578,376
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	22,578,376

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	THE ORGANIZATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH ASC 740 WITH RESPECT TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES", THE ORGANIZATION HAS NOT RECOGNIZED ANY RESPECTIVE LIABILITY FOR UNRECOGNIZED TAX BENEFITS AS IT HAS NO KNOWN TAX POSITIONS THAT WOULD SUBJECT THE ORGANIZATION TO ANY MATERIAL INCOME TAX EXPOSURE A RECONCILIATION OF THE BEGINNING AND ENDING AMOUNT OF UNRECOGNIZED TAX BENEFITS IS NOT INCLUDED, NOR IS THERE ANY INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES AS THERE ARE NO UNRECOGNIZED TAX BENEFITS THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION ARE 2009, 2010, AND 2011 FOR ALL MAJOR TAX JURISDICTIONS 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, 2012 AND 2011
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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. Form 990-EZ filers are not required to complete this part.

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

• Attached to Form 938 or Form 938-EE. • 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 **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 FISHING TOURNAMENTS (event type)	(b) Event #2 CORVETTE (event type)	(c) Other events 5 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .	114,134	86,192	206,385	406,711
	2 Less Contributions . . .	28,140		38,404	66,544
	3 Gross income (line 1 minus line 2) . . .	85,994	86,192	167,981	340,167
Direct Expenses	4 Cash prizes . . .				
	5 Noncash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . . .	31,358	40,324	115,578	187,260
	10 Direct expense summary Add lines 4 through 9 in column (d)				(187,260)
	11 Net income summary Combine line 3, column (d), and line 10				152,907

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				
Direct Expenses	2 Cash prizes				
	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 _____

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

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
------------	------------------	-------------

**Schedule I
(Form 990)**

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

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NAME OF THE ORGANIZATION:
**YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE
SUNCOAST INC FKA YMCA OF THE SUNCOAST**

Employer identification number

Employer facets

SUNCOAST INC FKA YMCA OF THE SUNCOAST

Employer identification number

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. Part II can be duplicated 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 56-3258696 501(C)(3) 6,000 FURTHERANCE OF
OF YOUNG MENS EXEMPT PURPOSE
CHRISTIAN
ASSOCIATIONS OF THE
US
101 N WACKER DRIVE
CHICAGO, IL 60606

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.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

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

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

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 of the expenses described above? If "No," complete Part III to explain

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

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed 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 Regulations 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 No

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) G SCOTT GOYER PRESIDENT AND CEO	(i) 235,107 (ii) 0	0 0	5,400 0	0 0	32,597 0	273,104 0	0 0
(2) ELIZABETH DUBUQUE EXEC VICE PRESIDENT/COO	(i) 177,469 (ii) 0	0 0	6,240 0	0 0	26,362 0	210,071 0	0 0

Part III Supplemental Information

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

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 25, 2012. 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 2011 YMCA'S SURVEY OF EXECUTIVE COMPENSATION COMPLIED BY SULLIVAN COTTER AND THE 2011-12 TAMPA BAY ONLINE SALARY SURVEY. DATA MEMBERS ALSO REVIEWED THE 2012 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

Transactions with Interested Persons

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

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

OMB No 1545-0047

2012

**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

59-081073:

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) Relationship between disqualified person and organization	(c) Description of transaction		(d) Corrected?	
			Yes	No	Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 _____ \$ _____

Part II Loans to and/or From Interested Persons.

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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) WELLS FARGO	CHARLES ROBINSON, BOARD MEMBER	84,206	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
(3) CREATIVE MAILBOX AND SIGN	KELLY CRANDALL, BOARD MEMBER	37,151	BOARD MEMBER'S COMPANY, CREATIVE MAILBOX AND SIGN, PROVIDED SIGNS AND DISPLAYS FOR DONOR WALL RECOGNITION AS WELL AS MISCELLANEOUS BRANCH SIGNAGE		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

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.

2012**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

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	IN THE PAST YEAR, THE YMCA OF THE SUNCOAST HAS PARTNERED WITH NATIONAL AND LOCAL ORGANIZATIONS TO CREATE NEW OPPORTUNITIES, RESOURCES, AND BENEFITS FOR THOSE WE SERVE IN OUR COMMUNITIES. WE CONTINUE TO WORK IN THE AFRICAN-AMERICAN HISPANIC LATINO COLLABORATION WITH OUR NATIONAL YMCA, IMPLEMENTING A PROGRAM CALLED SALSA, SABOR Y SALUD. THIS HEALTHY LIVING PROGRAM TARGETS HISPANIC/LATINO FAMILIES AND APPROACHES THE BASICS OF HEALTHY EATING AND NUTRITION, ACTIVE LIVING AND EXERCISE, AND STRENGTHENS THE FAMILY THROUGH SMALL STEPS TOWARD POSITIVE CHANGE. WE HAVE TWO THRIVING SALSA, SABOR Y SALUD PROGRAMS AT OUR HIGH POINT AND CLEARWATER YMCA'S. ANOTHER SUCCESSFUL PARTNERSHIP STARTED LAST YEAR WAS A PILOT PROGRAM AT OUR BELCHER ELEMENTARY SCHOOL. THE SCHOOL TEAMED WITH YMCA SCHOOL AGE PROGRAMS TO PROVIDE AN ACADEMIC FOCUS, ENRICHMENT PROGRAMS AND TUTORING AFTERSCHOOL. FOLLOWING A MODEL BASED OUT OF CINCINNATI, OHIO, THE PILOT PROGRAM COMBINES COMMUNITY PARTNERSHIPS AND JOINT EDUCATIONAL LEARNING TO BENEFIT STUDENTS WHO ARE FALLING BEHIND. HOWEVER, ALL THE STUDENTS ENROLLED IN THE AFTERSCHOOL PROGRAM AT THIS SCHOOL ARE BENEFITTING FROM SUPPLEMENTAL LEARNING THROUGH ACTIVITIES, GAMES, AND PROJECTS THAT ARE FUN AND ENGAGING. OUR NATIONAL EVALUATION OF THE PROGRAM WAS SO POSITIVE, WE'RE BEING GRANTED TWO MORE PILOT PROGRAMS IN THE COMING YEAR. WE ARE DOING OUR PART TO HELP NARROW THE ACHIEVEMENT GAP THAT EXISTS TODAY IN MANY COMMUNITIES. FINALLY, WE IMPLEMENTED THE YMCA'S DIABETES PREVENTION PROGRAM THROUGHOUT OUR ASSOCIATION. 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 HAS SHOWN TO REDUCE THE RISK OF DEVELOPING TYPE 2 DIABETES BY 58%.

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	<p>THE GREATER RIDGECREST BRANCH SERVED MIDDLE SCHOOL BOYS THROUGH A NEWLY DEVELOPED MENTORING PROGRAM. THIS EFFORT GREW OUT OF THE FRUSTRATION OF MEN IN THE COMMUNITY IN RESPONSE TO ONGOING TEEN GUN VIOLENCE. THE MIDDLE SCHOOL BOYS MEET BIWEEKLY WITH A GROUP OF DEDICATED MALE VOLUNTEERS FROM THE COMMUNITY WITH THE GOAL OF WORKING TO KEEP THEM FROM BECOMING ENGAGED IN NEGATIVE ACTIVITIES. IN ADDITION, THE STAFF OF THE Y HAS WORKED CLOSELY WITH RIDGECREST ELEMENTARY SCHOOL AND A GROUP OF COMMUNITY PARTNERS TO CREATE AN ORGANIZATION CALLED "RIDGECAST 360". THIS GROUP HAS SUCCESSFULLY CREATED A TUTORING AND MENTORING PROGRAM THAT TARGETED STUDENTS IN THE SCHOOL WHO WERE 2-3 GRADE LEVELS BEHIND. THE TUTORING/MENTORING PROGRAM ALSO INCLUDES COMMUNITY AFTERSCHOOL PROGRAM PROVIDERS ADOPTING THE CHARACTER DEVELOPMENT PROGRAM "CORE ESSENTIALS" AND WORKING TO CONTINUALLY ADVANCE THESE CONCEPTS THROUGHOUT THE COMMUNITY. DEVELOPED IN PARTNERSHIP WITH LEADERSHIP PINELLAS, THE YOUTH LEADERSHIP PINELLAS PROGRAM SEEKS TO PROVIDE INFORMATION ON COMMUNITY RESOURCES AND ISSUES, DEVELOP AN EXCELLENCE IN LEADERSHIP, BUILD TEAMWORK SKILLS, AND FOSTER INVOLVEMENT IN COMMUNITY SERVICES FOR A DIVERSE GROUP OF HIGH SCHOOL STUDENTS. DIALOGUE IS CREATED BETWEEN ESTABLISHED AND POTENTIAL LEADERS OF DIVERSE BACKGROUNDS, INCLUDING BUSINESS AND PROFESSIONAL PERSONS, PLUS LEADERS OF GOVERNMENT, EDUCATION, ETC. EACH CLASS HAS THE OPPORTUNITY TO MEET COMMUNITY DECISION MAKERS AND TO ENGAGE THEM IN FRANK, OFF-THE-RECORD DISCUSSIONS ON CURRENT ISSUES. LEADERS CLUBS ARE AT SEVERAL OF OUR YMCA BRANCHES. THE PROGRAM INSTILLS POSITIVE DISCIPLINE BY DEVELOPING LEADERSHIP QUALITIES, BUILDS SELF-ESTEEM AND A SENSE OF ACCOMPLISHMENT THROUGH A SERIES OF WELL-ROUNDED TRAININGS IN THE AREA OF PHYSICAL EDUCATION, HEALTHY LIVING, PERSONAL GROWTH, AND VALUES. STUDENTS LEARN VALUABLE WORK AND COMMUNITY SERVICE EXPERIENCE THROUGH VOLUNTEER ACTIVITY. YOUTH AGES 12-17 MEET REGULARLY FOR WORKSHOPS, PROGRAM UPDATES AND RECREATIONAL ACTIVITIES. 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 51 LOCAL TEENS TO PARTICIPATE IN HEALTHY ACTIVITIES AND LEADERSHIP LEARNINGS.</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4B	<p>THE NORTH PINELLAS BRANCH AND GREATER PALM HARBOR BRANCH YMCAS SERVED 58 PEOPLE IN THEIR MASH (MAINSTREAM ADULTS SHARING HOPE) PROGRAMS IN 2012. THERE ARE A GROWING NUMBER OF ADULTS WHO ARE PHYSICALLY AND/OR MENTALLY CHALLENGED AND LIVING AT HOME WITH THEIR PARENTS OR RELATIVES IN OUR PASCO AND UPPER PINELLAS AREA. MANY OF THESE ADULTS ARE ISOLATED DUE TO THE FACT THAT THEY ARE NEW TO THE AREA, THEY ARE UNABLE TO INDEPENDENTLY GET THEMSELVES OUT OF THEIR OWN ENVIRONMENT, OR THEY DO NOT HAVE A CIRCLE OF FRIENDS. THESE INDIVIDUALS DO NOT CONSIDER THEMSELVES HANDICAPPED, RATHER THEY ARE CHALLENGED FOR INDEPENDENT LIVING. THE YMCA AND MASH PARENTS HAVE ACCEPTED THE CHALLENGE TO HELP CREATE INDEPENDENCE IN THEIR LIVES. THE GOAL WITHIN THE PROGRAM IS TO ENCOURAGE AND SUPPORT SINGLE "CHALLENGED ADULTS" TO MEET AND SOCIALIZE WITH THEIR PEERS AND TO EXPERIENCE THE ENJOYMENT OF FRIENDSHIP, FUN, AND PHYSICAL ACTIVITY. 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. THE YMCA OF THE SUNCOAST WILL CONTINUE SERVING THE CHILDREN AND FAMILIES IN OUR SERVICE AREA, USING OUR LEARNINGS TO IMPROVE OUR SERVICE AND HELP PEOPLE GROW IN SPIRIT, MIND AND BODY.</p>

Identifier	Return Reference	Explanation
	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 25, 2012. 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 2011 YMCA'S SURVEY OF EXECUTIVE COMPENSATION COMPILED BY SULLIVAN COTTER AND THE 2011-12 TAMPA BAY ONLINE SALARY SURVEY DATA. MEMBERS ALSO REVIEWED THE 2012 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 9	CHANGE IN FAIR VALUE OF INTEREST SWAP-169,655