

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>110 OAK AVENUE EAST</b> City or town, state or province, country, and ZIP or foreign postal code <b>TAMPA, FL 33602</b> <b>F</b> Name and address of principal officer: <b>MATTHEW J. MITCHELL</b> <b>110 OAK AVENUE EAST, TAMPA, FL 33602</b>	<b>D</b> Employer identification number <b>59-1742909</b> <b>E</b> Telephone number <b>813-224-9622</b> <b>G</b> Gross receipts \$ <b>37,499,863.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.TAMPAYMCA.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1889</b>		<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT,</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <span style="float:right"><b>27</b></span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right"><b>27</b></span> <b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a) ..... <b>5</b> <span style="float:right"><b>2162</b></span> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right"><b>823</b></span> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right"><b>0.</b></span> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <span style="float:right"><b>0.</b></span>																									
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>MATTHEW J. MITCHELL, CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SAM A. LAZZARA</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P00176817</b>
	Firm's name ▶ <b>RIVERO, GORDIMER &amp; COMPANY, P.A.</b> Firm's address ▶ <b>P. O. BOX 172359 TAMPA, FL 33672</b>	Firm's EIN ▶ <b>59-3040705</b> Phone no. (813) <b>875-7774</b>

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

TAMPA METROPOLITAN AREA YOUNG MEN'S  
CHRISTIAN ASSOCIATION, INC.

Form 990 (2017)

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**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**THE MISSION OF THE TAMPA METROPOLITAN AREA YMCA IS TO PUT  
JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD  
HEALTHY SPIRIT, MIND AND BODY FOR ALL.**

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 \$ 17,523,993. including grants of \$ ) (Revenue \$ 16,292,284. )  
**CHILDCARE AND FAMILY SERVICES: SEE PROGRAM ACCOMPLISHMENTS AT SCHEDULE O.**

4b (Code: ) (Expenses \$ 7,473,238. including grants of \$ ) (Revenue \$ 6,947,966. )  
**HEALTH AND WELLNESS SERVICES: SEE PROGRAM ACCOMPLISHMENTS AT SCHEDULE O.**

4c (Code: ) (Expenses \$ 4,743,733. including grants of \$ ) (Revenue \$ 4,410,310. )  
**COMPREHENSIVE YOUTH DEVELOPMENT SERVICES: SEE PROGRAM ACCOMPLISHMENTS AT SCHEDULE O.**

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

4e Total program service expenses **29,740,964.**

Public Disclosure Copy

TAMPA METROPOLITAN AREA YOUNG MEN'S  
CHRISTIAN ASSOCIATION, INC.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

TAMPA METROPOLITAN AREA YOUNG MEN'S  
CHRISTIAN ASSOCIATION, INC.

Form 990 (2017)

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Form 990 (2017)

TAMPA METROPOLITAN AREA YOUNG MEN'S  
CHRISTIAN ASSOCIATION, INC.

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/A
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		N/A
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		N/A
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		N/A
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		N/A
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		N/A
<b>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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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TAMPA METROPOLITAN AREA YOUNG MEN'S  
CHRISTIAN ASSOCIATION, INC.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1a</b> 27		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 27		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain 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, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - 813-224-9622**  
**110 OAK AVENUE EAST, TAMPA, FL 33602**

TAMPA METROPOLITAN AREA YOUNG MEN'S  
CHRISTIAN ASSOCIATION, INC.

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

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

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

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

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

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 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	Officer	Key employee	Highest compensated employee	Former			
(1) AL COLBY CHAIR	1.00	X		X				0.	0.	0.
(2) JENNIFER MURPHY VICE CHAIR	1.00	X		X				0.	0.	0.
(3) FELIX HAYNES SECRETARY	1.00	X		X				0.	0.	0.
(4) DOUG ARTHUR TREASURER	1.00	X		X				0.	0.	0.
(5) MICHELLE MAINGOT IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(6) VAN AYRES DIRECTOR	1.00	X						0.	0.	0.
(7) LARRY BEVIS DIRECTOR	1.00	X						0.	0.	0.
(8) ROBERT H. BUESING DIRECTOR	1.00	X						0.	0.	0.
(9) MIKE CHARLES DIRECTOR	1.00	X						0.	0.	0.
(10) DAVID CHRISTIAN DIRECTOR	1.00	X						0.	0.	0.
(11) JIM DESMOND DIRECTOR	1.00	X						0.	0.	0.
(12) KERI EISENBEIS DIRECTOR	1.00	X						0.	0.	0.
(13) STEVE ELLIS DIRECTOR	1.00	X						0.	0.	0.
(14) ERIN ELSER DIRECTOR	1.00	X						0.	0.	0.
(15) ROB GAGLIARDI DIRECTOR	1.00	X						0.	0.	0.
(16) TODD GREGORY DIRECTOR	1.00	X						0.	0.	0.
(17) JEFF HILLS DIRECTOR	1.00	X						0.	0.	0.

TAMPA METROPOLITAN AREA YOUNG MEN'S  
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KYLE KEITH DIRECTOR	1.00	X					0.	0.	0.	
(19) DAVID KENNEDY DIRECTOR	1.00	X					0.	0.	0.	
(20) GUY KING DIRECTOR	1.00	X					0.	0.	0.	
(21) CHRIS KIRSCHNER DIRECTOR	1.00	X					0.	0.	0.	
(22) ROBIN REYNOLDS DIRECTOR	1.00	X					0.	0.	0.	
(23) DENA SHIMBERG DIRECTOR	1.00	X					0.	0.	0.	
(24) CY SPURLINO DIRECTOR	1.00	X					0.	0.	0.	
(25) AMY STANDARD DIRECTOR	1.00	X					0.	0.	0.	
(26) CATHY VALDES DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							879,393.	0.	69,751.	
<b>d Total (add lines 1b and 1c)</b>							879,393.	0.	69,751.	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CREATIVE CONTRACTORS 620 DREW STREET, CLEARWATER, FL 33755	CONSTRUCTION CONTRACTOR	4,258,210.
PRIORITY CARE SERVICES DBA UNITED JANITORIAL 3341 118TH AVE N ST., ST. PETERSBURG, FL 33716	CLEANING SERVICES	432,343.
FLEISCHMANGARCIA 324 HYDE PARK AVE, TAMPA, FL 33606	CONSTRUCTION ARCHITECTS	205,460.
MCCULLAGH & SCOTT 1365 PROVIDENCE ROAD, BRANDON, FL 33511	CONSTRUCTION CONTRACTOR	174,450.
RESTORATION JANITORIAL P.O. BOX 7182, BRANDON, FL 33508	CLEANING SERVICES	150,999.

**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**

SEE PART VII, SECTION A CONTINUATION SHEETS

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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 118,409.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 1,607,218.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 4,479,780.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	300.					
	<b>h Total.</b> Add lines 1a-1f .....		6,205,407.				
	<b>Program Service Revenue</b>	<b>2 a</b> HEALTH AND WELLNESS .....	<b>Business Code</b> 813410	16,525,872.	16,525,872.		
<b>b</b> YOUTH ACTIVITIES .....		813410	10,853,662.	10,853,662.			
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			27,379,534.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		83,406.			83,406.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	271,986.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	0.				
		<b>c</b> Rental income or (loss) .....	271,986.				
	<b>d</b> Net rental income or (loss) .....		271,986.			271,986.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	2,328,009.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....	2,340,609.				
		<b>c</b> Gain or (loss) .....	-12,600.				
	<b>d</b> Net gain or (loss) .....		-12,600.			-12,600.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	940,288.				
		<b>b</b> Less: direct expenses .....	129,288.				
<b>c</b> Net income or (loss) from fundraising events .....			811,000.			811,000.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....						
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	18,927.					
	<b>b</b> Less: cost of goods sold .....	10,747.					
	<b>c</b> Net income or (loss) from sales of inventory .....		8,180.			8,180.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS INCOME .....		813410	272,306.	272,306.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			272,306.				
<b>12 Total revenue.</b> See instructions. ....			35,019,219.	27,651,840.	0.	1,161,972.	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	542,325.	450,543.	77,996.	13,786.
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	15,354,299.	12,755,765.	2,208,214.	390,320.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	949,487.	697,178.	224,670.	27,639.
9 Other employee benefits	466,436.	342,490.	110,369.	13,577.
10 Payroll taxes	1,419,392.	1,213,324.	166,953.	39,115.
11 Fees for services (non-employees):				
a Management				
b Legal	39,805.	35,263.	3,842.	700.
c Accounting	43,075.	38,160.	4,158.	757.
d Lobbying				
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 Sch. O.)	2,586,314.	2,291,187.	249,656.	45,471.
12 Advertising and promotion	756,645.	52,550.	690,588.	13,507.
13 Office expenses	2,426,554.	2,194,425.	210,789.	21,340.
14 Information technology				
15 Royalties				
16 Occupancy	3,978,353.	3,974,615.	3,163.	575.
17 Travel	393,878.	332,248.	52,741.	8,889.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	555,299.	429,306.	113,060.	12,933.
20 Interest	444,415.	444,415.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,940,894.	3,940,894.		
23 Insurance	117,345.	78,245.	39,100.	
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 NATIONAL SUPPORT/ DUES	387,814.	352,078.	33,581.	2,155.
b				
c				
d				
e All other expenses	191,201.	118,278.	63,251.	9,672.
25 Total functional expenses. Add lines 1 through 24e	34,593,531.	29,740,964.	4,252,131.	600,436.
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  if following SOP 98-2 (ASC 958-720)

TAMPA METROPOLITAN AREA YOUNG MEN'S  
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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	7,212,676.	<b>2</b>	5,029,677.	
	<b>3</b> Pledges and grants receivable, net .....	4,889,831.	<b>3</b>	3,605,323.	
	<b>4</b> Accounts receivable, net .....	126,919.	<b>4</b>	131,785.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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 instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	562,727.	<b>9</b>	560,805.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 96,576,505.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 53,057,008.	38,527,840.	<b>10c</b>	43,519,497.
	<b>11</b> Investments - publicly traded securities .....	7,349,407.	<b>11</b>	7,879,846.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	58,669,400.	<b>16</b>	60,726,933.		
Liabilities	<b>17</b> Accounts payable and accrued expenses .....	1,497,973.	<b>17</b>	2,479,747.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	583,256.	<b>19</b>	724,867.	
	<b>20</b> Tax-exempt bond liabilities .....	15,000,000.	<b>20</b>	13,950,000.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,473,076.	<b>23</b>	2,378,697.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	529,163.	<b>25</b>	985,645.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	19,083,468.	<b>26</b>	20,518,956.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	31,033,904.	<b>27</b>	29,919,502.	
	<b>28</b> Temporarily restricted net assets .....	8,352,371.	<b>28</b>	10,088,818.	
	<b>29</b> Permanently restricted net assets .....	199,657.	<b>29</b>	199,657.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	39,585,932.	<b>33</b>	40,207,977.	
	<b>34</b> Total liabilities and net assets/fund balances .....	58,669,400.	<b>34</b>	60,726,933.	

Form 990 (2017)

TAMPA METROPOLITAN AREA YOUNG MEN'S  
CHRISTIAN ASSOCIATION, INC.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,019,219.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,593,531.
3	Revenue less expenses. Subtract line 2 from line 1	3	425,688.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,585,932.
5	Net unrealized gains (losses) on investments	5	565,632.
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	-369,275.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	40,207,977.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
b	Were the organization's financial statements audited by an independent accountant?	X	
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			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Public Disclosure Copy

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.** Employer identification number **59-1742909**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8182575.	9740819.	3656863.	6277409.	6205407.	34063073.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	28208888.	26503437.	20772112.	26738411.	27651840.	129874688
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	36391463.	36244256.	24428975.	33015820.	33857247.	163937761
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	433,884.	1528500.	1413545.	497,417.	1504823.	5378169.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....	433,884.	1528500.	1413545.	497,417.	1504823.	5378169.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						15855952

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....	36391463.	36244256.	24428975.	33015820.	33857247.	163937761
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	658,552.	732,557.	261,832.	489,681.	355,392.	2498014.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	658,552.	732,557.	261,832.	489,681.	355,392.	2498014.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	37050015.	36976813.	24690807.	33505501.	34212639.	166435775

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	95.27 %
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	96.03 %

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	1.50 %
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	1.52 %

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**PART III, SHORT YEAR EXPLANATION**

FOR THE PURPOSE OF MEASURING THE 5-YEAR COMPUTATION PERIOD FOR PUBLIC SUPPORT, THE AMOUNTS LISTED FOR 2013 AND 2014 REFLECT THE CALENDAR YEARS FOR 2013 AND 2014 RESPECTIVELY. THE AMOUNTS LISTED FOR 2015 REFLECT THE ORGANIZATION'S SHORT PERIOD TAX YEAR BEGINNING ON JANUARY 1, 2016 AND ENDING ON SEPTEMBER 30, 2016. THE SHORT PERIOD RETURN WAS FILED TO CHANGE THE ORGANIZATION'S ACCOUNTING PERIOD FROM A YEAR END OF DECEMBER 31 TO A YEAR END OF SEPTEMBER 30. AS SUCH, THE AMOUNTS LISTED FOR 2016 AND 2017 REFLECT THE ORGANIZATION'S CURRENT YEAR END OF SEPTEMBER 30, 2018.

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**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

TAMPA METROPOLITAN AREA YOUNG MEN'S  
CHRISTIAN ASSOCIATION, INC.

Employer identification number

59-1742909

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization <b>TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.</b>	Employer identification number <b>59-1742909</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>446,946.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>993,226.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>142,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>448,497.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>167,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.</b>	Employer identification number <b>59-1742909</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>215,191.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>224,804.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>713,960.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Public Disclosure Copy



Name of organization <b>TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.</b>	Employer identification number <b>59-1742909</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Public Disclosure Copy

<b>Name of organization</b> TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	<b>Employer identification number</b> 59-1742909
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

Public Disclosure Copy

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

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

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

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

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

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of organization <b>TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.</b>	Employer identification number <b>59-1742909</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

**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												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		3,794.
<b>j</b> Total. Add lines 1c through 1i .....			3,794.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE ORGANIZATION HAS PAID THE FLORIDA STATE ALLIANCE OF YMCAS DUES OF \$15,461, OF WHICH 24.5% WERE USED FOR LOBBYING OF \$3,794

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

**Name of the organization** TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC. **Employer identification number** 59-1742909

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

Schedule D (Form 990) 2017

TAMPA METROPOLITAN AREA YOUNG MEN'S  
CHRISTIAN ASSOCIATION, INC.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,552,028.	6,512,250.	6,578,701.	1,792,964.	2,197,328.
b Contributions	2,703,428.	3,019,638.	890,400.	6,197,937.	1,460,400.
c Net investment earnings, gains, and losses	10,351.	17,112.	7,014.	92,465.	-8,985.
d Grants or scholarships					
e Other expenditures for facilities and programs	977,332.	996,972.	963,865.	1,504,665.	1,855,779.
f Administrative expenses					
g End of year balance	10,288,475.	8,552,028.	6,512,250.	6,578,701.	1,792,964.

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  2.00 %
- c Temporarily restricted endowment  98.00 %

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

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	7,490,587.			7,490,587.
b Buildings	65,368,763.		39,241,179.	26,127,584.
c Leasehold improvements				
d Equipment	16,098,226.		13,815,829.	2,282,397.
e Other	7,618,929.			7,618,929.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				43,519,497.

TAMPA METROPOLITAN AREA YOUNG MEN'S  
CHRISTIAN ASSOCIATION, INC.

Schedule D (Form 990) 2017

59-1742909 Page 3

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	985,645.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	985,645.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017



TAMPA METROPOLITAN AREA YOUNG MEN'S  
CHRISTIAN ASSOCIATION, INC.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	35,584,851.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	565,632.	
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	565,632.	
3	Subtract line 2e from line 1	3	35,019,219.	
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	35,019,219.	

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

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

1	Total expenses and losses per audited financial statements		1	34,962,806.
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	369,275.	
e	Add lines 2a through 2d	2e	369,275.	
3	Subtract line 2e from line 1	3	34,593,531.	
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	34,593,531.	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE FIRST TEE ENDOWMENT FUND IS RESTRICTED TO PROVIDE OPERATING REVENUE FOR THE FIRST TEE PROGRAM. ADDITIONAL FUNDS ARE RESTRICTED FOR THE 2018 ANNUAL CAMPAIGN, THE SOUTH COUNTY CAPITAL CAMPAIGN, FACILITY, AND PROGRAMS.

**PART X, LINE 2:**

THE ASSOCIATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 FOR THE YEAR ENDED SEPTEMBER 30, 2018 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION NOR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ASSOCIATION'S INFORMATION RETURNS ARE OPEN TO IRS EXAMINATION FOR THE 2015 TAX YEAR AND ALL SUBSEQUENT PERIODS.

**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE 369,275.

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TAMPA METROPOLITAN AREA YOUNG MEN'S

Schedule G (Form 990 or 990-EZ) 2017

CHRISTIAN ASSOCIATION, INC.

59-1742909 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		STRONG LEADERS (event type)	THE FIRST TEE PALMA CE (event type)	6 (total number)	(add col. (a) through col. (c))
Revenue	1	21,398.	870,284.	48,606.	940,288.
	2				
	3	21,398.	870,284.	48,606.	940,288.
Direct Expenses	4				
	5				
	6				
	7				
	8				
	9	13,347.	81,188.	34,753.	129,288.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				811,000.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				
	2				
Direct Expenses	3				
	4				
	5				
6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_



TAMPA METROPOLITAN AREA YOUNG MEN'S  
CHRISTIAN ASSOCIATION, INC.

Schedule G (Form 990 or 990-EZ)

59-1742909 Page 4

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

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

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" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.** Employer identification number **59-1742909**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

**3** Indicate which, if any, of the following the 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 type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017

TAMPA METROPOLITAN AREA YOUNG MEN'S  
CHRISTIAN ASSOCIATION, INC.

59-1742909

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS F. LOOBY PRESIDENT & CEO UNTIL 10/31/2017	(i)	235,675.	20,000.	0.	7,330.	426.	263,431.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ADAM KLUTTS COO	(i)	154,878.	0.	0.	10,752.	3,230.	168,860.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.** Employer identification number **59-1742909**

<b>Part I Bond Issues</b>		<b>SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS</b>									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
HILLSBOROUGH COUNTY A INDUSTRIAL DEVELOPMENT	A59-1293512	431903AY9	05/15/13	16400000.	PAID OFF IDA BONDS - SEE PART		X		X		X
B											
C											
D											

<b>Part II Proceeds</b>		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	16,400,000.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

<b>Part III Private Business Use</b>		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

TAMPA METROPOLITAN AREA YOUNG MEN'S  
CHRISTIAN ASSOCIATION, INC.

Schedule K (Form 990) 2017

59-1742909

Page 2

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....		X						
<b>b</b> Exception to rebate? .....	X							
<b>c</b> No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								

TAMPA METROPOLITAN AREA YOUNG MEN'S  
CHRISTIAN ASSOCIATION, INC.

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....		X						

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....		X						

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: HILLSBOROUGH COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE:

PAID OFF IDA BONDS - SEE PART VI SUPPLEMENTAL INFORMATION

SCHEDULE K, SUPPLEMENTAL INFORMATION: THE BONDS ISSUED ON MAY 15, 2013

PAID OFF INDUSTRIAL DEVELOPMENT AUTHORITY OUTSTANDING VARIABLE RATE DEMAND REVENUE BONDS (TAMPA METROPOLITAN AREA YMCA PROJECT), SERIES 2000, WHICH FINANCED A NUMBER OF PROJECTS INCLUDING CONSTRUCTION AND EQUIPPING OF FOUR NEW YMCA FACILITIES AND RENOVATION AND/OR EXPANSION AND EQUIPPING OF FIVE EXISTING YMCA FACILITIES IN TAMPA/HILLSBOROUGH COUNTY.



**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
GUY KING	DIRECTOR	81,141.	MR. KING IS		X

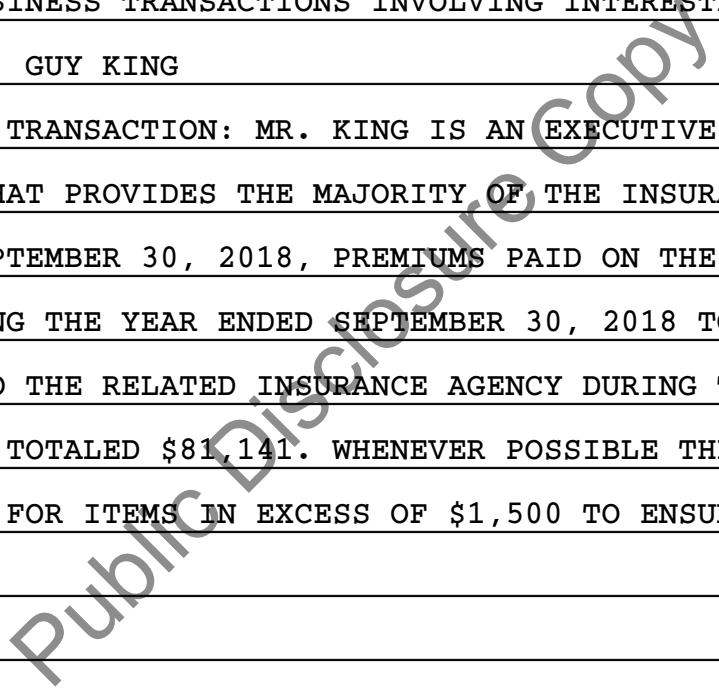
**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: GUY KING

(D) DESCRIPTION OF TRANSACTION: MR. KING IS AN EXECUTIVE WITH AN INSURANCE AGENCY THAT PROVIDES THE MAJORITY OF THE INSURANCE COVERAGE FOR THE YMCA. AS OF SEPTEMBER 30, 2018, PREMIUMS PAID ON THE POLICIES PLACED BY THE AGENCY DURING THE YEAR ENDED SEPTEMBER 30, 2018 TOTALED \$914,183. COMMISSIONS PAID TO THE RELATED INSURANCE AGENCY DURING THE YEAR ENDED SEPTEMBER 30, 2018 TOTALED \$81,141. WHENEVER POSSIBLE THE ASSOCIATION WILL SEEK OUT BIDS FOR ITEMS IN EXCESS OF \$1,500 TO ENSURE ARM'S LENGTH TRANSACTIONS.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization	TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	Employer identification number	59-1742909
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MIND AND BODY FOR ALL.

FORM 990, PART III, LINE 1

MISSION

THE MISSION OF THE TAMPA METROPOLITAN AREA YMCA IS TO PUT  
JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD  
HEALTHY SPIRIT, MIND AND BODY FOR ALL.

OVERVIEW

THE TAMPA METROPOLITAN AREA YMCA IS A POWERFUL ASSOCIATION OF MEN,  
WOMEN AND CHILDREN OF ALL AGES AND FROM ALL WALKS OF LIFE JOINED  
TOGETHER BY A SHARED PASSION: TO STRENGTHEN THE FOUNDATIONS OF THE  
TAMPA BAY COMMUNITY. WE DO THIS THROUGH NURTURING THE POTENTIAL OF  
CHILDREN AND TEENS, PROMOTING HEALTHY LIVING AND FOSTERING A SENSE OF  
SOCIAL RESPONSIBILITY. FOR 130 YEARS, THE TAMPA Y HAS WORKED TO CREATE  
A HEALTHIER TAMPA COMMUNITY, HELP KIDS AND FAMILIES AND ENGAGE  
COMMUNITY MEMBERS TO WORK TOGETHER TO CREATE A BETTER TOMORROW. THE Y  
PROVIDES A PLACE FOR PEOPLE -- REGARDLESS OF AGE, INCOME OR BACKGROUND  
-- TO BE HEALTHIER, MORE CONFIDENT, CONNECTED AND SECURE.

FROM QUALITY OUT-OF-SCHOOL PROGRAMMING TO LIFE-SAVING SWIM LESSONS,  
VALUES-BASED YOUTH SPORTS AND ENGAGING HEALTHY ACTIVITIES FOR THE  
ENTIRE FAMILY, OUR PROGRAMS AND INITIATIVES DEVELOP A HEALTHY SPIRIT,  
MIND AND BODY FOR ALL. THAT'S BECAUSE WE WORK TOGETHER WITH OUR  
VOLUNTEERS TO IDENTIFY CRITICAL SOCIAL NEEDS WITHIN THE TAMPA BAY

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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COMMUNITY THEN DEVELOP PROGRAMS AND INITIATIVES THAT ADDRESS THOSE NEEDS. SOME OF THESE INITIATIVES INCLUDE:

PROVIDING KIDS WITH THE THINGS THEY NEED TO SUCCEED IN SCHOOL THROUGH OUT-OF-SCHOOL ACADEMIC SUPPORT, EARLY LEARNING INITIATIVES THAT PREPARE CHILDREN FOR KINDERGARTEN AND SUMMER CAMP EXPERIENCES THAT PREVENT SUMMER LEARNING LOSS.

PREVENTING DEATH DUE TO DROWNING THROUGH WATER SAFETY AND SWIM LESSONS.

PREVENTING ADULT AND CHILDHOOD OBESITY AND THE ASSOCIATED CHRONIC DISEASES, SUCH AS TYPE 2 DIABETES, HEART DISEASE, PARKINSON'S DISEASE, ARTHRITIS AND SOME CANCERS.

PROVIDING CHILDREN AND TEENS WITH THE TOOLS THEY NEED TO SUCCEED IN LIFE BY TEACHING LIFE SKILLS THROUGH YOUTH SPORTS, DAY CAMPS AND TEEN DEVELOPMENT PROGRAMS.

PROVIDING CANCER SURVIVORS AND THEIR FAMILIES WITH A PLACE TO HEAL THROUGH LIVESTRONG AT THE YMCA.

HELPING OLDER COMMUNITY MEMBERS MAINTAIN AND IMPROVE PHYSICAL AND SOCIAL HEALTH WHILE AGING.

REDUCING GENERATIONAL POVERTY THROUGH EDUCATION AND REVITALIZING VULNERABLE NEIGHBORHOODS.

VALUING DIVERSITY AND INCLUSION BY BEING A WELCOMING PLACE TO ALL --



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REGARDLESS OF AGE, INCOME OR BACKGROUND.

BY DOING THIS, WE CREATE MEANINGFUL, LASTING CHANGE.

AND WE PROVIDE THAT CHANGE TO ALL COMMUNITY MEMBERS WHO NEED A PLACE TO GO TO FEEL MORE CONFIDENT, HEALTHY, CONNECTED AND SECURE. FROM OCT.1, 2017 - SEPT. 30, 2018, THE TAMPA Y SERVED 18,873 INDIVIDUALS AT LITTLE OR NO COST TO THE PARTICIPANT, THANKS TO THE CHARITABLE CONTRIBUTIONS AND VOLUNTEER EFFORTS OF Y MEMBERS, VOLUNTEERS, COMMUNITY PARTNERS AND FOUNDATION SUPPORT.

KEY TO THE TAMPA Y'S SUCCESS IS ITS VOLUNTEERS AND VISIONARY LEADERSHIP. THE TAMPA Y'S GOVERNANCE BOARD AND INDIVIDUAL CENTER ADVISORY BOARDS SET POLICY AND CONTINUOUSLY EVALUATE Y PROGRAMS AND OUTREACH TO ENSURE MISSION COMPLIANCE AND ALIGNMENT WITH COMMUNITY NEEDS. IN APRIL 2017, THE Y'S GOVERNANCE BOARD APPROVED THE TAMPA YMCA'S STRATEGIC PLAN RENEWAL, CALLED VISION 2020 III, FOR 2017-2019. THROUGH VISION 2020 III, THE Y PLEDGES TO NURTURE THE POTENTIAL OF EVERY CHILD AND TEEN, IMPROVE TAMPA BAY'S HEALTH AND WELL-BEING AND GIVE BACK AND PROVIDE SUPPORT TO OUR NEIGHBORS. VISION 2020 III IS OUR WAY OF IDENTIFYING TAMPA BAY'S MOST CRITICAL SOCIAL NEEDS, THEN PUTTING IN PLACE MEASUREMENTS THAT HELP US PROVIDE SUPPORT FOR OUR NEIGHBORS IN A POSITIVE, MEANINGFUL AND LASTING WAY. BASED UPON THE Y'S THREE AREAS OF IMPACT: YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY, VISION 2020 III IDENTIFIES FOUR SPECIFIC PRIORITIES:

1. CLOSING THE ACHIEVEMENT GAP
2. IMPROVING TAMPA BAY'S HEALTH AND WELL-BEING

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3. TEEN LEADERSHIP DEVELOPMENT

4. DROWNING PREVENTION

VISION 2020 III IS THE FOUNDATION FOR EVERY Y SIGNATURE PROGRAM AND THE BASIS FOR KEEPING OUR MISSION AT THE CORE OF EVERY NEW INITIATIVE. THE ULTIMATE GOAL IS TO IMPROVE THE QUALITY OF LIFE FOR ALL COMMUNITY MEMBERS.

FORM 990, PART III, LINE 1

FOR YOUTH DEVELOPMENT

THE Y BELIEVES EVERY CHILD DESERVES THE SUPPORT, GUIDANCE AND ENCOURAGEMENT TO BE WHO THEY ARE AND DISCOVER WHO THEY CAN BECOME.

IN 2018, THE Y CONTINUED TO DEVELOP YOUTH IN TWO WAYS:

1. PROVIDING CHILDREN AND TEENS WITH THE TOOLS AND RESOURCES THEY NEED TO SUCCEED IN SCHOOL.
2. PROVIDING CHILDREN AND TEENS WITH THE TOOLS AND RESOURCES THEY NEED TO SUCCEED IN LIFE.

THE ACADEMIC ACHIEVEMENT GAP IS A PRIMARY CONCERN FOR THE TAMPA Y. THE ACADEMIC ACHIEVEMENT GAP EXISTS BETWEEN LOW-INCOME STUDENTS AND THEIR MIDDLE/HIGHER-INCOME COUNTERPARTS. IT BEGINS EARLY - BY THE TIME LOW-INCOME CHILDREN REACH KINDERGARTEN, MANY ARE ALREADY FAR BEHIND STUDENTS FROM MIDDLE AND UPPER-INCOME FAMILIES IN THEIR INTELLECTUAL, SOCIAL AND EMOTIONAL DEVELOPMENT. MANY HAVE NOT PARTICIPATED IN ACTIVITIES THAT BUILD AN EARLY EDUCATIONAL FOUNDATION, SUCH AS READING DAILY WITH PARENTS, PLAYING WITH DEVELOPMENTALLY-APPROPRIATE TOYS, OR PARTICIPATING IN A DEVELOPMENTALLY-APPROPRIATE YOUTH PROGRAM.

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AS THESE CHILDREN MOVE THROUGH SCHOOL, THEY OFTEN FALL FURTHER AND FURTHER BEHIND, ESPECIALLY DURING THE SUMMER MONTHS WHEN THEY'RE NOT EXPOSED TO STIMULATING EXPERIENCES (SUMMER CAMP, VISITS TO ZOOS AND AQUARIUMS, AND PARTICIPATING IN LIBRARY PROGRAMS) THAT SUPPORT WHAT THEY'VE LEARNED IN SCHOOL AND BROADEN THEIR KNOWLEDGE. BY THE TIME A LOWER-INCOME CHILD REACHES THE END OF FIFTH GRADE, HE OR SHE CAN BE 2 TO 3 YEARS BEHIND HER MIDDLE-INCOME COUNTERPARTS. AND THE GAP WILL CONTINUE TO WIDEN THROUGHOUT MIDDLE SCHOOL.

AS LONG AS THIS ACADEMIC ACHIEVEMENT GAP EXISTS, MOST OF THESE YOUNG PEOPLE WILL REACH ADULTHOOD INTELLECTUALLY, SOCIALLY AND EMOTIONALLY UNPREPARED TO SUCCEED. THIS FUNDAMENTALLY CHANGES THE FABRIC OF OUR COMMUNITIES - THESE KIDS ARE MORE LIKELY TO BECOME TEEN PARENTS, ENGAGE IN CRIMINAL ACTIVITIES, SUFFER FROM MENTAL HEALTH ISSUES, AND ARE MORE LIKELY TO BE UNEMPLOYED OR UNDEREMPLOYED.

THE TAMPA Y IS COMMITTED TO LONG-TERM, RESULTS-DRIVEN PROGRAMS THAT ADDRESS SUMMER LEARNING LOSS, EARLY LEARNING AND OUT-OF-SCHOOL TIME. THE GOAL: TO CATCH THESE STUDENTS UP PRIOR TO KINDERGARTEN, ENABLING THEM TO BE PREPARED FOR THEIR FIRST DAY OF SCHOOL, THEN PROVIDE THEM WITH ACADEMIC ASSISTANCE AFTER SCHOOL AND CONTINUED ACADEMIC ACTIVITIES DURING THE SUMMERS, WHEN THEY'D ORDINARILY FALL BEHIND THEIR PEERS.

IN THE 2017-2018 SCHOOL YEAR, THE TAMPA Y ENTERED YEAR SIX OF AN ACADEMIC-FOCUSED AFTERSCHOOL PROGRAM TO GIVE NEARLY 90 AT-RISK KIDS A SAFE PLACE TO GO IN THE AFTERNOON TO PARTICIPATE IN A BALANCED PROGRAM BUILT ON ACADEMIC INTERVENTION, HEALTH, AND ENRICHMENT PROGRAMMING. THE

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PROGRAM TAKES PLACE AT MORGAN WOODS ELEMENTARY IN TAMPA, WHERE 85% OF THE STUDENT BODY IS ELIGIBLE FOR FREE OR REDUCED-PRICE LUNCH. EVERY DAY AFTER SCHOOL, THE 2.5-HOUR PROGRAM FOCUSES ON 11 COMPONENTS: MATH/LITERACY ENRICHMENT, 21ST CENTURY SKILLS, GLOBAL LEARNING, PHYSICAL FITNESS, COLLEGE/CAREER, ART EDUCATION, WELLNESS/NUTRITION, TUTORING, LEADERSHIP DEVELOPMENT, PARENT ENGAGEMENT AND HOMEWORK.

IN 2018, THE TAMPA Y CONTINUED ITS YMCA READS! PROGRAM TO NOURISH THE MINDS OF EARLY ELEMENTARY SCHOOLCHILDREN WHO NEED THE MOST HELP AND SET THEM ON A PATH FOR FUTURE LEARNING. YMCA READS! USES PROVEN, RESEARCH-BASED TOOLS TO IGNITE YOUNG MINDS AT-RISK FOR LIFELONG READING DIFFICULTIES. THIS CURRICULUM FOCUSES ON THE ABILITY TO HEAR SOUNDS WITHIN WORDS, THE RELATIONSHIPS BETWEEN SOUNDS AND SYMBOLS, THE SPEED AND QUALITY OF ORAL READING, VOCABULARY, COMPREHENSION AND TEXT-TO-LIFE CONNECTIONS. THANKS TO OUR VOLUNTEER MENTORS WHO MEET TWICE-A-WEEK WITH STUDENTS, YMCA READS! CREATES POSITIVE, NURTURING ENVIRONMENTS WITHIN SULPHUR SPRINGS, TWIN LAKES AND PIZZO ELEMENTARY SCHOOLS, IMPACTING MORE THAN 165 STUDENTS AT NO COST TO THEM. YMCA READS! IS IMPLEMENTED IN PARTNERSHIP WITH THE DEPARTMENT OF EDUCATION AND THE FLORIDA ALLIANCE OF YMCAS.

IN ADDITION, THE CAMPO FAMILY YMCA CONTINUED BRIDGING THE ACHIEVMENT GAP WITH THEIR SUMMER READING PROGRAM IN 2018. TWICE A WEEK FOR SIX WEEKS, VOLUNTEERS TUTORED MORE THAN 20 K-5 STRUGGLING READERS RECOMMENDED BY THEIR TEACHERS. DURING THE HOUR-LONG PROGRAM, THE KIDS READ ONE-ON-ONE WITH A TEACHER FOR THE FIRST 45 MINUTES AND THE LAST 15 MINUTES THEY LEARNED BASIC SPANISH.

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ANOTHER WAY THE TAMPA Y IS CLOSING THE ACHIEVEMENT GAP IS THROUGH Y  
TEEN ACHIEVERS - A CAREER AND COLLEGE READINESS PROGRAM DESIGNED TO  
SUPPORT HIGH SCHOOL STUDENTS WHO OTHERWISE MAY NOT SET POST-GRADUATION  
GOALS TO EITHER ENROLL IN A HIGHER EDUCATION INSTITUTE OR BEGIN A  
CHOSEN CAREER PATH. IN PARTNERSHIP WITH HILLSBOROUGH COUNTY PUBLIC  
SCHOOLS, HILLSBOROUGH COMMUNITY COLLEGE AND UNIVERSITY OF SOUTH  
FLORIDA, Y TEEN ACHIEVERS HELPS TEENS RAISE THEIR ACADEMIC STANDARDS,  
DEVELOP A POSITIVE SENSE OF SELF, BUILD CHARACTER, EXPLORE DIVERSE  
COLLEGE AND CAREER OPTIONS, AND INTERACT WITH PROFESSIONALS WHO SERVE  
AS ROLE MODELS TO INSPIRE THEM TO GREATER HEIGHTS. MORE THAN 450  
STUDENTS FROM HOWARD W. BLAKE HIGH AND EAST PASCO MIDDLE SCHOOLS REPORT  
INCREASED GPAS, GRADUATION RATES, COLLEGE AND CAREER READINESS SKILLS  
AND AWARENESS OF A VARIETY OF CAREER FIELDS AS A RESULT OF JOB  
SHADOWING AND INTERNSHIP OPPORTUNITIES.

ALONG WITH EDUCATIONAL SUPPORT, THE TAMPA Y IS PROVIDING KIDS WITH THE  
TOOLS THEY NEED TO SUCCEED IN LIFE. THROUGH YOUTH SPORTS, DAY CAMPS AND  
TEEN DEVELOPMENT PROGRAMS, KIDS ARE LEARNING VALUABLE QUALITIES, SUCH  
AS TEAMWORK, PERSEVERANCE AND SUPPORTING ONE ANOTHER. WE'RE ALSO  
PROVIDING KIDS WITH SUPPORTIVE STAFF WHO SERVE AS QUALITY ROLE MODELS  
TO CHILDREN AND TEENS PARTICIPATING IN OUR PROGRAMS. SEER NINE  
CHARACTERISTICS OF WELL-BEING PROVIDE THE FRAMEWORK FOR YOUTH SERVING  
PROGRAMS AT OUR YMCA. TAMPA Y'S YOUTH PROGRAMS ARE DESIGNED TO  
INTENTIONALLY INSTILL THESE NINE CHARACTERISTICS (INSPIRATION, HEALTH,  
ACHIEVEMENT, BELONGING, RELATIONSHIPS, MEANING, SAFETY, CHARACTER AND  
GIVING) AND SUPPORT THE HEALTHY DEVELOPMENT OF CHILDREN AND FAMILIES  
THROUGH A VALUES-BASED CULTURE.

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THE TAMPA YMCA'S COMMITMENT TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN IS EVIDENT IN THE MANY PROGRAMS AND ACTIVITIES DESIGNED FOR TAMPA BAY AREA KIDS. IN TOTAL, 26,006 TEENS AND CHILDREN PARTICIPATED IN Y PROGRAMS FROM OCT. 1, 2017 - SEPT. 30, 2018.

FOR HEALTHY LIVING

OBESITY IS AN EPIDEMIC IN OUR COUNTRY. ONE IN EVERY THREE ADULTS AND ONE IN EVERY SEVEN CHILDREN IN THE UNITED STATES IS OBESE, ACCORDING TO THE LATEST FIGURES FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION. OBESITY CAN LEAD TO A VARIETY OF CHRONIC HEALTH ISSUES, INCLUDING DIABETES, HIGH BLOOD PRESSURE AND CARDIOVASCULAR DISEASE.

AS A COMMUNITY LEADER IN HEALTH AND WELLNESS, THE TAMPA Y HELPS FAMILIES UNDERSTAND THE IMPORTANCE OF PHYSICAL ACTIVITY AND A BALANCED DIET. THE Y OFFERS A VARIETY OF EDUCATIONAL PROGRAMS THAT HELP COMMUNITY MEMBERS NAVIGATE THROUGH OBESITY AND CHRONIC ILLNESS. THESE INCLUDE THE Y DIABETES PREVENTION PROGRAM, PEDALING FOR PARKINSON'S, ENHANCE FITNESS, FIT FIRST, PERSONAL TRAINING AND LIVESTRONG AT THE YMCA FOR CANCER SURVIVORS. FITNESS AND SOCIAL PROGRAMS FOR ACTIVE OLDER ADULTS AND COMMUNITY OUTREACH EVENTS ALSO PROVIDE OPPORTUNITIES TO GET HEALTHIER AND CONNECT WITH NEW FRIENDS.

IN 2018, THE TAMPA YMCA ENTERED ITS FOURTH YEAR WITH THE GROUNDBREAKING INITIATIVE CALLED THE VEGGIE VAN - A MOBILE MARKET PLACE. SINCE JULY 2015, THE VEGGIE VAN HAS BEEN TAKING FRESH FRUITS AND VEGETABLES DIRECTLY TO KIDS AND FAMILIES IN THE TARGETED HIGH-NEED NEIGHBORHOODS OF SULPHUR SPRINGS, TAMPA HEIGHTS, WIMAUMA AND LACOCHEE. IN SEPT. 2017, A FIFTH LOCATION WAS ADDED TO THE VEGGIE VAN SCHEDULE: THE PLANT

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CITY/DOVER COMMUNITY. FROM OCT. 1, 2017 TO SEPT. 30, 2018, THE VEGGIE VAN SERVED 6,444 KIDS AND 12,042 ADULTS IN THE FIVE FOOD DESERTS. THIS INCLUDES 700 SENIORS HOUSED AT LOCAL SENIOR CENTERS, UNDER A NEW PARTNERSHIP WITH HILLSBOROUGH COUNTY. THE VEGGIE VAN IS POSSIBLE THANKS TO PUBLIX CHARITIES AND THE FOLLOWING FOUNDING PARTNERS: CHILDREN'S BOARD OF HILLSBOROUGH COUNTY, JOY MCCANN FOUNDATION AND BANK OF AMERICA.

FORM 990, PART III, LINE 1

THE Y ALSO HOSTS A VARIETY OF EVENTS AND PROGRAMS THAT HELP FAMILIES RECONNECT WITH EACH OTHER WHILE GETTING HEALTHY. THESE PROGRAMS PROVIDE SAFE AND SUPPORTIVE ACTIVITIES, WHILE HELPING PARENTS BECOME POSITIVE HEALTH AND WELLNESS ROLE MODELS FOR THEIR CHILDREN. THESE INCLUDE FAMILY FITNESS CLASSES AND THE Y'S ANNUAL HEALTHY KIDS DAY. HEALTHY SNACKS AND PHYSICAL ACTIVITY ARE ALSO AVAILABLE DURING THE Y'S AFTERSCHOOL AND SUMMER CAMP PROGRAMS.

IN 2018, THE TAMPA Y CONTINUED ITS FOCUS ON FAMILY PROGRAMMING. FAMILIES ARE CENTRAL TO THE COMMUNITIES WE SERVE. THEY LOOK TO THE Y TO BE THAT PARENTING PARTNER FOR AFTERSCHOOL CARE IN A SAFE ENVIRONMENT, YOUTH SPORTS THAT KEEP THEIR KIDS ACTIVE, OR SWIM LESSONS THAT TEACH THEIR KIDS A LIFELONG SKILL. IN 2018, THE Y HOSTED ASSOCIATION-WIDE FAMILY-FRIENDLY PARTIES, SOCIALS AND PROGRAMMING THROUGHOUT THE YEAR. FROM POOL PARTIES AND DIVE-IN MOVIES TO THEMED COOKOUTS AND FAMILY FITNESS CHALLENGES, THOUSANDS OF FAMILIES ACROSS HILLSBOROUGH AND EAST PASCO COUNTIES COME TO A Y FAMILY CENTER TO SPEND FUN, QUALITY TIME TOGETHER, AND ENGAGE IN ACTIVITIES WITH OTHER NEIGHBORHOOD FAMILIES IN SAFE, POSITIVE ENVIRONMENTS.

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FOR SOCIAL RESPONSIBILITY

AT THE TAMPA Y, WE BELIEVE LASTING PERSONAL AND SOCIAL CHANGE IS BEST ACCOMPLISHED WHEN WE ALL WORK TOGETHER TO INVEST IN OUR KIDS, OUR HEALTH AND OUR NEIGHBORS. WE WORK WITH OUR MEMBERS, BOARD MEMBERS, VOLUNTEERS, COMMUNITY PARTNERS AND LOCAL GOVERNMENTS TO CREATE LASTING CHANGE THAT POSITIVELY IMPACTS THE TAMPA BAY COMMUNITY.

THE SULPHUR SPRINGS NEIGHBORHOOD OF PROMISE (SSNOP) INITIATIVE IS ONE EXAMPLE OF OUR LONG-TERM COMMITMENT TO STRENGTHENING THE FOUNDATIONS OF OUR COMMUNITY. BY ALIGNING SOCIAL SERVICES WITH EDUCATION, FAMILIES AND CHILDREN IN SULPHUR SPRINGS (ONE OF TAMPA'S MOST CHALLENGED NEIGHBORHOODS) ARE PROVIDED WITH THE TOOLS AND SUPPORT THEY NEED TO SUCCEED IN SCHOOL AND LIFE. TO DO THIS, THE Y AND COMMUNITY PARTNERS, INCLUDING THE UNITED WAY SUNCOAST, CHILDREN'S BOARD OF HILLSBOROUGH COUNTY, EARLY LEARNING COALITION, BOYS & GIRLS CLUB OF TAMPA BAY, HILLSBOROUGH COUNTY PUBLIC SCHOOLS, THE CITY OF TAMPA AND THE SULPHUR SPRINGS NEIGHBORHOOD ASSOCIATION HAVE COME TOGETHER TO CREATE A PIPELINE TO SUCCESS THAT BEGINS AT BIRTH AND SPANS THROUGH HIGH SCHOOL GRADUATION, PREPARING CHILDREN FOR COLLEGE OR CAREERS. ALONG THE PIPELINE, FAMILIES AND KIDS CAN ACCESS A HOST OF PROGRAMS THAT HELP THEM ACHIEVE THEIR ACADEMIC GOALS AND IMPROVE THEIR OVERALL HEALTH.

THE FIRST PIECE OF THE PIPELINE WAS THE TAMPA Y'S SULPHUR SPRINGS COMMUNITY LEARNING CENTER (CLC). SERVING THE SULPHUR SPRINGS COMMUNITY FOR MORE THAN NINE YEARS, THE CLC IS AN OUT-OF-SCHOOL PROGRAM PROVIDING YEAR-ROUND SUPPORT TO SULPHUR SPRINGS K-8 COMMUNITY SCHOOL STUDENTS.



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THE CLC PROGRAM PROMOTES ACADEMIC SUCCESS THROUGH CURRICULUM AND ENRICHMENT CLUBS THAT ENCOURAGE STUDENTS TO DEVELOP NEW INTERESTS AND SKILLS. IN KEEPING WITH THE Y'S MISSION AND VISION, STAFF TAKE A HOLISTIC APPROACH TO PROGRAMMING FOCUSING ON ACADEMIC ENRICHMENT, HEALTHY LIVING AND SOCIAL-EMOTIONAL DEVELOPMENT THROUGH POSITIVE BEHAVIOR SUPPORT. NEARLY 180 K-8TH GRADE STUDENTS PARTICIPATE IN AFTERSCHOOL PROGRAMMING. ADDITIONALLY, THE TAMPA Y OFFERS SUMMER CAMP PROGRAMMING SERVING MORE THAN 175 KIDS. Y SUMMER CAMP IS DEDICATED TO CURBING SUMMER LEARNING LOSS THROUGH ACADEMIC ACTIVITIES AS WELL AS PARTICIPATION IN A VARIETY OF ENRICHMENT CLUBS AND FIELD TRIPS. FINALLY, THE CLC ALSO ENGAGES PARENTS AND FAMILIES IN A MEANINGFUL WAY THROUGH ONE-TO-ONE MEETINGS REGARDING THEIR CHILD'S ACADEMIC AND SOCIAL/BEHAVIORAL PROGRESS, FAMILY-FRIENDLY EVENTS, AND COMMUNITY-BUILDING VOLUNTEER OPPORTUNITIES.

AS A RESULT OF THE WORK AT THE CLC AND SULPHUR SPRINGS K-8 COMMUNITY SCHOOL, WE CAME TO REALIZE THE MAJORITY OF CHILDREN IN SULPHUR SPRINGS ENTER KINDERGARTEN UNPREPARED TO LEARN. RECOGNIZING THAT A STRONG DEVELOPMENTAL FOUNDATION IS ABSOLUTELY ESSENTIAL TO STUDENTS ACHIEVING FUTURE EDUCATIONAL SUCCESS, THE TAMPA Y BUILT LAYLA'S HOUSE, AN EARLY CHILDHOOD COMMUNITY LEARNING CENTER WHICH PROVIDES PARENTS AND CHILDREN, FROM BIRTH TO AGE FIVE, WITH CHILD DEVELOPMENT WORKSHOPS, PARENT SUPPORT GROUPS AND PARENT-CHILD LITERACY PROGRAMS. LAYLA'S HOUSE IS ONE OF THE FIRST EARLY CHILDHOOD COMPONENTS OF THE SSNOP PIPELINE, AND A PARTNERSHIP WITH CHAMPIONS FOR CHILDREN, INC., TO PROVIDE PROGRAMMING.

AS PART OF OUR SOCIAL RESPONSIBILITY TO GIVE BACK TO NEIGHBORS IN NEED,

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THE TAMPA Y IS FILLING THE COMMUNITY'S HUNGER GAP WITH A FREE SUMMER FOOD PROGRAM. FOR THE PAST TEN YEARS, THE Y HAS BEEN PROVIDING FREE BREAKFAST AND LUNCH NOT ONLY TO OUR SUMMER CAMPERS, BUT TO ANY CHILD IN THE COMMUNITY UNDER THE AGE OF 18. AT 14 SITES IN HILLSBOROUGH AND EAST PASCO COUNTIES, THE TAMPA YMCA SERVED KIDS OVER 90,200 HEALTHY MEALS AND 300,000 NUTRITIOUS SNACKS IN 2018. IN 2018, THE SULPHUR SPRINGS YMCA GAVE EVERY CHILD IN THE PROGRAM, A "WEEKEND BACKPACK" FILLED WITH FOOD TO SUSTAIN THE CHILD FOR THE WEEKEND.

DURING THE 2017-2018 SCHOOL YEAR, THE TAMPA Y ALSO EITHER SERVED DINNER OR SUPER SNACKS AT 18 HIGH-NEED AFTERSCHOOL SITES IN PARTNERSHIP WITH HILLSBOROUGH COUNTY PUBLIC SCHOOLS. THE TAMPA Y IS PROUD TO BE A PART OF THIS NATIONAL MOVEMENT TO HELP KIDS STAY WELL-NOURISHED, ACTIVE AND ENERGIZED, WHILE ALSO PROVIDING SOME RELIEF TO FAMILIES WHO NEED SUPPORT.

THE Y ALSO OFFERS A VARIETY OF COMMUNITY-STRENGTHENING INITIATIVES AT OUR FACILITIES AND IN COMMUNITIES SURROUNDING OUR FACILITIES, INCLUDING AFFORDABLE OUT-OF-SCHOOL YOUTH DEVELOPMENT PROGRAMS FOR UNDERSERVED FAMILIES, COMMUNITY SERVICE ACTIVITIES FOR TEEN LEADERS AND SUMMER CAMP PARTICIPANTS, AND ADAPTIVE LEARNING PROGRAMS FOR DEVELOPMENTALLY-CHALLENGED KIDS. THE Y ALSO TARGETS MINORITY YOUTH WHO ARE AT-RISK OF DROWNING BECAUSE OF A LACK OF SWIM SAFETY SKILLS AND/OR SWIM LESSONS. THERE ARE ALSO PROGRAMS THAT SUPPORT MIGRANT OUTREACH AND COMMUNITY VOLUNTEERISM.

#### COMMUNITY BENEFIT

AT THE Y, WE BRING MEN, WOMEN AND CHILDREN TOGETHER IN A SHARED

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COMMITMENT TO ENSURE OPPORTUNITIES FOR EVERYONE TO LEARN, GROW AND THRIVE.

ENSURING ACCESS TO ALL

FROM OCT. 1, 2017 - SEPT. 30, 2018, THE TAMPA Y PROVIDED \$3,086,027.06 IN FINANCIAL ASSISTANCE TO 18,873 YOUTH, INDIVIDUALS, AND FAMILIES TO ENSURE PARTICIPATION IN ALL PROGRAMS AMONG YOUTH, ADULTS AND FAMILIES FACING FINANCIAL HARDSHIP. FROM OCT. 1, 2017 - SEPT. 30, 2018, THE Y PROVIDED AN ESTIMATED \$5,879,173 IN TOTAL COMMUNITY BENEFIT.

NURTURING THE POTENTIAL OF KIDS AND TEENS

THE TAMPA Y OFFERS A VARIETY OF PROGRAMS THAT DEVELOP THE WHOLE CHILD. THESE AGE-APPROPRIATE PROGRAMS BUILD THE DEVELOPMENTAL ASSETS NECESSARY FOR CHILDREN TO SUCCEED IN SCHOOL AND LIFE.

IN ADDITION, THE TAMPA Y ENGAGES FAMILY MEMBERS IN PROGRAMS AND INITIATIVES THAT SUPPORT A JOYFUL, HOLISTIC APPROACH TO FAMILY DEVELOPMENT. IN 2018, THE TAMPA Y SUPPORTED WORKING FAMILIES BY PROVIDING QUALITY YOUTH DEVELOPMENT, EARLY CHILDHOOD DEVELOPMENT, AND OUT-OF-SCHOOL PROGRAMS THAT ENSURE THE HEALTH AND SAFETY OF CHILDREN.

DROWNING PREVENTION

MORE CHILDREN UNDER THE AGE OF FOUR DROWN IN FLORIDA THAN ANYWHERE ELSE IN THE NATION. FURTHER, HILLSBOROUGH COUNTY REGULARLY RANKS AMONG THE HIGHEST COUNTIES NATIONALLY FOR DROWNING CASES IN THE SAME AGE GROUP. THAT'S WHY THE TAMPA Y IS FULLY COMMITTED TO DROWNING PREVENTION PROGRAMS TO HELP REDUCE CHILDHOOD DROWNING INCIDENTS IN HILLSBOROUGH COUNTY.

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ONE OF THE Y'S MOST IMPACTFUL DROWNING PREVENTION PROGRAMS WAS THE SAFETY AROUND WATER PROGRAM OFFERED AT NO COST TO THE COMMUNITY THREE TIMES THIS YEAR, COURTESY OF THE RAYS FOUNDATION AND UNITED WAY SUNCOAST. IN 2018, THE Y TAUGHT 1,098 CHILDREN A SEQUENCED SET OF SKILLS TO REDUCE THE RISK OF DROWNING AND GIVE THEM CONFIDENCE IN AND AROUND WATER.

IN 2018, THE TAMPA Y CONTINUED ITS PARTNERSHIP WITH THE CHILDREN'S BOARD OF HILLSBOROUGH COUNTY AND ST. JOSEPH'S CHILDREN'S HOSPITAL, CITY OF TAMPA, HILLSBOROUGH COUNTY FIRE & RESCUE AND BRANDON SPORTS AND AQUATIC CENTER TO BRING AN INNOVATIVE WATER SAFETY PROGRAM TO LOCAL NEIGHBORHOODS FOR FREE. THE MOBILE WATER SAFETY TEAM "BE WATER SMART FROM THE START" INITIATIVE BRINGS WATER SAFETY AND SWIM LESSONS TO APARTMENT COMPLEX AND NEIGHBORHOOD POOLS TO REACH CHILDREN THAT OTHERWISE WOULD NOT RECEIVE SWIM LESSONS. IN 2018, Y INSTRUCTORS TAUGHT 621 KIDS HOW TO SWIM IN THEIR NEIGHBORHOOD POOLS.

THE TAMPA Y ALSO CONTINUED ITS HEAD START COLLABORATION IN 2018 WITH HILLSBOROUGH COUNTY, CITY OF TAMPA, CITY OF TEMPLE TERRACE AND BRANDON SPORTS AND AQUATIC CENTER. THROUGHOUT THE SPRING, GROUPS OF UNDERSERVED YOUTH RECEIVED EIGHT FREE SWIM LESSONS AT OUR FAMILY YS. THE PARTNERSHIP ALSO PROVIDED CLASSROOM-BASED WATER SAFETY EDUCATION TO 818 CHILDREN IN HILLSBOROUGH COUNTY'S HEAD START PROGRAM.

IN 2018, THE TAMPA Y CONTINUED ITS GO FOR GREEN PROGRAM OFFERING FREE SWIM LESSONS TO Y SUMMER CAMPERS UNABLE TO PASS THE SWIM TEST. THE GOAL IS TO PASS THE SWIM TEST AND RECEIVE A GREEN WRISTBAND. IN THE SUMMER

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OF 2018, 1,773 DIFFERENT CAMPERS RECEIVED FREE SWIM LESSONS AT THE  
TAMPA Y.

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IMPROVING TAMPA BAY'S HEALTH AND WELL-BEING

THE Y IS A COMMUNITY LEADER IN HEALTH AND WELLNESS ISSUES. WE PROVIDE  
SUPPORT, GUIDANCE AND EXPERTISE IN HELPING PEOPLE PREVENT AND/OR  
OVERCOME CHRONIC ILLNESSES, SUCH AS DIABETES, CANCER, CARDIOVASCULAR  
DISEASE AND HIGH BLOOD PRESSURE ASSOCIATED WITH OBESITY. MANY OF OUR  
PROGRAMS ARE INTENSIVE, SMALL-GROUP LESSONS THAT TARGET LIFESTYLE  
CHANGES THAT CAN MAKE A SIGNIFICANT DIFFERENCE IN A PERSON'S HEALTH. WE  
ALSO PROVIDE PERSONAL TRAINING, WHICH PAIRS MEMBERS WITH  
SPECIALLY-TRAINED FITNESS PROFESSIONALS FOR ONE-ON-ONE SESSIONS TO  
ACHIEVE VERY SPECIFIC HEALTH GOALS.

BUT BEING HEALTHY ISN'T JUST PHYSICAL. TO BE TRULY HEALTHY, A PERSON  
MUST FEEL LIKE HE/SHE IS PART OF A COMMUNITY. THAT'S WHY THE Y ALSO  
PROVIDES A HOST OF PROGRAMS GEARED AT BUILDING HEALTHY COMMUNITIES AND  
PROVIDING OUR MEMBERS WITH AN EXTENDED Y FAMILY. FOR INSTANCE, OUR  
COMMUNITY'S ACTIVE OLDER ADULTS PARTICIPATE IN GROUP FITNESS CLASSES,  
ATTEND POTLUCKS AND EVEN TAKE GROUP TRIPS. THESE ACTIVITIES PROVIDE  
SENIORS WITH A PLACE TO GO TO FEEL MORE CONNECTED. LIKEWISE, THE Y  
OFFERS A HOST OF PROGRAMS GEARED TOWARD FAMILIES AND CHILDREN. FROM  
FREE FAMILY EVENTS TO FAMILY FITNESS CLASSES, WE PROVIDE OPPORTUNITIES  
FOR FAMILIES TO SPEND QUALITY TIME TOGETHER WHILE LEARNING  
DEVELOPMENTALLY-APPROPRIATE SKILLS AND MEETING OTHER LOCAL FAMILIES.

FOSTERING A SENSE OF SOCIAL RESPONSIBILITY

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AT THE TAMPA Y, WE BELIEVE LASTING PERSONAL AND SOCIAL CHANGE CAN ONLY COME ABOUT WHEN WE ALL WORK TOGETHER TO INVEST IN OUR KIDS, OUR HEALTH AND OUR NEIGHBORS. WE WORK WITH A HOST OF COMMUNITY PARTNERS, LOCAL BUSINESSES, LOCAL GOVERNMENT, OTHER NON-PROFIT ORGANIZATIONS, OUR MEMBERS, OUR VOLUNTEERS AND OUR STAFF TO CHANGE LIVES.

IN 2018, THE TAMPA Y MADE SIGNIFICANT IMPACTS TO THE TAMPA BAY COMMUNITY WITH THE HELP OF MORE THAN 600 VOLUNTEERS COACHING, MENTORING, ADVISING, FUNDRAISING AND/OR GOVERNING FOR THE ORGANIZATION.

IN ADDITION, WE RAISED \$4,479,780 IN PUBLIC SUPPORT INCLUDING INDIVIDUAL, BUSINESS, GOVERNMENT, FOUNDATION CONTRIBUTIONS AND GRANTS FROM OCT. 1, 2017 - SEPT.30, 2018, DEMONSTRATING BROAD SUPPORT OF EFFORTS AND WORK FROM THE TAMPA BAY COMMUNITY.

MAKING A REAL, LASTING DIFFERENCE IN TAMPA VOLUNTEERS AND STAFF MEMBERS WORK TOWARD THE GREATER GOOD OF THE TAMPA Y ASSOCIATION, PLAYING A CRITICAL ROLE IN DEVELOPING AND EXPANDING THE BEST CHARITABLE ORGANIZATION IN THE TAMPA BAY AREA.

EXCELLENCE IS OUR GOAL.

BUILT INTO OUR PROGRAMS AND INITIATIVES ARE EVALUATION TOOLS THAT HELP US MEASURE OUR IMPACT. WHEN WE MEASURE SUCCESS, WE'RE ABLE TO CREATE QUALITY PROGRAMMING THAT MEETS THE NEEDS OF OUR COMMUNITY MEMBERS.

WE'RE ALSO ABLE TO BETTER SHAPE EXISTING PROGRAMS AND INITIATIVES THAT HAVE THE GREATEST POTENTIAL, AND THEN EXPAND THEIR OUTREACH TO BROADER AREAS WITHIN THE TAMPA BAY COMMUNITY.

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TO THAT END, THE TAMPA Y IS COMMITTED TO THE HIGHEST ETHICAL STANDARDS OF A PUBLIC CHARITY. IN 2015, 2016, 2017 AND 2018, THE TAMPA YMCA'S SOUND FISCAL MANAGEMENT PRACTICES AND COMMITMENT TO ACCOUNTABILITY AND TRANSPARENCY EARNED US THE HIGHEST RATING OF 4 STARS FROM CHARITY NAVIGATOR, AMERICA'S LARGEST INDEPENDENT CHARITY EVALUATOR. THE TAMPA Y ALSO REMAINS A GUIDESTAR EXCHANGE GOLD PARTICIPANT, THE TOP LEADING SYMBOL OF TRANSPARENCY AND ACCOUNTABILITY PROVIDED BY GUIDESTAR USA, INC., THE PREMIER SOURCE OF NONPROFIT INFORMATION. WE ARE GOVERNED BY AND ACCOUNTABLE TO AN INDEPENDENT BOARD OF DIRECTORS, COMPRISED OF VOLUNTEER COMMUNITY LEADERS. WE HAVE EARNED THE PUBLIC TRUST THROUGH GOOD STEWARDSHIP OF OUR CHARITABLE DOLLARS. THROUGH OUR COMMITMENT TO DELIVERING EXCELLENCE IN PROGRAMMING AND THEN ENSURING ACCESS TO PROGRAMMING BY ALL COMMUNITY MEMBERS, WE'VE ESTABLISHED OURSELVES AS A VALUABLE ASSET TO THE TAMPA BAY COMMUNITY.

FORM 990, PART III, LINE 1

SUMMARY

SINCE ITS INCEPTION, THE TAMPA Y HAS FOCUSED ON COMMUNITY SERVICE, EITHER BY OPENING OUR DOORS TO THOSE IN SEARCH OF LIVING HEALTHIER LIVES OR THROUGH OUTREACH ACTIVITIES THAT TAKE US BEYOND OUR Y WALLS AND INTO THE SURROUNDING COMMUNITY.

REGARDLESS OF AGE, INCOME OR BACKGROUND, WE DO NOT TURN AWAY ANYONE WHO NEEDS A PLACE TO GO TO BE HEALTHIER, MORE CONFIDENT, CONNECTED AND SECURE.

FOUNDED IN 1889, THE TAMPA Y IS THE OLDEST HUMAN SERVICE ORGANIZATION

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IN HILLSBOROUGH COUNTY AND A LEADER IN PROVIDING INNOVATIVE PROGRAMS THAT NURTURE THE POTENTIAL OF KIDS AND TEENS, PROMOTE HEALTHY LIVING AND FOSTER A SENSE OF SOCIAL RESPONSIBILITY. OUR ELEVEN FAMILY FACILITIES, TWO WELLNESS CENTERS, ONE GOLF FACILITY, OUTDOOR CAMP, A YOUTH AND FAMILY CENTER WITH A WATER PARK, AND NUMEROUS PROGRAM SITES ARE MUCH MORE THAN BRICKS AND MORTAR - THEY ARE A COMMUNITY LEARNING CENTER IN THE HEART OF SULPHUR SPRINGS, AN OUTDOOR ADVENTURE CAMP IN RIVERVIEW FOR AFTERSCHOOLERS AND SUMMER CAMPERS, THE FIRST TEE OF TAMPA BAY GOLF SITES AND NEARLY 30 AFTERSCHOOL PROGRAM SITES. THROUGH THESE PROGRAMS, WE SERVED 163,526 CHILDREN, TEENS, ADULTS, SENIOR CITIZENS, CANCER SURVIVORS, CHRONICALLY ILL COMMUNITY MEMBERS, AT-RISK YOUTH, INFANTS AND TODDLERS FROM OCT.1, 2017 - SEPT. 30, 2018.

MORE INFORMATION ABOUT THE TAMPA Y AND HOW WE STRENGTHEN THE FOUNDATIONS OF THE TAMPA COMMUNITY CAN BE FOUND AT WWW.TAMPAYMCA.ORG.

#### PROGRAM SERVICE ACCOMPLISHMENTS

#### HEALTH AND WELLNESS

CENTRAL TO THE TAMPA Y'S MISSION IS CREATING A HEALTHIER TAMPA BAY COMMUNITY. Y HEALTH ENHANCEMENT PROGRAMS STRESS THE IMPORTANCE OF A HEALTHY LIFESTYLE THROUGH EXERCISE, PROPER NUTRITION, HEALTH EDUCATION AND STRESS MANAGEMENT. IN 2018, THE TAMPA Y OFFERED NUMEROUS HEALTH ENHANCEMENT PROGRAMS, INCLUDING THE Y DIABETES PREVENTION PROGRAM, LIVESTRONG AT THE YMCA, PEDALING FOR PARKINSON'S, ENHANCE FITNESS, SILVERSNEAKERS, FIT FIRST, PERSONAL TRAINING, SWIMMING, GROUP AND INDIVIDUAL EXERCISE, WALK AND RUN CLUBS AND EDUCATIONAL SEMINARS IN HEALTH AND NUTRITION. ADDITIONALLY, THE TAMPA Y HAS MADE A SIGNIFICANT



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COMMUNITY IMPACT THROUGH PROGRAMS, SUCH AS THE VEGGIE VAN - A MOBILE MARKET PLACE; HEALTHY KIDS DAY, WHICH COMBATS CHILDHOOD OBESITY; AND THE GOODY GOODY TURKEY GOBBLE BRINGING 4,000 COMMUNITY MEMBERS TOGETHER TO RUN/WALK ON THANKSGIVING.

#### COMPREHENSIVE YOUTH DEVELOPMENT

THE TAMPA Y'S YOUTH DEVELOPMENT PROGRAMS FOSTER THE GROWTH AND DEVELOPMENT OF CHILDREN, PARENTS AND FAMILIES. Y SUCCESS AFTERSCHOOL AND SUMMER DAY CAMP PROGRAMS PREPARE CHILDREN FOR THE FUTURE BY PROVIDING AN ASSET-RICH, VALUES-BASED HIGH-QUALITY FOUNDATION. Y SUCCESS AFTERSCHOOL SUPPORTS CHILDREN AND THEIR FAMILIES BY ALLOWING PARENTS TO BALANCE WORK AND LIFE RESPONSIBILITIES, WITH THE CONFIDENCE THAT THEIR CHILDREN ARE LEARNING AND THRIVING IN A SAFE, ASSET-RICH, SUPPORTIVE ENVIRONMENT. CERTIFIED GROUP LEADERS PROVIDE ACADEMIC ENRICHMENT AND HOMEWORK HELP WHILE CARING FOR THE TOTAL CHILD. EVERY STUDENT ALSO RECEIVES STRUCTURED SOCIAL INTERACTION, HEALTHY SNACKS AND PHYSICAL ACTIVITY. EACH CHILD RECEIVES OVER 170 HOURS PER SCHOOL YEAR OF STRUCTURED HOMEWORK AND READING TIME AND EACH CHILD RECEIVES 10,800 MINUTES OF PHYSICAL ACTIVITY PER SCHOOL YEAR. Y SUCCESS AFTERSCHOOL IMPACTS THE LIVES OF MORE THAN 2,200 KIDS EACH DAY AT 29 HILLSBOROUGH COUNTY PUBLIC ELEMENTARY SCHOOLS IN ADDITION TO FOUR YMCA FACILITIES. FOR PARENTS WHO CANNOT AFFORD THE FULL FEE, CARE IS PROVIDED ON A SLIDING FEE SCALE, BASED ON NEED.

BY OFFERING PROGRAMS THAT PROVIDE KIDS AND TEENS WITH THE THE TOOLS TO SUCCEED IN SCHOOL AND LIFE, THE TAMPA Y NURTURES THE POTENTIAL OF TAMPA-AREA YOUTH. Y ACTIVITIES ENABLE A CHILD TO SET GOALS, WORK TOWARD ACHIEVING THESE GOALS, AND GET THE SUPPORT THEY NEED FROM ENGAGED,

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COMMITTED ADULTS. THE Y BELIEVES A CONFIDENT KID TODAY CREATES CONTRIBUTING AND ENGAGED ADULTS TOMORROW. BELOW ARE A HANDFUL OF HIGHLIGHTS IN 2018 YOUTH DEVELOPMENT WORK AT THE Y:

Y TEEN ACHIEVERS PROVIDES AT-RISK TEENS WITH INTENSIVE ACADEMIC ASSISTANCE, ADULT MENTORS AND JOB-SHADOWING OPPORTUNITIES.

VOLUNTEER PROGRAMS: THE TAMPA Y PROVIDES YOUTH WITH NUMEROUS VOLUNTEER OPPORTUNITIES AND COLLABORATES WITH OTHER COMMUNITY SERVICE ORGANIZATIONS.

LEADERSHIP PROGRAMS: YOUTH IN GOVERNMENT AND TEEN LEADERS ARE TWO OF THE MANY LEADERSHIP PROGRAMS THAT PROVIDE TEENS WITH AN OPPORTUNITY TO DEVELOP LIFE SKILLS, BUILD SELF-CONFIDENCE AND BECOME LEADERS OF TOMORROW.

ADAPTIVE PROGRAMS OFFER CHILDREN WITH SPECIAL NEEDS THE OPPORTUNITY TO BENEFIT FROM PROGRAMS THEY WOULD NOT NORMALLY BE ABLE TO PARTICIPATE IN. FROM SWIMMING AND ART CLASSES TO SUMMER CAMP AND SPORTS PROGRAMMING, THE TAMPA Y IS ONE OF A HANDFUL OF ORGANIZATIONS OFFERING ADAPTIVE PROGRAMMING IN THE TAMPA BAY AREA.

THE Y HAS LONG RECOGNIZED THAT INVOLVEMENT IN SPORTS CAN HAVE A LASTING IMPACT IN PROVIDING YOUTH WITH A SAFE ENVIRONMENT TO DEVELOP PHYSICALLY AND MENTALLY. AT THE TAMPA Y, YOUTH SPORTS ARE USED AS A MEANS TO GATHER YOUTH AND IMMUNIZE THEM AGAINST NEGATIVE BEHAVIORS. ALL Y YOUTH SPORTS ACTIVITIES ARE INFUSED WITH THE SEER NINE CHARACTERISTICS OF WELL-BEING. YMCA PROGRAMS SUCH AS BASKETBALL, AQUATICS AND GOLF ARE THE

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VEHICLES TO CONNECTING WITH YOUNG PEOPLE TO BUILD VALUES,  
SELF-CONFIDENCE, RESPECT AND TEAMWORK.

OTHER COMMUNITY INITIATIVES

EARLY HEAD START - THE TAMPA METROPOLITAN AREA YMCA EARLY HEAD START PROGRAM IS A DELEGATE AGENCY OF THE HILLSBOROUGH BOARD OF COUNTY COMMISSIONERS HEAD START/EARLY HEAD START PROGRAM. OUR GOAL IS TO PARTNER WITH FAMILY CHILD CARE HOMES THROUGHOUT SPECIFIC ZIP CODES IN HILLSBOROUGH COUNTY, PROVIDING FULL-DAY, FULL-YEAR COMPREHENSIVE SERVICES TO CHILDREN AND THEIR FAMILIES, AGES SIX WEEKS TO THREE YEARS OLD. THE KEY TO THE YMCA EARLY HEAD START IS FAMILY AND COMMUNITY ENGAGEMENT. COLLABORATION WITH PARENTS BEGINS DURING THE APPLICATION PROCESS AND CONTINUES THROUGHOUT THEIR PARTICIPATION IN THE PROGRAM. PARENTS ARE PROVIDED WITH RESOURCES THAT HELP THEM ATTAIN GOALS OR PROVIDE ASSISTANCE TO NEEDS THAT THEY HAVE EXPRESSED IN ORDER TO IMPROVE THEIR LIVES AND ACHIEVE SUCCESS. ENROLLED FAMILIES ARE ENCOURAGED TO PARTICIPATE IN PARENT COMMITTEE, POLICY COUNCIL, FAMILY LITERACY, PARENT TRAININGS, FATHERHOOD INVOLVEMENT AND VARIOUS CULTURAL DIVERSITY ACTIVITIES THROUGHOUT THE YEAR. IN FY2017-2018, EARLY HEAD START PROVIDED SERVICES TO 120 CHILDREN IN ITS 80 SLOTS IN 17 FAMILY CHILD CARE HOMES. SERVICES INCLUDED HEALTH AND DEVELOPMENT FOR INFANTS AND TODDLERS AND PROMOTION OF PARENTS' ABILITIES TO SUPPORT THEIR CHILD'S COGNITIVE, SOCIAL, EMOTIONAL AND PHYSICAL DEVELOPMENT. EARLY HEAD START ALSO PROVIDES COMPREHENSIVE SUPPORT IN THE AREAS OF MENTAL HEALTH, NUTRITION, DISABILITY, EARLY SCHOOL READINESS, GOAL SETTING, TRAINING, COUNSELING AND FAMILY SELF-SUFFICIENCY. IN THE 2017-2018 SCHOOL YEAR, A TOTAL OF 91% OF EARLY HEAD START CHILDREN DEMONSTRATED

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GROWTH IN SEVEN DEVELOPMENTAL DOMAINS: FINE MOTOR; GROSS MOTOR;  
 LANGUAGE; LITERACY; COGNITIVE; SOCIAL-EMOTIONAL; AND MATHEMATICS. IN  
 THE BIRTH TO ONE-YEAR-OLD RANGE, 79% OF CHILDREN EXCEEDED WIDELY HELD  
 EXPECTATIONS FOR THEIR AGE RANGE. IN THE ONE TO TWO-YEAR-OLD RANGE,  
 100% OF CHILDREN EXCEEDED WIDELY HELD EXPECTATIONS FOR THEIR AGE RANGE.  
 IN THE TWO TO THREE-YEAR-OLD RANGE 93% OF CHILDREN EXCEEDED WIDELY HELD  
 EXPECTATIONS FOR THEIR AGE RANGE. EARLY HEAD START PARENTS SPENT  
 4925.56 HOURS READING TO THEIR CHILDREN, PARTICIPATING IN THE CLASSROOM  
 AND/OR COMPLETING SCHOOL READINESS PROJECTS AT HOME.

FORM 990, PART III, LINE 1

INTERNALLY GENERATED FUNDS

EACH YEAR, HUNDREDS OF TAMPA YMCA VOLUNTEERS ARE ASKED TO RAISE DOLLARS  
 FOR THE ANNUAL CAMPAIGN TO ASSIST THOSE WHO NEED FINANCIAL HELP TO  
 PARTICIPATE IN YMCA PROGRAMS DELINEATED BELOW.

Y DIABETES PREVENTION PROGRAM

LIVESTRONG AT THE YMCA

PEDALING FOR PARKINSON'S

ENHANCE FITNESS

ACTIVE OLDER ADULT PROGRAMS

ADAPTIVE GYMNASTICS

ADAPTIVE AQUATICS & FITNESS

SUMMER CAMPS

YOUTH SPORTS

COMMUNITY OUTREACH ACTIVITIES

THE FIRST TEE OF TAMPA BAY/YMCA

AFTERSCHOOL/SUMMER PROGRAMS

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TEEN AFTERSCHOOL/SUMMER PROGRAMS

TEEN NIGHTS

TEEN LEADERSHIP PROGRAMS

SUMMER DAY PROGRAMS

MEMBERSHIP

COMMUNITY LEARNING CENTER AT SULPHUR SPRINGS

UNITED WAY SUNCOAST

THE UNITED WAY SUNCOAST HAS SUPPORTED THE Y FOR MORE THAN 70 YEARS.

FROM OCT. 1, 2017 - SEPT. 30, 2018, THE UNITED WAY CONTRIBUTED \$118,409

WHICH ENABLED THE TAMPA Y TO PROVIDE FUNDING FOR SUMMER DAY CAMP

PROGRAMS, AFTERSCHOOL SERVICES, GENDER-SPECIFIC YOUTH DEVELOPMENT

PROGRAMS, OLDER ADULT PROGRAMMING AND GENERAL OPERATING SUPPORT.

FOUNDATIONS AND GRANTS

THE YMCA RECEIVES FUNDING, OFTEN REFERRED TO AS "GRANTS," FROM OUTSIDE

ORGANIZATIONS. THESE GRANTS FUND SPECIFIC PROGRAMS WITH DEFINITIVE

GOALS, OUTCOME OBJECTIVES AND TIMELINES. SOURCES OF GRANTS INCLUDE:

FOUNDATIONS - INDEPENDENT CORPORATE, FAMILY AND COMMUNITY FOUNDATIONS.

GOVERNMENT - LOCAL, STATE AND FEDERAL GOVERNMENT CONTRACTS FOR HUMAN

SERVICES.

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

THE GOVERNANCE BOARD WAS PROVIDED A COPY OF FORM 990 PLUS ALL SUPPORTING

SCHEDULES AND STATEMENTS. THE BOARD THEN REVIEWED AND APPROVED FORM 990 FOR

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FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE TAMPA METROPOLITAN AREA YMCA ADDRESSES THE ISSUE OF POTENTIAL CONFLICTS OF INTEREST THROUGH SEVERAL MEANS: (1) THE CONFLICTS OF INTEREST POLICY IS DISCUSSED AT EACH ORIENTATION MEETING FOR NEW BOARD MEMBERS; (2) THE ASSOCIATION DISCUSSES AT THE GOVERNANCE BOARD LEVEL THE IMPORTANCE OF TRANSPARENCY IN BUSINESS DEALINGS AND THE NEED FOR THE ENTIRE ORGANIZATION, VOLUNTEERS AND STAFF (EITHER DIRECTLY OR INDIRECTLY), TO BE FREE OF POTENTIAL CONFLICTS THAT MAY ARISE FROM ANY BUSINESS DEALINGS; (3) THE FINANCE DEPARTMENT OF THE TAMPA YMCA REGULARLY REVIEWS BUSINESS TRANSACTIONS IN AN EFFORT TO ENSURE COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY; (4) IN ALL CASES POSSIBLE THE YMCA STRIVES TO OBTAIN THREE BIDS FOR EXPENDITURES GREATER THAN \$1,500 TO ASSIST IN THE MATTER OF KEEPING TRANSACTIONS AT ARMS LENGTH; AND (5) ANNUALLY, THE STAFF RECEIVE FEEDBACK FROM AUDITORS REGARDING CONFIRMATIONS SENT TO DIRECTORS, OFFICERS, TRUSTEES, AND KEY EMPLOYEES WITH ANY POTENTIAL CONFLICT OF INTEREST (IN THE EVENT OF A POTENTIAL CONFLICT, THE STAFF INVESTIGATES UNTIL SATISFIED WITH COMPLIANCE).

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

THE TAMPA METROPOLITAN YMCA UTILIZES PAY PLAN IN THE DETERMINATION OF APPROPRIATE SALARY LEVELS OF LIKE SIZED YMCA POSITIONS, IN CONJUNCTION WITH ANALYSIS OF OTHER YMCA AND NON-YMCA COMPARABILITY DATA.

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

THE TAMPA METROPOLITAN YMCA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL INFORMATION AVAILABLE TO THE PUBLIC UPON

Name of the organization TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	Employer identification number 59-1742909
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INDIVIDUAL REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BAD DEBT EXPENSE	-369,275.
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FORM 990, PART XII, LINE 2C

THE ASSOCIATION HAS AN AUDIT COMMITTEE THAT IS RESPONSIBLE FOR REVIEWING INTERIM FINANCIAL STATEMENTS, SELECTING AND ENGAGING THE INDEPENDENT AUDITORS, AND MONITORING THE AUDIT PROCESS. THE AUDIT COMMITTEE CONDUCTS A PLANNING MEETING WITH THE INDEPENDENT AUDITORS TO DISCUSS KEY AREAS OF RISK AND DISCUSS THE OVERALL AUDIT APPROACH. THE AUDIT COMMITTEE IS INFORMED, AS NECESSARY, OF ANY ISSUES WHICH MIGHT ARISE DURING THE AUDIT. THE AUDIT COMMITTEE REVIEWS A DRAFT OF THE AUDITED FINANCIAL STATEMENTS AND MEETS WITH THE INDEPENDENT AUDITORS TO DISCUSS THE RESULTS OF THE AUDIT. ONCE SATISFIED, THE AUDIT COMMITTEE RECOMMENDS APPROVAL OF THE AUDITED FINANCIAL STATEMENTS TO THE GOVERNANCE BOARD. THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE YEAR.

