

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

A For the **2023** calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024**

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	C Name of organization TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 110 OAK AVENUE EAST City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33602 F Name and address of principal officer: MATTHEW J. MITCHELL 110 OAK AVENUE EAST, TAMPA, FL 33602	D Employer identification number 59-1742909 E Telephone number 813-224-9622 G Gross receipts \$ 59,275,372. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I 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		
J Website: WWW.TAMPAYMCA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Year of formation: 1889 M State of legal domicile: FL		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT,	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	29
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	2282
6	Total number of volunteers (estimate if necessary)	1786
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
8	Contributions and grants (Part VIII, line 1h)	14,803,080.
9	Program service revenue (Part VIII, line 2g)	32,939,088.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	262,713.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,284,755.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,289,636.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	87,526.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,519,866.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
b	Total fundraising expenses (Part IX, column (D), line 25)	640,234.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,251,239.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	43,858,631.
19	Revenue less expenses. Subtract line 18 from line 12	6,431,005.
20	Total assets (Part X, line 16)	61,236,483.
21	Total liabilities (Part X, line 26)	13,819,103.
22	Net assets or fund balances. Subtract line 21 from line 20	47,417,380.

Part II Signature Block

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

Sign Here	Signature of officer MATTHEW J. MITCHELL, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name SAM A. LAZZARA	Preparer's signature <i>SAM A. LAZZARA</i>
	Firm's name RIVERO, GORDIMER & COMPANY, P.A.	Date 2/10/2025
	Firm's address 201 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602	Check if self-employed <input type="checkbox"/> PTIN P00176817
		Firm's EIN 59-3040705
		Phone no. (813) 875-7774

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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

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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 ☒ **X**

- 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 \$ **25,651,795.** including grants of \$ **58,526.**) (Revenue \$ **22,680,040.**)
CHILDCARE AND FAMILY SERVICES: SEE PROGRAM ACCOMPLISHMENTS AT SCHEDULE O.
- 4b** (Code:) (Expenses \$ **7,990,826.** including grants of \$) (Revenue \$ **7,065,090.**)
HEALTH AND WELLNESS SERVICES: SEE PROGRAM ACCOMPLISHMENTS AT SCHEDULE O.
- 4c** (Code:) (Expenses \$ **6,468,760.** including grants of \$ **48,680.**) (Revenue \$ **5,719,356.**)
COMPREHENSIVE YOUTH DEVELOPMENT SERVICES: SEE PROGRAM ACCOMPLISHMENTS AT SCHEDULE O.
- 4d** Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)
- 4e** Total program service expenses **40,111,381.**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 82	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2282
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	N/A
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	N/A
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	N/A
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	N/A

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 29		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 29		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **FL**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 813-224-9622
110 OAK AVENUE EAST, TAMPA, FL 33602

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATTHEW MITCHELL PRESIDENT & CEO	40.00			X				378,844.	0.	45,428.
(2) ROBERT MOSS COO	40.00			X				230,239.	0.	33,366.
(3) JOSEPH WEIST CFO	40.00			X				186,567.	0.	27,209.
(4) JENNIFER WAINMAN VP OF MARKETING	40.00				X			148,549.	0.	23,292.
(5) ROBYN OSTREM SENIOR VICE PRESIDENT	40.00				X			134,994.	0.	26,244.
(6) DAVID EVERETT CIO	40.00			X				143,329.	0.	14,321.
(7) SARAH HAYS SENIOR VICE PRESIDENT	40.00				X			130,784.	0.	21,141.
(8) IAN BAXTER EXECUTIVE DIRECTOR	40.00				X			121,991.	0.	21,682.
(9) CANDACE CULVER SR. VP OF COMMUNITY PARTNERSHIPS	40.00				X			111,903.	0.	24,207.
(10) LARRY BEVIS CHAIR	1.00	X		X				0.	0.	0.
(11) CHRIS KIRSCHNER VICE CHAIR	1.00	X		X				0.	0.	0.
(12) DENA SHIMBERG SECRETARY	1.00	X		X				0.	0.	0.
(13) KYLE KEITH TREASURER	1.00	X		X				0.	0.	0.
(14) DAVID CHRISTIAN IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(15) RICK BENNETT DIRECTOR	1.00	X						0.	0.	0.
(16) DR. CHRISTOPHER BUCCIARELLI DIRECTOR	1.00	X						0.	0.	0.
(17) TOM BRZEZINSKI DIRECTOR	1.00	X						0.	0.	0.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ABBEY AHERN DIRECTOR	1.00	X						0.	0.	0.
(19) MIKE CHARLES DIRECTOR	1.00	X						0.	0.	0.
(20) VINCENT CORDO DIRECTOR	1.00	X						0.	0.	0.
(21) IKE FARMER DIRECTOR	1.00	X						0.	0.	0.
(22) ADAMN PALMER DIRECTOR	1.00	X						0.	0.	0.
(23) STEVE ELLIS DIRECTOR	1.00	X						0.	0.	0.
(24) SANDY MURMAN DIRECTOR	1.00	X						0.	0.	0.
(25) ROB GAGLIARDI DIRECTOR	1.00	X						0.	0.	0.
(26) ANGEL GONZALEZ DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,587,200.	0.	236,890.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,587,200.	0.	236,890.

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 9

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? 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, INC. 2000 EAST 12TH AVE #5327, TAMPA, FL 33675	CONSTRUCTION CONTRACT	2,349,362.
FLEISCHMAN & GARCIA ARCHITECTS & PLANNING, 324 S. HYDE PARK AVE STE 300, TAMPA, FL	CC RENOVATION ARCHITECT	762,259.
24 HOURS, INC., 4251 SW HIGH MEADOW AVENUE, PALM CITY, FL 34990	JANITORIAL SERVICES	748,907.
CP RANKINS 4359 COUNTY LINE RD., CHALFONT, PA 18914	ROOF REPAIR CONTRACTOR	541,847.
NOVOUS VITAE, INC. 8117 N 13TH ST., TAMPA, FL 33604	YOUTH ADVOCACY AND HEALTH PROGRAMMING	233,393.

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 12

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JEFF HILLS DIRECTOR	1.00	X						0.	0.	0.
(28) DR. MARIE WHELAN DIRECTOR	1.00	X						0.	0.	0.
(29) TAYLOR RALPH DIRECTOR	1.00	X						0.	0.	0.
(30) CINDY STUART DIRECTOR	1.00	X						0.	0.	0.
(31) CHRIS ROLLE DIRECTOR	1.00	X						0.	0.	0.
(32) ANDDRIKK FRAZIER DIRECTOR	1.00	X						0.	0.	0.
(33) CHON NGUYEN DIRECTOR	1.00	X						0.	0.	0.
(34) JENNIFER MURPHY DIRECTOR	1.00	X						0.	0.	0.
(35) MIKE SHEA DIRECTOR	1.00	X						0.	0.	0.
(36) AL COLBY DIRECTOR	1.00	X						0.	0.	0.
(37) JENNIFER CRABTREE DIRECTOR	1.00	X						0.	0.	0.
(38) JILL VALENTI DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**TAMPA METROPOLITAN AREA YOUNG MEN'S
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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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	134,001.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	3,502,791.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	11,643,322.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 9,270.					
	h Total. Add lines 1a-1f		15,280,114.					
	Program Service Revenue							Business Code
2 a HEALTH AND WELLNESS			813410	19,291,486.	19291486.			
b YOUTH ACTIVITIES			813410	15,723,786.	15723786.			
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f			35,015,272.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			264,409.			264,409.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real 119,136.					
	b Less: rental expenses ...	6b	(ii) Personal 0.					
	c Rental income or (loss)	6c	119,136.					
	d Net rental income or (loss)		119,136.					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities 5,754,693.	(ii) Other 87,510.				
	b Less: cost or other basis and sales expenses	7b	4,373,855.	9,460.				
	c Gain or (loss)	7c	1,380,838.	78,050.				
	d Net gain or (loss)		1,458,888.	78,050.				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	2,354,832.					
	b Less: direct expenses	8b	530,280.					
	c Net income or (loss) from fundraising events		1,824,552.					
	9 a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b						
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a	28,242.						
b Less: cost of goods sold	10b	18,440.						
c Net income or (loss) from sales of inventory		9,802.						
Miscellaneous Revenue			Business Code					
	11 a MISCELLANEOUS INCOME		813410	371,164.	371,164.			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d		371,164.					
12 Total revenue. See instructions			54,343,337.	35464486.	0.	3598737.		

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

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,680.	8,680.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	98,526.	98,526.		
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	938,979.	796,135.	127,137.	15,707.
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	20,623,256.	17,485,901.	2,792,366.	344,989.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,166,340.	887,987.	240,485.	37,868.
9 Other employee benefits	752,001.	572,532.	155,054.	24,415.
10 Payroll taxes	1,753,121.	1,505,399.	213,950.	33,772.
11 Fees for services (nonemployees):				
a Management				
b Legal	54,588.	46,560.	7,396.	632.
c Accounting	54,875.	46,804.	7,435.	636.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	69,697.		69,697.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,019,805.	3,428,589.	544,653.	46,563.
12 Advertising and promotion	648,926.	633,753.	7,757.	7,416.
13 Office expenses	3,184,034.	2,986,533.	147,802.	49,699.
14 Information technology				
15 Royalties				
16 Occupancy	6,174,132.	6,171,309.	2,473.	350.
17 Travel	491,989.	435,913.	36,545.	19,531.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	479,044.	349,500.	75,265.	54,279.
20 Interest	359,916.	359,916.		
21 Payments to affiliates	528,000.	528,000.		
22 Depreciation, depletion, and amortization	3,649,247.	3,649,247.		
23 Insurance	2,900.		2,900.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DUES	67,080.	53,141.	9,562.	4,377.
b				
c				
d				
e All other expenses	117,555.	66,956.	50,599.	
25 Total functional expenses. Add lines 1 through 24e	45,242,691.	40,111,381.	4,491,076.	640,234.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,948,829.	1	2,015,949.
	2 Savings and temporary cash investments	3,656,987.	2	1,744,200.
	3 Pledges and grants receivable, net	6,267,816.	3	10,275,727.
	4 Accounts receivable, net	401,225.	4	723,184.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	581,976.	9	785,678.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	110,821,758.		
	b Less: accumulated depreciation	66,671,226.		
	11 Investments - publicly traded securities	39,124,684.	10c	44,150,532.
	12 Investments - other securities. See Part IV, line 11	8,905,605.	11	11,347,930.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	349,361.	14	632,292.
16 Total assets. Add lines 1 through 15 (must equal line 33)	61,236,483.	15	71,675,492.	
Liabilities	17 Accounts payable and accrued expenses	2,317,394.	16	4,320,993.
	18 Grants payable		17	
	19 Deferred revenue	595,775.	18	739,328.
	20 Tax-exempt bond liabilities	8,033,320.	19	6,783,316.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
	23 Secured mortgages and notes payable to unrelated third parties	1,285,139.	22	1,094,448.
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,587,475.	24	2,306,296.
	26 Total liabilities. Add lines 17 through 25	13,819,103.	25	15,244,381.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		39,195,998.	26	45,312,357.
28 Net assets with donor restrictions		8,221,382.	27	11,118,754.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			28	
30 Paid-in or capital surplus, or land, building, or equipment fund			29	
31 Retained earnings, endowment, accumulated income, or other funds			30	
32 Total net assets or fund balances		47,417,380.	31	56,431,111.
33 Total liabilities and net assets/fund balances		61,236,483.	32	71,675,492.

Form **990** (2023)

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

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	54,343,337.
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,242,691.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,100,646.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47,417,380.
5	Net unrealized gains (losses) on investments	5	371,002.
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 on Schedule O)	9	-457,917.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	56,431,111.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

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

Schedule A (Form 990) 2023

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

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

Section A. Public Support

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

Section B. Total Support

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

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

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

Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023

59-1742909 Page **3**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5952837.	6833887.	7494027.	14803080.	15280114.	50363945.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	22866794.	24485703.	30247958.	33542729.	35393712.	146536896
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	28819631.	31319590.	37741985.	48345809.	50673826.	196900841
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	597,060.	1679734.	1215868.	1171543.	8264684.	12928889.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	597,060.	1679734.	1215868.	1171543.	8264684.	12928889.
8 Public support. (Subtract line 7c from line 6.)						183971952

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	28819631.	31319590.	37741985.	48345809.	50673826.	196900841
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	269,349.	208,838.	268,051.	286,518.	376,269.	1409025.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	269,349.	208,838.	268,051.	286,518.	376,269.	1409025.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		1496898.	1594322.	1569127.	1834354.	6494701.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		4,400.	24,772.	1,625.	78,050.	108,847.
13 Total support. (Add lines 9, 10c, 11, and 12.)	29088980.	33029726.	39629130.	50203079.	52962499.	204913414

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	89.78 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	93.45 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	.69 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	.73 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

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

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

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

Schedule A (Form 990) 2023

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

Schedule A (Form 990) 2023

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Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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 Distributable Amount. 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).			

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

Schedule A (Form 990) 2023

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

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

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

Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023

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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.)

Public Disclosure Copy

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

**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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	Employer identification number 59-1742909
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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
<u>1</u>		\$ <u>1,208,404.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>2,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,030,596.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>359,031.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>5,540,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

59-1742909

Part II

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

Name of organization

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

Employer identification number

59-1742909

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2023

**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	TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	Employer identification number	59-1742909
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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) 2023

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
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
not over \$500,000,	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000,	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

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

Schedule C (Form 990) 2023

TAMPA METROPOLITAN AREA YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC.**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		6,107.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			6,107.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ORGANIZATION HAS PAID THE FLORIDA STATE ALLIANCE OF YMCAS DUES OF \$15,461, OF WHICH 39.5% WERE USED FOR LOBBYING OF \$6,107.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?

☐ Yes ☐ No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB 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) 2023

**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 make 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 program

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 in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	347,196.	337,063.	363,848.	338,931.	339,516.
b Contributions					
c Net investment earnings, gains, and losses	23,206.	15,955.	-20,557.	30,740.	5,239.
d Grants or scholarships					
e Other expenditures for facilities and programs	6,086.	5,822.	6,228.	5,823.	5,824.
f Administrative expenses					
g End of year balance	364,316.	347,196.	337,063.	363,848.	338,931.

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

a Board designated or quasi-endowment 97.6000 %

b Permanent endowment 2.4000 %

c Term endowment _____ %

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

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

(i) Unrelated organizations? ☒ Yes ☐ No

(ii) Related organizations? ☐ Yes ☒ No

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

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

Part VI Land, Buildings, and Equipment

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		79,464,782.	53,324,728.	26,140,054.
c Leasehold improvements				
d Equipment		16,706,146.	13,346,498.	3,359,648.
e Other		7,160,243.		7,160,243.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				44,150,532.

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

Schedule D (Form 990) 2023

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FINANCE LEASE OBLIGATIONS	1,663,644.
(3) RIGHT OF USE OPERATING LEASE	
(4) LIABILITIES	642,652.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,306,296.

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

Schedule D (Form 990) 2023

**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	54,644,642.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	371,002.
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	371,002.
3	Subtract line 2e from line 1	3	54,273,640.
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	69,697.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	69,697.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	54,343,337.

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	45,630,911.
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	457,917.
e	Add lines 2a through 2d	2e	457,917.
3	Subtract line 2e from line 1	3	45,172,994.
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	69,697.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	69,697.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	45,242,691.

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. ADDITONALLY, THE ORGANIZATION HAS ESTABLISHED AN ENDOWMENT ACCOUNT WITH THE COMMUNITY FOUNDATION OF TAMPA BAY.

PART X, LINE 2:

THE ASSOCIATION FOLLOWS ACCOUNTING STANDARDS CODIFICATION TOPIC 740, "INCOME TAXES" ("ASC 740"). A COMPONENT OF THIS STANDARD PRESCRIBES A RECOGNITION AND MEASUREMENT THRESHOLD OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE ASSOCIATION'S POLICY IS TO RECOGNIZE INTEREST AND

Part XIII Supplemental Information (continued)

PENALTIES ASSOCIATED WITH TAX POSITIONS UNDER THIS STANDARD AS A COMPONENT OF TAX EXPENSE, AND NONE WAS RECOGNIZED SINCE THERE WAS NO MATERIAL IMPACT OF THE APPLICATION OF THIS STANDARD FOR THE YEAR ENDED SEPTEMBER 30, 2024. THE ASSOCIATION'S INFORMATION RETURNS ARE OPEN TO IRS EXAMINATION FOR THE 2021 TAX YEAR AND ALL SUBSEQUENT PERIODS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE 457,917.

Public Disclosure Copy

Department of the Treasury
Internal Revenue Service

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

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

2023

Open to Public Inspection

Employer identification number
59-1742909

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- d** ☐ In-person solicitations

- ☐
- No**

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

Schedule G (Form 990) 2023

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 THE FIRST TEE PALMA CEGOBLE (event type)	(b) Event #2 TURKEY (event type)	(c) Other events 9 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,674,901.	181,903.	498,028.	2,354,832.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	1,674,901.	181,903.	498,028.	2,354,832.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	271,216.	93,308.	165,756.	530,280.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				530,280.
11 Net income summary. Subtract line 10 from line 3, column (d)				1,824,552.	

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Schedule G (Form 990) 2023

59-1742909 Page **3**

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

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

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

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

Part IV Supplemental Information *(continued)*

Public Disclosure Copy

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **TAMPA METROPOLITAN AREA YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC.**

Employer identification number
59-1742909

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHAMPIONS FOR CHILDREN, INC. 3108 WEST AZEELE STREET TAMPA, FL 33609	59-1807551	501(C)3	8,680.	0.			GRANT TO SUPPORT CHAMPION FOR CHILDREN'S MISSION.

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

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

Schedule I (Form 990) 2023

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <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	1b	X
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?	2	X
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
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.	4c	X
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?	5a	X
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	X
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?	6a	X
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	X
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	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2023

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

Schedule J (Form 990) 2023

59-1742909

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MATTHEW MITCHELL PRESIDENT & CEO	(i)	328,844.	50,000.	0.	39,600.	5,828.	424,272.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT MOSS COO	(i)	215,239.	15,000.	0.	27,438.	5,928.	263,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOSEPH WEIST CFO	(i)	181,567.	5,000.	0.	22,214.	4,995.	213,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNIFER WAINMAN VP OF MARKETING	(i)	138,549.	10,000.	0.	17,703.	5,589.	171,841.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBYN OSTREM SENIOR VICE PRESIDENT	(i)	124,994.	10,000.	0.	16,082.	10,162.	161,238.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID EVERETT CIO	(i)	138,329.	5,000.	0.	9,692.	4,629.	157,650.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SARAH HAYS SENIOR VICE PRESIDENT	(i)	119,384.	11,400.	0.	15,591.	5,550.	151,925.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

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

PART I, LINE 1A:

THE ASSOCIATION PAYS FOR SOCIAL CLUB DUES FOR SOME EMPLOYEES LISTED ON FORM
990 FOR USE FOR NORMAL BUSINESS ACTIVITIES. THOSE EMPLOYEES REIMBURSE THE
ASSOCIATION IF THERE IS ANY PERSONAL USE OF THOSE FACILITIES.

Public Disclosure Copy

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 for instructions and the latest information.

OMB No. 1545-0047

2023
Open to Public
Inspection

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

Part I	SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS											
(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 A		59-1293512	431903AY9	05/15/13	16400000.	PAID OFF IDA BONDS - SEE PART		X		X		X
B												
C												
D												

Part II Proceeds									
	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 refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X								
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, 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								

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

Schedule K (Form 990) 2023

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

Schedule K (Form 990) 2023

59-1742909

Page 2

Part III Private Business Use

	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						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d 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? ...								
4 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		%		%		%		%
5 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		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a 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 If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 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
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

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

Schedule K (Form 990) 2023

59-1742909

Page 3

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 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.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

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

Employer identification number
59-1742909

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 OLDEST HUMAN SERVICE ORGANIZATION IN HILLSBOROUGH COUNTY, THE TAMPA
METROPOLITAN AREA YMCA HAS BEEN BUILDING COMMUNITY IN TAMPA SINCE 1889.
IT 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 135
YEARS, THE TAMPA Y HAS WORKED TO CREATE A HEALTHIER TAMPA COMMUNITY,
HELP KIDS/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.

WE LAUNCHED OUR STRATEGIC PLAN (2023-2026) LAST YEAR AND HAVE BEEN
MAKING SIGNIFICANT PROGRESS ON OUR STRATEGIC FOCUS ON YOUTH

DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY. AS A TOP-RATED

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization	TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	Employer identification number 59-1742909
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4-STAR CHARITY, 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 COMMUNITY AND THEN DEVELOP PROGRAMS AND INITIATIVES THAT ADDRESS THOSE NEEDS. SOME OF THESE INITIATIVES INCLUDE:

"LAUNCHED TWO NEW LICENSED PRESCHOOLS THIS YEAR. BOTH LOCATIONS, CAMP SIERRA YMCA AND CENTRAL CITY YMCA OFFER EVIDENCE-BASED CURRICULA DEDICATED TO PROMOTING THE SOCIAL, EMOTIONAL AND PHYSICAL WELL-BEING OF EVERY CHILD. THEY ARE LED BY CERTIFIED AND EXPERIENCED CHILDCARE STAFF TO ENSURE THE HIGHEST QUALITY OF EDUCATION AND CARE.

"PROVIDING KIDS WITH TOOLS FOR SUCCESS IN SCHOOL THROUGH OUT-OF-SCHOOL ACADEMIC SUPPORT, AND EARLY LEARNING INITIATIVES, WHICH PREPARE CHILDREN FOR KINDERGARTEN AND SUMMER CAMP EXPERIENCES THAT PREVENT SUMMER LEARNING LOSS.

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

"PROVIDING CANCER SURVIVORS AND THEIR FAMILIES WITH A SUPPORTIVE PLACE TO HEAL THROUGH LIVESTRONG AT THE YMCA. AND NOW OUR NEWLY LAUNCHED THRIVERS CLUB, A CHILDREN'S CANCER SUPPORT GROUP FOR AGES 6-17.

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

"FIGHTING FOOD INSECURITY THROUGH THE TAMPA YMCA'S VEGGIE VAN - A MOBILE MARKET PLACE WHICH TAKES FRESH FRUITS AND VEGETABLES DIRECTLY TO KIDS AND FAMILIES IN TARGETED HIGH-NEED NEIGHBORHOODS. ADDITIONALLY,

Name of the organization	TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	Employer identification number 59-1742909
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THE YMCA OPERATES A FOOD PANTRY IN SULPHUR SPRINGS TO SUPPORT THE
COMMUNITY, WHICH IS IN A FOOD DESERT.

"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.

"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 FOR ALL --
REGARDLESS OF AGE, INCOME OR BACKGROUND.

ADDITIONALLY, WE ARE BUILDING COMMUNITY BY MAKING PROGRESS ON SEVERAL
CAPITAL PROJECTS, INCLUDING OUR TAMPA HEIGHTS DEVELOPMENT. THE
REDEVELOPMENT OF OUR TAMPA HEIGHTS PROPERTIES WILL NOT ONLY ALLOW US TO
PROVIDE A NEW, STATE-OF-THE-ART YMCA FOR OUR CENTRAL CITY COMMUNITY,
BUT IT WILL ALSO POSITION US TO BETTER SERVE THIS VIBRANT NEIGHBORHOOD.
ADDITIONALLY, OUR 18,000 SQUARE FOOT SPURLINO FAMILY YMCA GYMNASIUM
ADDITION IS NEARING COMPLETION, ADDRESSING A CRUCIAL COMMUNITY NEED AND
ENABLING US TO PROVIDE EVEN MORE IMPACTFUL PROGRAMS TO A SOUTH COUNTY
COMMUNITY THAT CONTINUES TO EXPERIENCE SUBSTANTIAL GROWTH. OUR NEW
WESLEY CHAPEL YMCA HAS ENTERED ITS PRECONSTRUCTION PHASE. THIS NEW
FACILITY WILL ALLOW US TO SERVE THE NEEDS OF ONE OF THE FASTEST-GROWING
COMMUNITIES IN OUR REGION.

SPEAKING OF COMMUNITY NEEDS, WE ARE HERE FOR ALL COMMUNITY MEMBERS WHO
NEED A PLACE TO FEEL MORE CONFIDENT, HEALTHY, CONNECTED AND SECURE.

FROM OCTOBER 31, 2023, TO SEPTEMBER 30, 2024, THE TAMPA Y SERVED 71,466

Name of the organization	TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	Employer identification number 59-1742909
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HOUSEHOLDS 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 SETS POLICY AND CONTINUOUSLY
EVALUATES Y PROGRAMS AND OUTREACH TO ENSURE MISSION COMPLIANCE AND
ALIGNMENT WITH COMMUNITY NEEDS. ADVISORY BOARDS OVERSEE INDIVIDUAL
CENTERS ACROSS TAMPA BAY.

WE BELIEVE EVERYONE SHOULD HAVE ACCESS TO Y PROGRAMS AND SERVICES THAT
HELP THEM LEARN, GROW AND THRIVE. THERE ARE SIGNIFICANT HEALTH
DISPARITIES IN OUR COMMUNITY AND WE WILL BECOME MORE MOBILE IN OUR
EFFORTS TO BUILD OUR CAPACITY TO REACH FAMILIES BEYOND OUR FACILITIES.
FURTHERMORE, WE WILL USE OUR INFLUENCE TO CONVENE PARTNERS AND LEVERAGE
RESOURCES TO ENSURE EQUITABLE ACCESS FOR ALL.

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.

THE TAMPA Y'S YOUTH DEVELOPMENT PROGRAMS FOSTER THE GROWTH AND
DEVELOPMENT OF CHILDREN, PARENTS AND FAMILIES. BEFORE AND AFTER SCHOOL
ENRICHMENT (BASE) AND SUMMER DAY CAMP PROGRAMS PREPARE CHILDREN FOR THE
FUTURE BY PROVIDING AN ASSET-RICH, VALUES-BASED HIGH-QUALITY
FOUNDATION. BASE SUPPORTS CHILDREN AND THEIR FAMILIES BY ALLOWING
PARENTS TO BALANCE WORK AND LIFE RESPONSIBILITIES, WITH THE CONFIDENCE

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

THAT THEIR CHILDREN ARE LEARNING AND THRIVING IN A SAFE, ASSET-RICH, SUPPORTIVE ENVIRONMENT WITH CERTIFIED BASE COUNSELORS. CHILDREN DEVELOP HEALTHY, TRUSTING RELATIONSHIPS AND BUILD SELF-RELIANCE THROUGH THE Y VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY DURING A RANGE OF ACTIVITIES, INCLUDING:

- ☐ ACADEMIC ENRICHMENT AND HOMEWORK ASSISTANCE
- ☐ PROMOTING POSITIVE SOCIAL AND EMOTIONAL EXPERIENCES
- ☐ PROJECT-BASED LEARNING CURRICULUM WITH A FOCUS ON STEM
- ☐ STRUCTURED OUTDOOR ACTIVITIES FOR PHYSICAL ACTIVITY
- ☐ ENGAGING INDOOR ACTIVITIES
- ☐ FREE HEALTHY SNACKS SERVED DAILY
- ☐ ARTS AND CRAFTS

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. BASE IMPACTS THE LIVES OF 2,532 KIDS EACH DAY AT 26 HILLSBOROUGH COUNTY PUBLIC ELEMENTARY SCHOOLS IN ADDITION TO SIX YMCA FACILITIES. FOR PARENTS WHO CANNOT AFFORD THE FULL FEE, CARE IS PROVIDED ON A SLIDING FEE SCALE, BASED ON NEED.

IN THE SUMMER OF 2024, TAMPA YMCA SERVED AN AVERAGE OF 1,929 SUMMER CAMPERS PER DAY IN HILLSBOROUGH COUNTY WITH 392 CAMPERS PER DAY AT OUR LARGEST SITE AND 43 CAMPERS PER DAY AT OUR SMALLEST SITE. THE Y COLLABORATED WITH THE AMERICAN CAMP ASSOCIATION TO CREATE EDUCATIONAL RESOURCES FOR CAMPS, PARENTS, AND CAMPERS AS WELL AS STATE AND LOCAL HEALTH DEPARTMENTS.

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THE TAMPA Y NURTURES THE POTENTIAL OF TAMPA-AREA YOUTH BY OFFERING PROGRAMS THAT PROVIDE KIDS AND TEENS WITH THE SKILLS NEEDED TO SUCCEED IN SCHOOL AND LIFE. Y ACTIVITIES ENABLE A CHILD TO SET GOALS, WORK TOWARD ACHIEVING THESE GOALS, AND GET THE SUPPORT THEY NEED FROM ENGAGED, COMMITTED ADULTS. THE Y BELIEVES A CONFIDENT KID TODAY IS A CONTRIBUTING AND ENGAGED ADULT TOMORROW. BELOW ARE A HANDFUL OF HIGHLIGHTS IN 2023 YOUTH DEVELOPMENT WORK AT THE Y:

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

"Y TEEN LEADERS' CLUB IS A LEADERSHIP PROGRAM THAT PROVIDES TEENS WITH AN OPPORTUNITY TO DEVELOP LIFE SKILLS, BUILD SELF-CONFIDENCE AND BECOME LEADERS OF TOMORROW.

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

"ADAPTIVE PROGRAMS OFFER CHILDREN WITH SPECIAL NEEDS THE OPPORTUNITY TO BENEFIT FROM PROGRAMS THEY WOULD NOT NORMALLY BE ABLE TO PARTICIPATE IN. THE TAMPA Y IS ONE OF A HANDFUL OF ORGANIZATIONS OFFERING ADAPTIVE SPORTS, SWIM AND ART 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 TO GATHER YOUTH AND DETER THEM FROM NEGATIVE BEHAVIORS. ALL YMCA YOUTH SPORTS ACTIVITIES SUCH AS BASKETBALL, AQUATICS AND GOLF ARE THE VEHICLES FOR CONNECTING WITH YOUTH TO BUILD VALUES, SELF-CONFIDENCE, RESPECT AND TEAMWORK.

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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 BEFORE 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 SUMMER MONTHS, WHEN THEY'D ORDINARILY FALL BEHIND THEIR PEERS.

IN 2024, THE TAMPA Y CONTINUED ITS YMCA READS! PROGRAM TO NOURISH THE MINDS OF EARLY ELEMENTARY SCHOOL CHILDREN WHO NEED THE MOST HELP AND SET THEM ON A PATH FOR FUTURE LEARNING. YMCA READS! IS A READING INTERVENTION PROGRAM FOR KINDERGARTEN - 4TH GRADE STUDENTS THAT CREATES POSITIVE, NURTURING ENVIRONMENTS WITHIN SULPHUR SPRINGS PK-8 COMMUNITY PARTNERSHIP SCHOOL AND PIZZO K-8 SCHOOL, IMPACTING MORE THAN 90 STUDENTS AT NO COST TO THEM. THE PROGRAM 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 VOLUNTEERS WHO MEET TWICE A WEEK WITH NO MORE THAN THREE K-4 STUDENTS AT A TIME. THE TAMPA Y CONTINUED TO IMPLEMENT A YMCA READS! SUMMER LITERACY ENRICHMENT PROGRAM THROUGH SIX OF OUR SUMMER CAMPS SERVING 1,245 CAMPERS TWICE A WEEK IN SUMMER 2024. YMCA READS! IS IMPLEMENTED IN PARTNERSHIP WITH THE FLORIDA DEPARTMENT OF EDUCATION AND THE FLORIDA STATE ALLIANCE OF YMCAS.

ANOTHER WAY THE TAMPA Y IS CLOSING THE ACHIEVEMENT GAP IS THROUGH Y TEEN ACHIEVERS - AN INITIATIVE AIMED AT SUPPORTING HILLSBOROUGH COUNTY

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STUDENTS IN SETTING AND REACHING HIGHER EDUCATION AND CAREER GOALS.

MORE THAN 50 PARTICIPANTS FROM GRADES 6-12 HAD THE OPPORTUNITY TO

ENGAGE IN POST-HIGH SCHOOL PLANNING WORKSHOPS, CAREER SEMINARS, JOB

SHADOWING AND INTERNSHIPS. ADDITIONALLY, STUDENTS PARTICIPATED IN TWO

AND FOUR-YEAR COLLEGE AND TECHNICAL SCHOOL TOURS. ADULT VOLUNTEERS FROM

ACROSS THE PROFESSIONAL AND MILITARY COMMUNITY PROVIDE MENTORSHIP

THROUGH INDIVIDUAL AND SMALL GROUP ENGAGEMENT ACTIVITIES. COLLECTIVELY,

THESE EXPERIENCES HELP PARTICIPANTS HONE THEIR FUTURE PLANS AND COUPLED

WITH ACADEMIC AND SOCIAL PROGRAMMING AND GUIDANCE, TO START TO TAKE THE

STEPS THAT TURN THOSE PLANS INTO REALITY. THE FREE PROGRAM PROVIDES

CRITICAL GUIDANCE AND INTERVENTION FOR STUDENTS WHO NEED IT THE MOST.

OVER THE SUMMER, THE TAMPA Y CONTINUED ITS TEEN SUMMER EXPERIENCE

PROGRAM. THE FIVE-WEEK PROGRAM IS GENEROUSLY SUPPORTED BY THE REGIONS

FOUNDATION AND THE CHILDREN'S BOARD OF HILLSBOROUGH COUNTY, THIS

SUMMER, 37 MIDDLE SCHOOLERS FROM SULPHUR SPRINGS PK-8 COMMUNITY

PARTNERSHIP SCHOOL AND SLIGH MIDDLE SCHOOL PARTICIPATED IN POSITIVE

ENRICHMENT PROGRAMMING TO LIMIT SUMMER LEARNING LOSS. WHILE THE CENTRAL

FOCUS OF THE TAMPA Y'S TEEN ACHIEVERS PROGRAM IS ACADEMIC SUCCESS AND

ON-TIME GRADE PROMOTION, THE PROGRAM ALSO EMPHASIZES THE IMPORTANCE OF

ATTENDANCE AND RELATIONSHIP-BUILDING TO FOSTER INDIVIDUAL

ACCOMPLISHMENT AND FACILITATE SUPPORT NETWORKS AMONG THE STUDENTS. THE

INITIATIVE SEEKS TO EXPLORE A VISION OF SUCCESS FOR EACH STUDENT'S

FUTURE WITH A FOCUS ON COLLEGE AND CAREER GOALS.

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

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AS TEAMWORK, PERSEVERANCE AND BEING THERE FOR ONE ANOTHER. WE'RE ALSO PROVIDING KIDS WITH HELPFUL STAFF WHO SERVE AS QUALITY ROLE MODELS FOR PARTICIPANTS. SUPPORTING THE HEALTHY DEVELOPMENT OF CHILDREN AND FAMILIES THROUGH A VALUES-BASED CULTURE, THE TAMPA Y'S YOUTH PROGRAMS ARE DESIGNED TO INTENTIONALLY INSTILL THE CHARACTERISTICS OF INSPIRATION, HEALTH, ACHIEVEMENT, BELONGING, RELATIONSHIPS, MEANING, SAFETY, CHARACTER AND GIVING.

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, 60,010 TEENS AND CHILDREN PARTICIPATED IN Y PROGRAMS FROM OCT. 1, 2023 - SEPT. 30, 2024.

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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, PERSONAL TRAINING AND LIVESTRONG AT THE YMCA. FITNESS AND SOCIAL PROGRAMS FOR ACTIVE OLDER ADULTS AND COMMUNITY OUTREACH

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EVENTS ALSO PROVIDE OPPORTUNITIES TO GET HEALTHIER AND CONNECT WITH NEW FRIENDS.

IN 2024, THE TAMPA YMCA ENTERED ITS NINTH YEAR WITH THE GROUNDBREAKING INITIATIVE CALLED THE VEGGIE VAN - A MOBILE MARKET PLACE. THE VEGGIE VAN TAKES FRESH FRUITS AND VEGETABLES DIRECTLY TO SENIORS AND FAMILIES IN THE TARGETED HIGH-NEED NEIGHBORHOODS OF HILLSBOROUGH AND EAST PASCO COUNTIES.

FROM OCTOBER 1, 2023, TO SEPTEMBER 30, 2024, THE VEGGIE VAN PROVIDED 162,628 MEALS TO 32,465 KIDS, SENIORS AND FAMILIES. THE VEGGIE VAN IS GENEROUSLY SUPPORTED BY: USDA NATIONAL INSTITUTE OF FOOD AND AGRICULTURE, FLORIDA BLUE FOUNDATION, PUBLIX SUPER MARKETS CHARITIES, JOY MCCANN FOUNDATION, TAMPA GENERAL HOSPITAL, INTERFAITH SOCIAL ACTION COUNCIL OF SUN CITY CENTER, UNITED WAY OF PASCO COUNTY, AND C&S WHOLESALE GROCERS CORPORATE GIVING PROGRAM.

ANOTHER WAY THE Y PREVENTS CHILDHOOD OBESITY IS THROUGH OUR YOUTH HEALTH AND WELLNESS PROGRAMS. BEGINNING IN 2021 THE SULPHUR SPRINGS NEIGHBORHOOD OF PROMISE (SSNOP) HAS FUNDING FROM THE FLORIDA DEPARTMENT OF AGRICULTURE AND THE FLORIDA CHILDREN'S INITIATIVE, WHICH ADDED ANOTHER FIT CLUB PROGRAM AND GARDEN CLUB TO SERVE AN ADDITIONAL 60 KIDS IN OUR SULPHUR SPRINGS COMMUNITY Y AFTER-SCHOOL PROGRAM FOCUSING ON NUTRITION EDUCATION, INCREASING PHYSICAL ACTIVITY AND INCORPORATING THE USE OF FITBITS. WE CONTINUE TO FACILITATE KIDS POWER FUNDED BY BAYCARE AT 5 OF OUR Y AFTER-SCHOOL SITES, SERVICING OVER 300 KIDS THROUGHOUT THE SCHOOL YEAR.

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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, WHICH POSITIVELY IMPACTS TAMPA BAY RESIDENTS.

THE Y'S WORK IN SULPHUR SPRINGS IS ONE EXAMPLE OF OUR LONG-TERM COMMITMENT TO STRENGTHENING COMMUNITY FOUNDATIONS. BY ALIGNING SOCIAL SERVICES WITH EDUCATION, FAMILIES AND CHILDREN IN SULPHUR SPRINGS (ONE OF TAMPA'S MOST SOCIO-ECONOMICALLY CHALLENGED NEIGHBORHOODS) WE ARE PROVIDING OUR NEIGHBORS WITH THE TOOLS AND SUPPORT THEY NEED TO SUCCEED IN SCHOOL AND LIFE. SERVING THE SULPHUR SPRINGS COMMUNITY SINCE 2008, THE SULPHUR SPRINGS YMCA IS A YEAR-ROUND PROGRAM PROVIDING SUPPORT TO SULPHUR SPRINGS PK-8 COMMUNITY PARTNERSHIP SCHOOL STUDENTS THROUGH AFTER-SCHOOL AND SUMMER CAMP PROGRAMMING. THE SULPHUR SPRINGS Y PROMOTES ACADEMIC SUCCESS THROUGH CURRICULUM AND ENRICHMENT CLUBS, WHICH 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. THE SULPHUR SPRINGS Y 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. THE SULPHUR SPRINGS YMCA SERVED 133 CHILDREN IN AFTER-SCHOOL AND ANOTHER 79 THROUGH SUMMER CAMP ENROLLMENT. THE Y SUMMER CAMP IS DEDICATED TO CURBING SUMMER LEARNING LOSS THROUGH ACADEMIC ACTIVITIES AS WELL AS PARTICIPATION IN A VARIETY

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OF ENRICHMENT CLUBS AND ACTIVITIES.

LOW-INCOME NEIGHBORHOODS, LIKE SULPHUR SPRINGS, LACK ACCESS TO FRESH FRUITS AND VEGETABLES, EITHER BECAUSE THEY AREN'T SOLD WITHIN WALKING DISTANCE OR BECAUSE THEY COST TOO MUCH. RESEARCH SUGGESTS THE OBESITY EPIDEMIC IS MORE PREVALENT IN LOW-INCOME AREAS DUE TO LIMITED ACCESS TO HEALTHY FOODS, SAFE PLACES FOR OUTDOOR ACTIVITIES AND ACCESS TO PREVENTATIVE HEALTHCARE SERVICES. THE TAMPA YMCA IS HELPING TURN THE EPIDEMIC AROUND WITH THE YMCA LEARNING GARDEN IN SULPHUR SPRINGS. THE Y HOSTS OUTDOOR CLASSROOM EXPERIENCES WHERE SULPHUR SPRINGS Y STUDENTS AND COMMUNITY FAMILIES LEARN HOW TO IDENTIFY DIFFERENT KINDS OF PRODUCE AND HOW TO INCORPORATE HEALTHY EATING INTO THEIR LIFESTYLES. THIS YEAR 28 THIRD-GRADE STUDENTS PARTICIPATED IN THE CLUB AND WERE ABLE TO TAKE 15 GALLONS OF NEEDED FOOD HOME JUST BEFORE SPRING BREAK.

AS PART OF OUR SOCIAL RESPONSIBILITY TO GIVE BACK TO NEIGHBORS IN NEED, THE TAMPA Y IS FILLING THE COMMUNITY'S HUNGER GAP WITH A FREE OUT-OF-SCHOOL FOOD PROGRAM. SINCE 2010, THE Y HAS BEEN PROVIDING FREE MEALS TO OUR AFTERSCHOOL STUDENTS (SNACK AND DINNER) AND SUMMER CAMPERS (BREAKFAST, LUNCH AND SNACK) TO HELP KIDS STAY WELL-NOURISHED, ACTIVE AND ENERGIZED - WHILE ALSO PROVIDING SOME RELIEF TO FAMILIES WHO NEED SUPPORT. IN TOTAL, THE TAMPA YMCA SERVED SUMMER CAMP AND AFTER-SCHOOL CARE CHILDREN 510,903 HEALTHY MEALS AND NUTRITIOUS SNACKS IN 2024. THE TAMPA Y IS PROUD TO PARTICIPATE IN THIS NATIONAL MOVEMENT TO HELP KIDS STAY WELL-NOURISHED, ACTIVE AND ENERGIZED, WHILE ALSO PROVIDING SOME RELIEF TO FAMILIES WHO NEED ASSISTANCE.

THE Y ALSO OFFERS A VARIETY OF COMMUNITY-STRENGTHENING INITIATIVES AT

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OUR FACILITIES AND IN OUR NEIGHBORING COMMUNITIES, INCLUDING AFFORDABLE OUT-OF-SCHOOL YOUTH DEVELOPMENT PROGRAMS FOR UNDERSERVED FAMILIES, COMMUNITY SERVICE ACTIVITIES FOR TEEN LEADERS AND SUMMER CAMP PARTICIPANTS, AS WELL AS 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.

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COMMUNITY BENEFIT

AT THE Y, WE BRING MEN, WOMEN AND CHILDREN TOGETHER IN A SHARED COMMITMENT TO ENSURE OPPORTUNITIES FOR EVERYONE TO LEARN, GROW AND THRIVE.

ENSURING ACCESS TO ALL

FROM OCTOBER 1, 2023, TO SEPTEMBER 30, 2024, THE Y INVESTED \$13,299,895 BACK INTO THE COMMUNITY THROUGH VOLUNTEER SERVICE AND FINANCIAL ASSISTANCE TO ENSURE PARTICIPATION IN ALL PROGRAMS AMONG YOUTH, ADULTS AND FAMILIES FACING FINANCIAL HARDSHIP, IN ADDITION TO, SUBSIDIZED PROGRAMS THAT FILL COMMUNITY VOIDS THROUGHOUT HILLSBOROUGH AND EAST PASCO COUNTIES.

IN ADDITION, THE TAMPA Y ENGAGES FAMILY MEMBERS IN PROGRAMMING THAT SUPPORTS A JOYFUL, HOLISTIC APPROACH TO FAMILY DEVELOPMENT. FAMILIES ARE CENTRAL TO THE COMMUNITIES WE SERVE. THEY LOOK TO THE Y TO BE THAT PARENTING PARTNER FOR AFTER-SCHOOL CARE IN A SAFE ENVIRONMENT, YOUTH SPORTS THAT KEEP THEIR KIDS ACTIVE OR SWIM LESSONS THAT TEACH THEIR KIDS A LIFELONG SKILL. IN 2024, THE TAMPA Y CONTINUED TO ASSIST WORKING

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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 ENSURE NOT ONE MORE CHILD DROWNS IN HILLSBOROUGH COUNTY.

ONE OF THE Y'S MOST IMPACTFUL DROWNING PREVENTION PROGRAMS IS THE FREE SAFETY AROUND WATER (SAW) PROGRAM OFFERED AT NO COST TO THE COMMUNITY. THE TAMPA Y PROVIDED 2,397 SWIM LESSONS GIVING CHILDREN CONFIDENCE IN AND AROUND WATER AND REDUCING THEIR RISK OF DROWNING.

THE MOBILE WATER SAFETY TEAM BRINGS WATER SAFETY AND SWIM LESSONS TO APARTMENT COMPLEXES AND NEIGHBORHOOD POOLS TO REACH CHILDREN WHO OTHERWISE WOULD NOT RECEIVE SWIM LESSONS. IN 2023, Y INSTRUCTORS PROVIDED MOBILE SWIM GROUP LESSONS TO 83 CHILDREN IN NEIGHBORHOOD POOLS. FOR A FOURTH YEAR, THE PROGRAM ALSO PROVIDED FREE PRIVATE SWIM LESSONS TO 145 CHILDREN WITH SPECIAL NEEDS THROUGHOUT HILLSBOROUGH COUNTY.

THE TAMPA Y ALSO CONTINUED ITS HEAD START COLLABORATION IN 2024, THROUGHOUT THE SPRING, 263 UNDERSERVED YOUTH RECEIVED SWIM LESSONS AT OUR FAMILY YS.

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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 UP 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 THEY ARE 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

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 NONPROFIT ORGANIZATIONS, OUR

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MEMBERS, OUR VOLUNTEERS AND OUR STAFF TO CHANGE LIVES.

IN 2024, THE TAMPA Y MADE SIGNIFICANT IMPACTS ON THE TAMPA BAY
COMMUNITY AND GAVE BACK 52,087 VOLUNTEER HOURS COACHING, MENTORING,
ADVISING, FUNDRAISING AND/OR GOVERNING FOR THE ORGANIZATION.

IN ADDITION, WE RAISED \$17,104,915 IN PUBLIC SUPPORT INCLUDING
INDIVIDUAL, BUSINESS, GOVERNMENT, FOUNDATION CONTRIBUTIONS, SPECIAL
EVENTS AND GRANTS FROM OCT. 1, 2023 - SEPT.30, 2024, DEMONSTRATING
BROAD SUPPORT OF EFFORTS AND WORK FROM THE TAMPA BAY COMMUNITY. THESE
DOLLARS DIRECTLY SUPPORT MISSION-DRIVEN OPERATIONS.

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.

THE TAMPA Y IS COMMITTED TO THE HIGHEST ETHICAL STANDARDS OF A PUBLIC
CHARITY. THE TAMPA YMCA'S SOUND FISCAL MANAGEMENT PRACTICES AND

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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

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PROGRAM SERVICE ACCOMPLISHMENTS

HEALTH AND WELLNESS

CREATING A HEALTHIER TAMPA BAY COMMUNITY IS A KEY COMPONENT OF TAMPA Y'S MISSION. OUR HEALTH AND WELLNESS PROGRAMS STRESS THE IMPORTANCE OF A HEALTHY LIFESTYLE THROUGH EXERCISE, PROPER NUTRITION, HEALTH EDUCATION AND STRESS MANAGEMENT. IN 2023, THE TAMPA Y OFFERED NUMEROUS HEALTH ENHANCEMENT PROGRAMS, INCLUDING THE Y DIABETES PREVENTION PROGRAM, LIVESTRONG AT THE YMCA, THE NEWLY LAUNCHED THRIVERS CLUB, CANCER SUPPORT FOR CHILDREN AGES 6-17, PEDALING FOR PARKINSON'S, ENHANCEFITNESS, SILVERSNEAKERS, 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 COMMUNITY IMPACT THROUGH PROGRAMS, SUCH AS THE VEGGIE VAN - A MOBILE MARKET PLACE; AND THE TURKEY GOBBLE BRINGING 4500 COMMUNITY MEMBERS AND 150 DOGS TOGETHER TO RUN/WALK ON THANKSGIVING 2023.

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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 CHILDCARE 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. OUR PROGRAM IS FUNDED FOR 80 SLOTS WITHIN 20 FAMILY CHILDCARE HOMES. 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 TO IMPROVE THEIR LIVES AND ACHIEVE SUCCESS. ENROLLED FAMILIES ARE ENCOURAGED TO PARTICIPATE IN THE POLICY COUNCIL, FAMILY LITERACY, PARENT TRAINING, FATHERHOOD INVOLVEMENT AND VARIOUS CULTURAL DIVERSITY ACTIVITIES THROUGHOUT THE YEAR.

PRIVATE FUNDERS

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

Name of the organization **TAMPA METROPOLITAN AREA YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC.**

Employer identification number
59-1742909

ENHANCEFITNESS

ACTIVE OLDER ADULT PROGRAMS

ADAPTIVE GYMNASTICS

ADAPTIVE AQUATICS & WELLNESS

SUMMER CAMPS

YOUTH SPORTS

COMMUNITY OUTREACH ACTIVITIESFIRST TEE - TAMPA BAY

AFTERSCHOOL/SUMMER PROGRAMS

TEEN AFTERSCHOOL/SUMMER PROGRAMS

TEEN NIGHTS

TEEN LEADERSHIP PROGRAMS

SUMMER DAY PROGRAMS

MEMBERSHIP

SULPHUR SPRINGS YMCA

UNITED WAY SUNCOAST & UNITED WAY OF PASCO COUNTY

THE UNITED WAY SUNCOAST HAS SUPPORTED THE Y FOR MORE THAN 71 YEARS.

FROM OCT. 1, 2023 - SEPT. 30, 2024, THE UNITED WAY CONTRIBUTED \$130,000

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

PROGRAMS, AFTERSCHOOL SERVICES, YOUTH DEVELOPMENT PROGRAMS, AND GENERAL

OPERATING SUPPORT. THE UNITED WAY OF PASCO COUNTY AWARDED \$4,000 TO

SUPPORT THE VEGGIE VAN.

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

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

"GOVERNMENT - LOCAL, STATE AND FEDERAL GOVERNMENT CONTRACTS FOR HUMAN SERVICES.

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 ANYONE AWAY WHO NEEDS A PLACE TO GO TO BE HEALTHIER, MORE CONFIDENT, CONNECTED AND SECURE.

THE TAMPA Y IS A LEADER IN PROVIDING INNOVATIVE PROGRAMS THAT NURTURE THE POTENTIAL OF KIDS AND TEENS, PROMOTE HEALTHY LIVING AND FOSTER A SENSE OF SOCIAL RESPONSIBILITY. OVERALL, THROUGH ITS MANY PROGRAMS, THE TAMPA Y SERVED 250,757 CHILDREN, TEENS, ADULTS, SENIOR CITIZENS, CANCER SURVIVORS, CHRONICALLY ILL COMMUNITY MEMBERS, AT-RISK YOUTH, INFANTS AND TODDLERS FROM OCT.1, 2023 - SEPT. 30, 2024.

HOWEVER, THE YMCA HAS ALWAYS BEEN MORE THAN A BUILDING. THE Y IS ABOUT PEOPLE - PEOPLE FROM ALL BACKGROUNDS AND WALKS OF LIFE WHO COME TOGETHER TO IMPROVE THEIR LIVES, NURTURE THEIR FAMILIES AND STRENGTHEN THEIR COMMUNITY. WE HAVE BEEN BUILDING COMMUNITY IN TAMPA SINCE 1889.

MORE INFORMATION ABOUT THE TAMPA Y AND HOW WE STRENGTHEN THE

Name of the organization	TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	Employer identification number 59-1742909
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FOUNDATIONS OF THE TAMPA COMMUNITY CAN BE FOUND AT WWW.TAMPAYMCA.ORG.

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

THE GOVERNANCE BOARD AND THE FINANCE COMMITTEE WERE PROVIDED A COPY OF FORM 990 PLUS ALL SUPPORTING SCHEDULES AND STATEMENTS FOR THEIR REVIEW.

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 AREA YMCA UTILIZES PAY PLAN IN THE DETERMINATION OF APPROPRIATE SALARY LEVELS OF LIKE SIZED YMCA POSITIONS, IN CONJUNCTION WITH

Name of the organization	TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	Employer identification number 59-1742909
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ANALYSIS OF OTHER YMCA AND NON-YMCA COMPARABILITY DATA.

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

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

FORM 990, PART VI, SECTION A, LINE 2

THERE WERE NO FAMILY OR BUSINESS RELATIONSHIPS BETWEEN EMPLOYEES OR OFFICERS AND OTHER OFFICERS, DIRECTORS, TRUSTEES OR KEY EMPLOYEES.

DIRECTORS MAY HAVE BUSINESS RELATIONSHIPS WITH OTHER DIRECTORS WITHIN THE NORMAL COURSE OF THEIR BUSINESSES BUT IF ANY OF THESE RELATIONSHIPS EXIST THEY DO NOT INVOLVE THE YMCA OR ANY DECISIONS OF THE BOARD.

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

BAD DEBT EXPENSE	-457,917.
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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

Name of the organization TAMPA METROPOLITAN AREA YOUNG MEN'S
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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.

Public Disclosure Copy

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	Taxpayer identification number (TIN) 59-1742909
	Number, street, and room or suite no. If a P.O. box, see instructions. 110 OAK AVENUE EAST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TAMPA, FL 33602	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **THE ORGANIZATION**
110 OAK AVENUE EAST - TAMPA, FL 33602

Telephone No. **813-224-9622** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☒ tax year beginning **OCT 1**, 20 **23**, and ending **SEP 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)