

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

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.
Doing Business As
Do nothing
Number and street (or P O box if mail is not delivered to street address) Room/suite
110 OAK AVENUE EAST
City, town, or post office, state, and ZIP code
TAMPA, FL 33602
F Name and address of principal officer: THOMAS F. LOOBY
110 OAK AVENUE EAST, TAMPA, FL 33602

D Employer identification number
59-1742909

E Telephone number
813-224-9622

G Gross receipts \$ 38,443,445.

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
If "No," attach a list. (see instructions)

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

J Website: WWW.TAMPAYMCA.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1889 **M State of legal domicile:** FL

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT,</u>		
	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)	3	31
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	2397
	6	Total number of volunteers (estimate if necessary)	6	1913
	7	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	6,362,021.	6,606,213.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,590,307.	27,472,210.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	218,711.	299,948.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	995,293.	1,105,927.
	12		34,166,332.	35,484,298.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,714,574.	1,654,278.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,162,449.	18,397,188.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 598,653.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,362,407.	14,606,371.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	33,239,430.	34,657,837.	
19	Revenue less expenses. Subtract line 18 from line 12	926,902.	826,461.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	20		54,412,904.	54,251,766.
	21	Total liabilities (Part X, line 26)	24,577,580.	22,640,670.
22	Net assets or fund balances. Subtract line 21 from line 20	29,835,324.	31,611,096.	

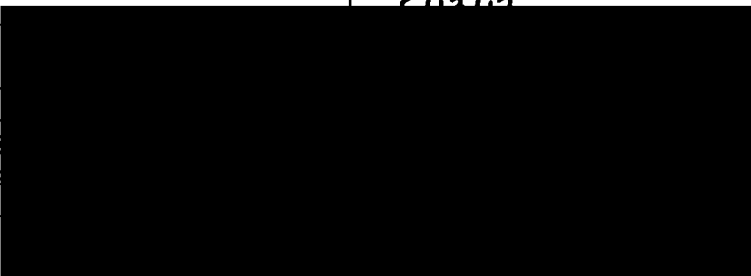
Part II Signature Block

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
THOMAS F. LOOBY, CEO
Type or print name and title

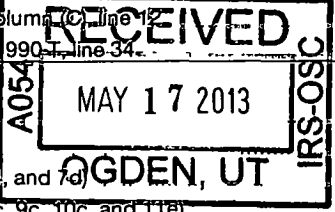
Paid Preparer Use Only

Print/Type preparer's name: CHRIS CORNEROLI
Preparer's signature: [Signature]
Firm's name: CBIZ KIRKLAND, RUSS, MURPHY & TAPP
Firm's address: 13577 FEATHER SOUND DRIVE, #400 CLEARWATER, FL 33762



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

JUN 10 2013



Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE MISSION STATEMENT AT SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code _____) (Expenses \$ 17,604,630. Including grants of \$ 951,831.) (Revenue \$ 15,867,980.)

CHILDCARE AND FAMILY SERVICES: SEE PROGRAM ACCOMPLISHMENTS AT SCHEDULE O.

4b (Code _____) (Expenses \$ 6,517,337. Including grants of \$ 352,373.) (Revenue \$ 5,874,419.)

COMPREHENSIVE YOUTH DEVELOPMENT SERVICES: SEE PROGRAM ACCOMPLISHMENTS AT SCHEDULE O.

4c (Code _____) (Expenses \$ 6,474,808. Including grants of \$ 350,074.) (Revenue \$ 5,836,085.)

HEALTH & WELLNESS SERVICES: SEE PROGRAM ACCOMPLISHMENTS AT SCHEDULE O.

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 30,596,775.

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> ?	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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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</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 <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?	X	
4b	If "Yes," enter the name of the foreign country: CAYMAN ISLANDS See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
	31		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	31		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	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 in Schedule O		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?	X	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TODD BRAY - 813-224-9622
110 OAK AVENUE EAST, TAMPA, FL 33602

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LARRY BEVIS DIRECTOR	1.00	X					0.	0.	0.	
(2) ROBERT H. BUESING IMMEDIATE PAST CHAIR	1.00	X		X			0.	0.	0.	
(3) VINCENT CASSIDY DIRECTOR	1.00	X					0.	0.	0.	
(4) AL COLBY VICE CHAIR	1.00	X		X			0.	0.	0.	
(5) BRETT COUCH CHAIRPERSON	1.00	X		X			0.	0.	0.	
(6) TROY FOWLER DIRECTOR	1.00	X					0.	0.	0.	
(7) FELIX HAYNES SECRETARY	1.00	X		X			0.	0.	0.	
(8) DAVID KENNEDY DIRECTOR	1.00	X					0.	0.	0.	
(9) MICHELLE MAINGOT CHAIR/CHAIR-ELECT	1.00	X		X			0.	0.	0.	
(10) JENNIFER MURPHY VICE CHAIR	1.00	X		X			0.	0.	0.	
(11) DENA SHIMBERG DIRECTOR	1.00	X					0.	0.	0.	
(12) DOUG ARTHUR TREASURER	1.00	X		X			0.	0.	0.	
(13) DAVID CHRISTIAN DIRECTOR	1.00	X					0.	0.	0.	
(14) CY SPURLINO DIRECTOR	1.00	X					0.	0.	0.	
(15) BILL BARKER DIRECTOR	1.00	X					0.	0.	0.	
(16) FRED FRANKLAND DIRECTOR	1.00	X					0.	0.	0.	
(17) KERI EISENBEIS DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TRACY VEILLETTE DIRECTOR	1.00	X						0.	0.	0.
(19) CHAD LOAR DIRECTOR	1.00	X						0.	0.	0.
(20) WENDY NERO DIRECTOR	1.00	X						0.	0.	0.
(21) CEDRIC POWELL DIRECTOR	1.00	X						0.	0.	0.
(22) JANINE SALMON DIRECTOR	1.00	X						0.	0.	0.
(23) JACK SUBER DIRECTOR	1.00	X						0.	0.	0.
(24) DAN CAMPO DIRECTOR	1.00	X						0.	0.	0.
(25) AMY STANDARD DIRECTOR	1.00	X						0.	0.	0.
(26) GUY KING DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,285,501.	0.	190,193.
d Total (add lines 1b and 1c)								1,285,501.	0.	190,193.

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, or 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
ALTO CONSTRUCTION COMPANY 4102 CAUSEWAY BLVD, TAMPA, FL 33619	CONSTRUCTION	360,413.
GRAINGER 4505 W HILLSBOROUGH AVE, TAMPA, FL 33614	MAINTENANCE SUPPLIES	218,415.
JULES & ASSOCIATES PO BOX 1450, MINNEAPOLIS, MN 55485	EQUIPMENT LEASE	170,242.
PP&K 1102 N. FLORIDA AVE, TAMPA, FL 33602	ADVERTISING	135,013.
GRAPHIX SCREEN PRINTING 720 E TARPON AVE, TARPON SPRINGS, FL 34689	SHIRTS/UNIFORMS	119,860.

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 9

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 364,224.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 3,286,036.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,955,953.					
	g Noncash contributions included in lines 1a-1f \$	5,800.					
	h Total. Add lines 1a-1f		6,606,213.				
	Program Service Revenue	Business Code					
2 a HEALTH AND WELLNESS		624110	17,846,177.	17,846,177.			
b YOUTH ACTIVITIES		624100	9,626,033.	9,626,033.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		27,472,210.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		96,441.			96,441.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	315,988.				
		(ii) Personal	1,261.				
		b Less: rental expenses	0.				
		c Rental income or (loss)	315,988.				
	d Net rental income or (loss)		317,059.			317,059.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2,999,073.				
		(ii) Other	7,142.				
		b Less: cost or other basis and sales expenses	2,802,708.				
		c Gain or (loss)	196,365.				
	d Net gain or (loss)		203,507.			203,507.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	514,278.				
		b Less: direct expenses	b 130,335.				
c Net income or (loss) from fundraising events			383,943.			383,943.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	324,565.					
	b Less: cost of goods sold	b 25,914.					
	c Net income or (loss) from sales of inventory		298,651.			298,651.	
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS INCOME	624100	106,274.	106,274.				
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		106,274.				
12 Total revenue. See instructions		35,484,298.	27,578,484.	0.	1,299,601.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,654,278.	1,654,278.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	763,680.	655,034.	90,295.	18,351.
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	14,998,597.	13,019,134.	1,655,227.	324,236.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	796,274.	623,548.	139,661.	33,065.
9 Other employee benefits	409,460.	320,642.	71,816.	17,002.
10 Payroll taxes	1,429,177.	1,263,435.	137,416.	28,326.
11 Fees for services (non-employees):				
a Management				
b Legal	28,837.	25,492.	2,773.	572.
c Accounting	47,249.	41,770.	4,543.	936.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	30,190.	26,689.	2,903.	598.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	2,364,305.	1,689,212.	617,941.	57,152.
12 Advertising and promotion	524,395.	114,813.	395,295.	14,287.
13 Office expenses	2,683,268.	2,668,573.		14,695.
14 Information technology				
15 Royalties				
16 Occupancy	3,384,639.	3,375,568.	8,577.	494.
17 Travel	371,052.	321,881.	47,172.	1,999.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	432,341.	220,558.	152,947.	58,836.
20 Interest	781,815.	781,815.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,300,953.	3,300,953.		
23 Insurance	109,818.	64,783.	45,035.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a NATIONAL SUPPORT/DUES	337,013.	287,594.	47,314.	2,105.
b SPECIAL ASSISTANCE	75,494.	67,744.	500.	7,250.
c				
d				
e All other expenses	135,002.	73,259.	42,994.	18,749.
25 Total functional expenses. Add lines 1 through 24e	34,657,837.	30,596,775.	3,462,409.	598,653.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	6,964,508.	2	5,739,507.
	3	Pledges and grants receivable, net	827,863.	3	1,007,110.
	4	Accounts receivable, net	206,524.	4	100,662.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	377,123.	9	504,577.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 69,439,704.		
	10b	Less: accumulated depreciation	10b 32,489,214.		
	10c		38,183,375.	10c	36,950,490.
	11	Investments - publicly traded securities	6,783,691.	11	9,949,420.
	12	Investments - other securities. See Part IV, line 11	1,069,820.	12	0.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	54,412,904.	16	54,251,766.	
Liabilities	17	Accounts payable and accrued expenses	1,999,575.	17	1,270,525.
	18	Grants payable		18	
	19	Deferred revenue	309,399.	19	836,503.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	77,832.	21	75,640.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	17,700,000.	23	16,400,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,490,774.	25	4,058,002.	
26	Total liabilities. Add lines 17 through 25	24,577,580.	26	22,640,670.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	29,063,911.	27	30,109,845.
	28	Temporarily restricted net assets	671,413.	28	1,401,251.
	29	Permanently restricted net assets	100,000.	29	100,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	29,835,324.	33	31,611,096.	
34	Total liabilities and net assets/fund balances	54,412,904.	34	54,251,766.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,484,298.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,657,837.
3	Revenue less expenses. Subtract line 2 from line 1	3	826,461.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,835,324.
5	Net unrealized gains (losses) on investments	5	775,621.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	173,690.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	31,611,096.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" 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 in 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 Single Audit Act and OMB Circular A-133?	x	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	x	

Form 990 (2012)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,758,554.	5,902,245.	5,840,385.	6,362,021.	6,606,213.	31,469,418.
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	25,398,007.	26,151,813.	26,193,245.	26,734,113.	27,578,484.	132,055,662.
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	32,156,561.	32,054,058.	32,033,630.	33,096,134.	34,184,697.	163,525,080.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	95,123.	26,810.	83,700.	167,498.	64,950.	438,081.
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	95,123.	26,810.	83,700.	167,498.	64,950.	438,081.
8 Public support. (Subtract line 7c from line 6)						163,086,999.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	32,156,561.	32,054,058.	32,033,630.	33,096,134.	34,184,697.	163,525,080.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	770,261.	353,240.	853,381.	433,399.	413,500.	2,823,781.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	770,261.	353,240.	853,381.	433,399.	413,500.	2,823,781.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)	32,926,822.	32,407,298.	32,887,011.	33,529,533.	34,598,197.	166,348,861.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	98.04 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	98.02 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	1.70 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	1.69 %

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Supplemental Financial Statements

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

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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" to 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 (e.g., recreation or education)	<input type="checkbox"/> Preservation of an 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	772,013.	727,351.	720,501.	963,714.	963,714.
b Contributions	1,240,809.	766,182.	499,504.	501,926.	
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	511,571.	721,520.	492,654.	745,139.	
f Administrative expenses					
g End of year balance	1,501,251.	772,013.	727,351.	720,501.	963,714.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 6.66 %
- c Temporarily restricted endowment 93.34 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,409,455.		7,409,455.
b Buildings		50,352,503.	23,273,005.	27,079,498.
c Leasehold improvements				
d Equipment		11,490,725.	9,216,209.	2,274,516.
e Other		187,021.		187,021.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				36,950,490.

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DERIVATIVE LIABILITY - INTEREST RATE SWAPS	3,680,595.
(3) CAPITAL LEASE OBLIGATIONS	377,407.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	4,058,002.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	36,571,739.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	775,621.	
b	Donated services and use of facilities	2b	311,820.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	1,087,441.
3	Subtract line 2e from line 1		3	35,484,298.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	35,484,298.

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

1	Total expenses and losses per audited financial statements		1	34,795,967.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	311,820.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-173,690.	
e	Add lines 2a through 2d		2e	138,130.
3	Subtract line 2e from line 1		3	34,657,837.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	34,657,837.

Part XIII Supplemental Information

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

PART IV, LINE 2B: PART IV, LINE 2B: THE TAMPA METROPOLITAN AREA YMCA

("THE ASSOCIATION") HOLDS FUNDS IN TRUST FOR LOCAL GROUPS ASSOCIATED WITH

THE YMCA, SUCH AS YOUTH SPORTING TEAMS SO THEY CAN ATTEND A TOURNAMENT.

THE ASSOCIATION HAS NO CLAIM ON THESE FUNDS AND HOLDS THEM IN SAFE KEEPING

IN COURTESY FOR THESE GROUPS.

PART V, LINE 4: PART V, LINE 4: THE FIRST TEE ENDOWMENT FUND IS

RESTRICTED TO PROVIDE OPERATING REVENUE FOR THE FIRST TEE PROGRAM.

Part XIII Supplemental Information (continued)

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 PENALTIES ASSOCIATED WITH TAX

POSITIONS UNDER THIS STANDARD AS A COMPONENT OF TAX EXPENSE, AND NONE WERE

RECOGNIZED SINCE THERE WAS NO MATERIAL IMPACT OF THE APPLICATION OF THIS

STANDARD FOR THE YEAR ENDED DECEMBER 31, 2012. THE ASSOCIATION'S

INFORMATION RETURNS ARE OPEN TO IRS EXAMINATION FOR THE 2009 TAX YEAR AND

ALL SUBSEQUENT YEARS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON DISPOSAL OF FIXED ASSETS INCLUDED ON FS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN DERIVATIVE LIABILITY -173,690.

TO PROTECT ITSELF FROM INCREASES IN MARKET INTEREST RATES IN YEAR 2000,

THE ASSOCIATION EXECUTED AN INTEREST RATE SWAP AGREEMENT WITH BANK OF

AMERICA, N.A.

THE INTEREST RATE SWAPS ARE DERIVATIVE FINANCIAL INSTRUMENTS, MEASURED AT

FAIR VALUE, AND RECORDED AS A LIABILITY IN THE BALANCE SHEET. THE

LIABILITY REPRESENTS THE ESTIMATED AMOUNT THE ASSOCIATION WOULD BE

REQUIRED TO PAY TO TERMINATE THE SWAP AGREEMENT.

Part XIII Supplemental Information (continued)

THE CHANGE IN DERIVATIVE LIABILITY REPRESENTS THE CHANGE IN FAIR VALUE OF

THE INTEREST RATE SWAP.

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FIRST TEE GOLF CLASSIC TOURNAMENT (event type)	CARIBANA (event type)	6 (total number)		
Revenue	1	Gross receipts	187,650.	138,286.	188,342.	514,278.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	187,650.	138,286.	188,342.	514,278.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	37,209.	31,316.	61,810.	130,335.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(130,335)
	11	Net income summary. Combine line 3, column (d), and line 10				383,943.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	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. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2012

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S HOME, INC. 10909 MEMORIAL HWY. TAMPA, FL 33615	59-0696284	501(C)(3)	794,292.	0.			COMMUNITY OUTREACH & FAMILY SUPPORT
FAMILY ENRICHMENT CENTER 1002 DR. MARTIN L KING JR BLVD. TAMPA, FL 33603	59-3144855	501(C)(3)	267,449.	0.			COMMUNITY OUTREACH & FAMILY SUPPORT
MENTAL HEALTH CARE, INC. 5707 N 22ND STREET TAMPA, FL 33610	59-0747306	501(C)(3)	319,662.	0.			COMMUNITY OUTREACH & FAMILY SUPPORT
POSITIVE SPIN 7628 N. 56TH STREET SUITE 18 TAMPA, FL 33617	80-0167391	501(C)(3)	260,760.	0.			COMMUNITY OUTREACH & FAMILY SUPPORT
BAY AREA LEGAL SERVICES, INC. 9280 BAY PLAZA BLVD TAMPA, FL 33619	59-1171886	501(C)(3)	12,115.	0.			COMMUNITY OUTREACH & FAMILY SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 5.

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

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

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

EACH OF OUR GRANTS HAS PROGRAMMATIC STAFF THAT IS RESPONSIBLE FOR
 MONITORING THE PROGRESS AND EXPENDITURES OF THEIR GRANT. IN OUR GENERAL
 LEDGER STRUCTURE WE IDENTIFY EACH GRANT BY A 3 DIGIT PROGRAM
 CLASSIFICATION CODE TO HELP TRACK EACH GRANT. OUR GRANT ACCOUNTANT
 MONITORS ALL REIMBURSEMENT REQUESTS THAT ARE SUBMITTED TO OUR GRANTORS
 TO ENSURE COMPLIANCE WITH OUR CONTRACT. GRANTS GENERAL LEDGERS ARE
 REVIEWED ON A MONTHLY BASIS TO ENSURE EXPENSES ARE BEING ALLOCATED TO
 THE APPROPRIATE GRANT. PERIODIC AUDITS ARE PERFORMED FOR OUR GRANTEEES
 TO ENSURE THEY ARE ALSO IN COMPLIANCE WITH THE CONTRACT.

**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS F. LOOBY PRESIDENT & CEO	(i)	255,357.	30,000.	0.	30,000.	2,288.	317,645.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATHRYN SHORT RABON VP/CDO	(i)	155,117.	0.	0.	18,614.	5,023.	178,754.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BETH A. BARRETT VP PROF. SVCS.	(i)	138,230.	0.	0.	16,588.	3,804.	158,622.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL BROWN SR. GRP VP	(i)	131,305.	0.	0.	15,757.	6,049.	153,111.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A: BETH BARRETT RECEIVED A SEVERANCE PAYMENT OF \$6,665.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GUY KING	DIRECTOR	57,787.	MR KING IS		X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: GUY KING

(D) DESCRIPTION OF TRANSACTION: MR KING IS AN EXECUTIVE WITH AN

INSURANCE AGENCY THAT PROVIDES THE MAJORITY OF THE INSURANCE COVERAGE FOR

THE YMCA. AS OF DECEMBER 31, 2012, PREMIUMS PAID ON THE POLICIES PLACED

BY THE AGENCY DURING THE YEAR ENDED DECEMBER 31, 2012 TOTALED \$1,318,603.

COMMISSIONS PAID TO THE RELATED INSURANCE AGENCY DURING THE YEAR ENDED

DECEMBER 31, 2012 TOTALED \$57,787. WHENEVER POSSIBLE THE ASSOCIATION

WILL SEEK OUT BIDS FOR ITEMS IN EXCESS OF \$1,500 TO ENSURE ARM'S LENGTH

TRANSACTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

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

ORGANIZATION'S MISSION STATEMENT

MISSION

TO PUT JUDEO-CHRISTIAN PRINCIPALS INTO PRACTICE THROUGH PROGRAMS THAT

BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL.

--OVERVIEW--

THE TAMPA METROPOLITAN AREA YMCA IS A POWERFUL ASSOCIATION OF MEN,

WOMEN AND CHILDREN OF ALL AGES AND FROM ALL WALKS OF LIFE JOINED

TOGETHER BY A SHARED PASSION: TO STRENGTHEN THE FOUNDATIONS OF THE

TAMPA COMMUNITY. WE DO THIS THROUGH NURTURING THE POTENTIAL OF KIDS AND

TEENS, PROMOTING HEALTHY LIVING AND FOSTERING A SENSE OF SOCIAL

RESPONSIBILITY.

FOR MORE THAN 120 YEARS, THE TAMPA Y HAS WORKED TO CREATE A HEALTHIER

TAMPA COMMUNITY, HELP KIDS AND FAMILIES, AND ENGAGE COMMUNITY MEMBERS

TO WORK TOGETHER TO CREATE A BETTER TOMORROW. THE Y PROVIDES A PLACE

FOR PEOPLE -- REGARDLESS OF AGE, INCOME OR BACKGROUND -- TO BE MORE

HEALTHY, CONFIDENT, CONNECTED AND SECURE.

FROM HEALTHY COOKING CLASSES FOR FAMILIES AND AFFORDABLE CHILDCARE FOR

PARENTS TO VALUES-BASED YOUTH SPORTS PROGRAMS AND HEALTHY LIFESTYLE

ACTIVITIES FOR OLDER ACTIVE ADULTS, OUR PROGRAMS AND INITIATIVES

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

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

Employer identification number
59-1742909

DEVELOP A HEALTHY SPIRIT, MIND AND BODY, THAT'S BECAUSE WE WORK

TOGETHER WITH OUR VOLUNTEERS TO IDENTIFY CRITICAL NEEDS WITHIN THE

TAMPA COMMUNITY THEN DEVELOP PROGRAMS AND INITIATIVES THAT ADDRESS

THOSE NEEDS. SOME OF THESE INITIATIVES INCLUDE:

-PROVIDING KIDS WITH THE THINGS THEY NEED TO SUCCEED IN SCHOOL THROUGH

EARLY LEARNING INITIATIVES THAT PREPARE CHILDREN FOR KINDERGARTEN,

AFTERSCHOOL ACADEMIC SUPPORT AND SUMMER CAMP EXPERIENCES THAT PREVENT

SUMMER LEARNING LOSS.

-PROVIDING KIDS WITH THE THINGS THEY NEED TO SUCCEED IN LIFE BY

TEACHING LIFE SKILLS THROUGH YOUTH SPORTS, DAY CAMPS AND TEEN LEADERS'

PROGRAMS.

-PREVENTING OBESITY AND THE CHRONIC DISEASES ASSOCIATED WITH IT, SUCH

AS TYPE 2 DIABETES, HEART DISEASE AND SOME CANCERS.

-PREVENTING AND REDUCING CHILDHOOD OBESITY.

-PROVIDING CANCER SURVIVORS AND THEIR FAMILIES WITH A PLACE TO HEAL

THROUGH OUR LIVESTRONG AT THE YMCA PROGRAM.

-PREVENTING AND REDUCING MINORITY HEALTH DISPARITIES THROUGH OUR

HISPANIC/LATINO INITIATIVE.

-HELPING OUR OLDER COMMUNITY MEMBERS MAINTAIN AND IMPROVE PHYSICAL AND

SOCIAL HEALTH WHILE AGING.

-REDUCING GENERATIONAL POVERTY THROUGH EDUCATION AND REVITALIZING

NEIGHBORHOODS.

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

REGARDLESS OF AGE, INCOME OR BACKGROUND.

-PREVENTING ACCIDENTAL DEATH DUE TO DROWNING.

BY DOING THIS, WE CREATE MEANINGFUL, LASTING CHANGE.

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AND WE PROVIDE THAT CHANGE TO ALL COMMUNITY MEMBERS WHO NEED A PLACE TO
GO TO FEEL MORE CONFIDENT, HEALTHY, CONNECTED AND SECURE. IN 2012 THE
TAMPA Y SERVED MORE THAN 40,803 INDIVIDUALS (APPROXIMATELY ONE OUT OF
EVERY FOUR PARTICIPANTS) 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 ASSOCIATION'S GOVERNANCE SETS POLICY AND WITH THE
INDIVIDUAL BRANCH ADVISORY CONTINUOUSLY EVALUATE Y PROGRAMS AND
OUTREACH TO ENSURE MISSION COMPLIANCE AND ALIGNMENT WITH COMMUNITY
NEEDS. IN 2012, THE Y'S GOVERNANCE BOARD CONTINUED TO SUPPORT VISION
2020, A STRATEGIC PLAN THAT ALIGNS OUR DAY-TO-DAY WORK WITH OUR
LONG-TERM GOALS OF NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN,
IMPROVING TAMPA BAY'S HEALTH AND WELL-BEING, AND FOSTERING A SENSE OF
SOCIAL RESPONSIBILITY. VISION 2020 DOES THIS BY ESTABLISHING THREE
BROAD PRIORITIES FOR THE Y:

1. FOR YOUTH DEVELOPMENT -- NURTURING THE POTENTIAL OF EVERY CHILD AND
TEEN

-HELP YOUTH CULTIVATE THE VALUES, SKILLS AND RELATIONSHIPS THAT LEAD TO
POSITIVE BEHAVIORS, BETTER HEALTH AND EDUCATIONAL ACHIEVEMENT.

2. FOR HEALTHY LIVING -- IMPROVING TAMPA BAY'S HEALTH AND WELL-BEING

-PREVENTION OF CHRONIC DISEASE

-CORPORATE WELLNESS

-ADDRESSING HEALTH DISPARITIES AMONG THE HISPANIC/LATINO COMMUNITY

3. FOR SOCIAL RESPONSIBILITY -- GIVING BACK AND PROVIDING SUPPORT TO

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OUR NEIGHBORS

-REDUCING GENERATIONAL POVERTY THROUGH EDUCATION

-CLOSING THE ACHIEVEMENT GAP

-PREVENTION OF DEATH DUE TO DROWNING

—FOR YOUTH DEVELOPMENT—

THE Y BELIEVES EVERY CHILD DESERVES THE SUPPORT, GUIDANCE AND

ENCOURAGEMENT TO BE WHO THEY ARE AND DISCOVER WHO THEY CAN BECOME.

IN 2012, THE Y CONINTUES TO MOVE FORWARD IN DEVELOPING YOUTH IN TWO

WAYS:

1. PROVIDING KIDS WITH THE TOOLS THEY NEED TO SUCCEED IN SCHOOL.

2. PROVIDING KIDS WITH THE TOOLS THEY NEED TO SUCCEED IN LIFE.

THE ACHIEVEMENT GAP IS A PRIMARY CONCERN FOR THE TAMPA Y. THE

ACHIEVEMENT GAP EXISTS BETWEEN MIDDLE-AND LOW-INCOME STUDENTS AND THEIR

HIGHER-INCOME COUNTERPARTS. IT BEGINS EARLY - BY THE TIME LOW-INCOME

CHILDREN REACH KINDERGARTEN, MANY ARE ALREADY FAR BEHIND STUDENTS FROM

MIDDLE AND UPPER-INCOME FAMILIES IN THEIR INTELLECTUAL, SOCIAL AND

EMOTIONAL DEVELOPMENT. MANY HAVE NOT PARTICIPATED IN ACTIVITIES THAT

BUILD AN EARLY EDUCATIONAL FOUNDATION, SUCH AS READING EACH NIGHT WITH

PARENTS, PLAYING WITH DEVELOPMENTALLY APPROPRIATE TOYS, OR

PARTICIPATING IN A DEVELOPMENTALLY APPROPRIATE DAYCARE PROGRAM.

AS THESE CHILDREN MOVE THROUGH SCHOOL, THEY OFTEN FALL FURTHER AND

FURTHER BEHIND, ESPECIALLY DURING THE SUMMER MONTHS WHEN THEY'RE NOT

EXPOSED TO STIMULATING EXPERIENCES THAT SUPPORT WHAT THEY'VE LEARNED IN

SCHOOL AND BROADEN THEIR EXPERIENCES (THINGS LIKE SUMMER CAMP, VISITS

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TO ZOOS AND AQUARIUMS, AND PARTICIPATING IN LIBRARY PROGRAMS). BY THE
TIME A LOWER-INCOME CHILD REACHES THE END OF FIFTH GRADE, SHE CAN BE UP
TO 2 1/2 TO 3 YEARS BEHIND HER MIDDLE-INCOME COUNTERPART. AND THE GAP
WILL CONTINUE TO WIDEN THROUGHOUT MIDDLE SCHOOL.

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

THE ACHIEVEMENT GAP IS SO FORMIDABLE, THE YMCA OF THE USA RECENTLY
COMMITTED TO A MAJOR, LONG-TERM NATIONAL INITIATIVE TO HELP CLOSE THIS
GAP. THE TAMPA Y IS WORKING WITH Y-USA TO DEVELOP RESULTS-DRIVE
PROGRAMS THAT ADDRESS SUMMER LEARNING LOSS, EARLY LEARNING AND
OUT-OF-SCHOOL TIME. THE GOAL: TO CATCH THESE STUDENTS UP PRIOR
KINDERGARTEN, ENABLING THEM TO BE PREPARED FOR THEIR FIRST DAY OF
SCHOOL, THEN PROVIDE THEM WITH ACADEMIC ASSISTANCE AFTER SCHOOL AND
CONTINUED ACADEMIC ACTIVITIES DURING THE SUMMERS, WHEN THEY'D
ORDINARILY FALL BEHIND THEIR PEERS. IN 2012, WITH SUPPORT FROM Y-USA
AND THE TRIAD FOUNDATION, WE PILOTED A SUMMER LEARNING LOSS PROGRAM FOR
FIRST AND SECOND GRADERS AT GRAHAM ELEMENTARY SCHOOL. WE DOCUMENTED
PROMISING RESULTS SHOWING LEARNING GAINS VERSUS LEARNING LOSS (WHICH
REGULARLY OCCURS OVER THE SUMMER). THE TAMPA Y LOOKS FORWARD TO
EXPANDING THIS PILOT WITH GRAHAM YOUTH AGAIN IN 2013.

ALONG WITH EDUCATIONAL SUPPORT, THE TAMPA Y IS PROVIDING KIDS WITH THE

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THINGS THEY NEED TO SUCCEED IN LIFE. THROUGH YOUTH SPORTS, DAY CAMPS
AND TEEN LEADERS' PROGRAM KIDS ARE LEARNING VALUABLE QUALITIES, SUCH AS
TEAMWORK, PERSEVERANCE AND SUPPORTING ONE ANOTHER. WE'RE ALSO PROVIDING
KIDS WITH SUPPORTIVE STAFF WHO SERVE AS QUALITY ROLE MODELS TO CHILDREN
AND TEENS PARTICIPATING IN OUR PROGRAMS. WE DO ALL OF THIS THROUGH THE
ABUNDANT ASSETS MODEL DEVELOPED 11 YEARS AGO. THROUGH THIS MODEL ALL OF
OUR YOUTH PROGRAMS INCLUDE ELEMENTS OF THE 40 DEVELOPMENTAL ASSETS, OR
"BUILDING BLOCKS," IDENTIFIED BY THE SEARCH INSTITUTE AS IMPORTANT FOR
HEALTHY MORAL, EMOTIONAL, INTELLECTUAL AND PHYSICAL DEVELOPMENT OF
CHILDREN. TAMPA Y'S YOUTH PROGRAMS ARE DESIGNED TO INTENTIONALLY
INSTILL THESE ASSETS, AND SUPPORT THE HEALTHY DEVELOPMENT OF CHILDREN
AND FAMILIES THROUGH A VALUES-BASED CULTURE.

IN 2012 THE TAMPA YMCA'S COMMITMENT TO NURTURING THE POTENTIAL OF EVERY
CHILD AND TEEN WAS EVIDENT IN THE MANY PROGRAMS AND ACTIVITIES DESIGNED
FOR TAMPA BAY AREA KIDS. IN TOTAL, 26,511 TEENS AND CHILDREN UNDER THE
AGE OF 12 PARTICIPATED IN Y PROGRAMS.

— FOR HEALTHY LIVING —

OBSESITY IS AN EPIDEMIC IN OUR COUNTRY. ONE IN THREE ADULTS AND ONE IN
EVERY SIX CHILDREN IN THE UNITED STATES IS OBESE, ACCORDING TO THE
LATEST FIGURES FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION.
CHILDHOOD OBESITY IS NOW THE NO. ONE CONCERN OF PARENTS. OBESITY CAN
LEAD TO A VARIETY OF CHRONIC HEALTH ISSUES, INCLUDING DIABETES, HIGH
BLOOD PRESSURE AND CARDIOVASCULAR DISEASE.

IN THE SULPHUR SPRINGS COMMUNITY THE Y IS PARTNERING WITH THE BLUE

CROSS AND BLUE SHIELD FOUNDATION OF FLORIDA ON ITS EMBRACE A HEALTHY

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FLORIDA INITIATIVE. THE INITIATIVE FOCUSES ON ADDRESSING THE CAUSES OF
CHILDHOOD OBESITY IN SIX FLORIDA COMMUNITIES, SULPHUR SPRINGS BEING ONE
OF THOSE. CURRENTLY ENTERING YEAR THREE OF THE INITIATIVE, THE Y WILL
CONTINUE ITS WORK WITH THE BLUE CROSS AND BLUE SHIELD FOUNDATION TO
EDUCATE RESIDENTS ON HEALTHIER EATING HABITS, DECEPTIVE ADVERTISING,
ACTIVE LIVING AND NEIGHBORHOOD SAFETY. ADDITIONALLY, THE Y IS
DEVELOPING A VARIETY OF SOCIAL SERVICE PROGRAMS THAT ARE SPECIFICALLY
TAILORED TO SULPHUR SPRINGS RESIDENTS.

AS A COMMUNITY LEADER IN HEALTH AND WELLNESS PROGRAMS, 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; PERSONAL TRAINING; FIT FIRST
FITNESS PROGRAM; AND THE LIVESTRONG AT THE YMCA PROGRAM FOR CANCER
SURVIVORS. SILVERSNEAKERS, FITNESS CLASSES FOR ACTIVE OLDER ADULTS, AND
COMMUNITY-BUILDING OUTINGS FOR OLDER MEMBERS PROVIDE OPPORTUNITIES TO
GET HEALTHIER AND CONNECT WITH NEW FRIENDS.

THE Y ALSO HOSTS A VARIETY OF EVENTS AND PROGRAMS THAT HELP FAMILIES
RECONNECT WITH EACH OTHER WHILE GETTING HEALTHY. THESE PROGRAMS PROVIDE
SAFE AND SUPPORTIVE ACTIVITIES, WHILE HELPING PARENTS BECOME POSITIVE
HEALTH AND WELLNESS ROLE MODELS FOR THEIR CHILDREN. THESE INCLUDE
FAMILY FITNESS CLASSES AND THE Y'S ANNUAL HEALTHY KIDS DAY. HEALTHY
SNACKS AND PHYSICAL ACTIVITY ARE ALSO AVAILABLE DURING THE Y'S
AFTERSCHOOL AND SUMMER CAMP PROGRAMS. IN 2012, THE Y IMPLEMENTED
HEALTHY FOOD AND DRINKS, AND AT LEAST 60 MINUTES OF PHYSICAL ACTIVITY
INTO ALL AFTERSCHOOL PROGRAMMING. THIS IS IN SUPPORT OF THE NEMOURS

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HEALTH & PREVENTION SERVICES 5-2-1-ALMOST NONE CAMPAIGN. THE CAMPAIGN

STANDS FOR: 5 OR MORE SERVINGS OF FRUITS OR VEGETABLES EACH DAY; LESS

THAN 2 HOURS OF SCREEN TIME (TV AND COMPUTER) EVERY DAY; 1 HOUR OF

PHYSICAL ACTIVITY EACH DAY; AND ALMOST NO SUGARY-SWEETENED JUICES OR

SODAS.

—FOR SOCIAL RESPONSIBILITY—

AT THE TAMPA Y, WE BELIEVE LASTING PERSONAL AND SOCIAL CHANGE IS BEST

ACCOMPLISHED WHEN WE ALL WORK TOGETHER TO INVEST IN OUR KIDS, OUR

HEALTH AND OUR NEIGHBORS. WE WORK WITH OUR MEMBERS, BOARD MEMBERS,

VOLUNTEERS, COMMUNITY PARTNERS AND LOCAL GOVERNMENTS TO CREATE LASTING

CHANGE THAT POSITIVELY IMPACTS THE TAMPA BAY COMMUNITY.

THE SULPHUR SPRINGS NEIGHBORHOOD OF PROMISE INITIATIVE (NOPI) IS ONE

EXAMPLE OF OUR LONG-TERM COMMITMENT TO STRENGTHENING THE FOUNDATIONS OF

OUR COMMUNITY. BY ALIGNING SOCIAL SERVICES WITH EDUCATION, FAMILIES AND

CHILDREN IN SULPHUR SPRINGS (ONE OF TAMPA'S MOST CHALLENGED

NEIGHBORHOODS) ARE PROVIDED WITH THE TOOLS AND SUPPORT THEY NEED TO

SUCCEED IN SCHOOL AND LIFE. TO DO THIS, THE Y AND COMMUNITY PARTNERS,

INCLUDING THE UNITED WAY, CHILDREN'S BOARD OF HILLSBOROUGH COUNTY,

EARLY LEARNING COALITION, HILLSBOROUGH PUBLIC SCHOOLS, THE CITY OF

TAMPA AND THE SULPHUR SPRINGS NEIGHBORHOOD ASSOCIATION HAVE COME

TOGETHER TO CREATE A PIPELINE TO SUCCESS THAT BEGINS AT BIRTH AND SPANS

THROUGH HIGH SCHOOL GRADUATIONS, PREPARING CHILDREN FOR COLLEGE OR

CAREERS. ALONG THE PIPELINE, FAMILIES AND KIDS CAN ACCESS A HOST OF

PROGRAMS THAT HELP THEM ACHIEVE THEIR ACADEMIC GOALS AND IMPROVE THEIR

OVERALL HEALTH.

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THE FIRST PIECE OF THE PIPELINE WAS THE TAMPA Y'S SULPHUR SPRINGS
COMMUNITY LEARNING CENTER (CLC). OPENED OVER FOUR YEARS AGO, THE CLC
PROVIDES ELEMENTARY STUDENTS WITH A SAFE AND SECURE ENVIRONMENT FOR
AFTERSCHOOL AND SUMMER PROGRAMMING, EXTENDING THE LEARNING DAY AND
YEAR. STUDENTS PARTICIPATE IN HANDS-ON AND ENGAGING SKILL-BUILDING
ACTIVITIES THAT INTEGRATE INTO SCHOOL CURRICULA AND REINFORCE SCHOOL
DAY LESSONS. ADDITIONALLY, THE CLC PROVIDES SUPPORT FOR TEACHERS,
RANGING FROM ACTING AS LIAISONS WITH PARENTS TO PROVIDING THANKS DURING
TEACHER APPRECIATION DAYS.

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

CARING AND LEARNING WITH ME IS ONE OF THE FAMILY-CHILD INTERACTION
LEARNING PROGRAMS HELD AT LAYLA'S HOUSE. THE EVIDENCE-BASED PROGRAM
SUPPORTS PARENTS AND CAREGIVERS TO HELP CHILDREN ENTER SCHOOL READY TO
LEARN AND SUCCEED. HELD TWICE A WEEK FOR TWO HOURS YEAR-ROUND, CARING
AND LEARNING WITH ME PROVIDES BOTH CHILD AND CAREGIVER WITH A
DEVELOPMENTALLY APPROPRIATE AND CULTUARLLY SENSITIVE CURRICULUM. USING

THE ENVIRONMENT AS CURRICULUM, THE EXPERIENCE IS DEEPENED THROUGH
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INTEREST CENTERS WITH SPECIFIC PURPOSES. IN ADDITION, "BACK-HOME"

ON-GOING LEARNING OPPORTUNITIES ASSURE PROGRAM QUALITY AND IMPACT.

OTHER NOPI PLANS INCLUDE A MIDDLE SCHOOL MENTORING PROGRAM THAT

PROVIDES A SAFETY NET FOR TRANSITIONING FIFTH GRADERS, ADDITIONAL EARLY

CHILDHOOD LEARNING SERVICES FOR YOUNG FAMILIES, AND IMPROVED ACCESS FOR

FAMILIES TO RECEIVE HEALTH SERVICES.

IN ADDITION TO THE SULPHUR SPRINGS NOPI, THE Y OFFERS A VARIETY OF

COMMUNITY STRENGTHENING INITIATIVES AT OUR FACILITIES AND IN

COMMUNITIES SURROUNDING OUR FACILITIES, INCLUDING MENTORING PROGRAMS

FOR AT-RISK TEENS THROUGH OUR TEEN ACHIEVERS PROGRAM, AFFORDABLE

CHILDCARE FOR UNDERSERVED FAMILIES, COMMUNITY SERVICE ACTIVITIES FOR

TEEN LEADERS AND SUMMER CAMP PARTICIPANTS, AND ADAPTIVE LEARNING

PROGRAMS FOR DEVELOPMENTALLY CHALLENGED KIDS. THERE ARE ALSO PROGRAMS

THAT SUPPORT HOME-BASED LICENSED CHILDCARE, MIGRANT OUTREACH AND

COMMUNITY VOLUNTEERISM. THE Y ALSO TARGETS MINORITY YOUTH WHO ARE

AT-RISK OF DROWNING BECAUSE OF A LACK OF SWIM SAFETY SKILLS AND/OR SWIM

LESSONS.

—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

IN 2012, THE TAMPA Y PROVIDED \$5,761,248 IN FINANCIAL ASSISTANCE TO

YOUTH, INDIVIDUALS, AND FAMILIES TO ENSURE PARTICIPATION IN ALL

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PROGRAMS AMONG YOUTH, ADULTS AND FAMILIES FACING FINANCIAL HARDSHIP.

NURTURING THE POTENTIAL OF KIDS AND TEENS

THE TAMPA Y OFFERS A VARIETY OF PROGRAMS THAT DEVELOP THE WHOLE CHILD.

THESE AGE-APPROPRIATE PROGRAMS BUILD THE DEVELOPMENTAL ASSETS NECESSARY

FOR CHILDREN TO SUCCEED IN SCHOOL AND LIFE.

IN ADDITION, THE TAMPA Y ENGAGES FAMILY MEMBERS IN PROGRAMS AND

INITIATIVES THAT SUPPORT A JOYFUL, HOLISTIC APPROACH TO FAMILY

DEVELOPMENT. IN 2012, THE TAMPA Y SUPPORTED WORKING FAMILIES BY

PROVIDING QUALITY CHILD CARE, EARLY CHILDHOOD DEVELOPMENT, AND

AFTERSCHOOL AND SUMMER PROGRAMS THAT ENSURE THE HEALTH AND SAFETY OF

CHILDREN.

ANOTHER WAY WE ENSURE THE HEALTH AND SAFETY OF KIDS IS BY PROVIDING

SWIM SAFETY OUTREACH ACTIVITIES TO REDUCE THE NUMBER OF DEATHS DUE TO

DROWNING. THROUGH PARTNERSHIPS WITH THE TAMPA HOUSING AUTHORITY, THE Y

PROVIDES FREE SWIM LESSONS TO UNDERSERVED COMMUNITIES. THE Y ALSO WORKS

WITH THE SCHOOL DISTRICT TO DEVELOP A K-5 CURRICULUM TO BE USED BY

PHYSICAL EDUCATION TEACHERS IN THE PUBLIC SCHOOLS THROUGHOUT

HILLSBOROUGH COUNTY. WE ALSO PROVIDE COMMUNITY MEMBERS WITH SWIM SAFETY

TIPS AND SWIM SAFETY COMMUNITY EVENTS.

IN 2012, WE SUCCESSFULLY PILOTTED AN INFANT DROWNING PREVENTION PROGRAM

CALLED INFANT SWIMMING RESOURCE (ISR) THROUGH A PARTERSHIP WITH

CROSSFIT KIDS. ISF IS AN INNOVATIVE APPROACH TO TEACHING CHILDREN --AS

YOUNG AS SIX MONTHS OLD--SELF-RESCUE SKILLS SHOULD THEY FALL INTO A

BODY OF WATER. THE STATE OF FLORIDA HAS AN UNACCEPTABLY HIGH RATE OF

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ACCIDENTAL DEATH DUE TO DROWNING AMONG YOUNG CHILDREN. THE Y IS
COMMITTED TO HELPING ENSURE NOT MORE CHILD DROWNS. ISR LESSONS ARE
CURRENTLY AT TWO Y FAMILY BRANCHES AND WILL EXPAND FURTHER IN 2013 AS
MORE INSTRUCTORS ARE TRAINED.

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 A 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 HE/SHE IS PART OF A COMMUNITY. THAT'S WHY THE Y ALSO
PROVIDES A HOST OF PROGRAMS GEARED AT BUILDING HEALTHY COMMUNITIES AND
PROVIDING OUR MEMBERS WITH AN EXTENDED Y FAMILY. FOR INSTANCE, OUR
COMMUNITY'S ACTIVE OLDER ADULTS PARTICIPATE IN SILVERSNEAKERS FITNESS
CLASSES, ATTEND POTLUCK SUPERS 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 PARENTS OF
YOUNG CHILDREN. FROM MOTHERS OF PRESCHOOLERS GATHERINGS TO BODY
MOVEMENT PLAY DATES, WE PROVIDE OPPORTUNITIES TO FOR FAMILIES TO SPEND
QUALITY TIME TOGETHER, LEARN DEVELOPMENTALLY APPROPRIATE SKILLS AND

MEET OTHER FAMILIES.

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FINALLY, THE Y OPENS ITS DOORS TO A VARIETY OF COMMUNITY PROGRAMMING
PROVIDED BY OUR PARTNERS. THE TAMPA METROPOLITAN VIRTUAL SCHOOL AT THE
CENTRAL CITY FAMILY YMCA PROVIDES COMPUTER ACCESS AND TUTORING TO
AT-RISK STUDENTS AND UNDERSERVED FAMILIES, AND ENGLISH LANGUAGE CLASSES
ARE PROVIDED BY HILLSBOROUGH COUNTY AT SOME OF OUR FACILITIES, SUCH AS
THE NORTHWEST HILLSBOROUGH FAMILY YMCA.

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 NON-PROFIT ORGANIZATIONS, OUR
MEMBERS, OUR VOLUNTEERS AND OUR STAFF TO CHANGE LIVES.

IN 2012, THE TAMPA Y MADE SIGNIFICANT IMPACTS TO THE TAMPA BAY
COMMUNITY WITH THE HELP OF 1,913 VOLUNTEERS DONATING 58,187 HOURS TO
COACH, MENTOR, ADVISE, FUNDRAISE AND GOVERN FOR THE ORGANIZATION.

IN ADDITION, WE RAISED \$ 7,301,976 IN PUBLIC SUPPORT INCLUDING
INDIVIDUAL, BUSINESS, GOVERNMENT, FOUNDATION CONTRIBUTIONS AND GRANTS
IN 2012, DEMONSTRATING BROAD SUPPORT OF EFFORTS AND WORK FROM THE TAMPA
BAY COMMUNITY.

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

BEST CHARITABLE ORGANIZATION IN THE TAMPA BAY AREA.

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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.

TO THAT END, THE TAMPA Y IS COMMITTED TO THE HIGHEST ETHICAL STANDARDS

OF A PUBLIC CHARITY. WE ARE GOVERNED BY AND ACCOUNTABLE TO AN

INDEPENDENT BOARD OF DIRECTORS, COMPRISED OF VOLUNTEER COMMUNITY

LEADERS. AND 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.

SUMMARY

SINCE ITS INCEPTION, THE TAMPA Y HAS FOCUSED ON COMMUNITY SERVICE,

EITHER BY OPENING OUR DOORS TO THOSE IN SEARCH OF LIVING HEALTHIER

LIVES OR THROUGH OUTREACH ACTIVITIES THAT TAKE US BEYOND OUR Y WALLS

AND INTO THE SURROUNDING COMMUNITY.

REGARDLESS OF AGE, INCOME OR BACKGROUND, WE DO NOT TURN AWAY ANYONE WHO

NEEDS A PLACE TO GO TO BE MORE HEALTHY, CONFIDENT, CONNECTED OR SECURE.

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

Employer identification number
59-1742909

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

IN HILLSBOROUGH COUNTY AND A LEADER IN PROVIDING INNOVATIVE PROGRAMS

THAT NURTURE THE POTENTIAL OF KIDS AND TEENS, PROMOTE HEALTHY LIVING

AND FOSTER A SENSE OF SOCIAL RESPONSIBILITY. OUR TEN FAMILY FACILITIES,

FOUR WELLNESS CENTERS, TWO GOLF FACILITIES, OUTDOOR CAMP, AND NUMEROUS

PROGRAM SITES ARE MUCH MORE THAN BRICKS AND MORTAR - THEY ARE A

COMMUNITY LEARNING CENTER IN THE HEART OF SULPHUR SPRINGS, AN OUTDOOR

ADVENTURE CAMP IN RIVERVIEW FOR AFTERSCHOOLERS AND SUMMER CAMPERS, THE

FIRST TEE OF TAMPA BAY GOLF SITES, A YOUTH AND FAMILY CENTER WITH A

WATER PARK, 33 AFTERSCHOOL PROGRAM SITES, AND 18 FAMILY HOME CHILDCARE

PROVIDERS. THROUGH THESE SITES WE SERVE CHILDREN, TEENS, ACTIVE OLDER

ADULTS, CANCER SURVIVORS, CHRONICALLY ILL COMMUNITY MEMBERS, AT-RISK

YOUTH, INFANTS AND TODDLERS, AND FAMILIES.

MORE INFORMATION ABOUT THE TAMPA Y AND HOW WE STRENGTHEN THE

FOUNDATIONS OF THE TAMPA COMMUNITY CAN BE FOUND AT WWW.TAMPAYMCA.ORG.

PROGRAM SERVICE ACCOMPLISHMENTS

HEALTH AND WELLNESS:

CENTRAL TO THE TAMPA Y'S MISSION IS CREATING A HEALTHIER TAMPA

COMMUNITY. Y HEALTH ENHANCEMENT PROGRAMS STRESS THE IMPORTANCE OF A

HEALTHY LIFESTYLE THROUGH EXERCISE, PROPER NUTRITION, HEALTH EDUCATION

AND STRESS MANAGEMENT. IN 2012, THE TAMPA Y OFFERED NUMEROUS HEALTH

ENHANCEMENT PROGRAMS, INCLUDING THE Y DIABETES PREVENTION PROGRAM,

LIVESTRONG AT THE YMCA, SILVERSNEAKERS, FIT FIRST FITNESS PROGRAM,

PERSONAL TRAINING, PROGRAMS IN SWIMMING, GROUP AND INDIVIDUAL EXERCISE,

WALKING AND RUNNING CLUBS, EDUCATIONAL SEMINARS IN HEALTH AND

NUTRITION, AND HEALTHY COOKING CLASSES. ADDITIONALLY, THE TAMPA Y HAS

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MADE A SIGNIFICANT COMMUNITY IMPACT THROUGH ACTIVATE AMERICA PROGRAMS,
SUCH AS HEALTHY KIDS DAY WHICH COMBATS CHILDHOOD OBESITY.

CHILDCARE SERVICES:

TAMPA Y'S CHILDCARE SERVICES PROVIDE PROGRAMS THAT FOSTER THE GROWTH
AND DEVELOPMENT OF CHILDREN, PARENTS AND FAMILIES. USING THE Y'S
ABUNDANT ASSETS MODEL, YMCA SUCCESS AFTERSCHOOL AND SUMMER DAY CAMP
PROGRAMS PREPARE CHILDREN FOR THE FUTURE BY PROVIDING AN ASSET-RICH,
VALUES-BASED HIGH QUALITY FOUNDATION. YMCA SUCCESS AFTERSCHOOL SUPPORTS
CHILDREN AND THEIR FAMILIES BY ALLOWING PARENTS TO BALANCE WORK AND
LIFE RESPONSIBILITIES, WITH THE CONFIDENCE THAT THEIR CHILDREN ARE
THRIVING IN A SAFE, ASSET-RICH, SUPPORTIVE ENVIRONMENT. PARTICIPATING
CHILDREN ARE ACADEMIC ASSISTANCE, ENGAGING ACTIVITIES, AT LEAST 60
MINUTES OF PHYSICAL ACTIVITY AND HEALTHY SNACKS, BASED ON THE
5-2-1-ALMOST NONE CAMPAIGN. FOR PARENTS WHO CANNOT AFFORD THE FULL FEE,
CARE IS PROVIDED ON A SLIDING FEE SCALE, BASED ON NEED.

COMPREHENSIVE YOUTH DEVELOPMENT:

BY PROVIDING PROGRAMS THAT PROVIDE KIDS AND TEENS WITH THE THINGS TO
SUCCEED IN SCHOOL AND LIFE, THE TAMPA Y NURTURES THE POTENTIAL OF
TAMPA-AREA YOUTH. Y ACTIVITIES ENABLE A CHILD TO SET GOALS, WORK TOWARD
ACHIEVING THESE GOALS, AND GET THE SUPPORT THEY NEED FROM ENGAGED,
COMMITTED ADULTS. THE Y BELIEVES A CONFIDENT KID TODAY CREATES
CONTRIBUTING AND ENGAGED ADULTS TOMORROW, AND WE ACHIEVE THIS THROUGH
THE ABUNDANCE ASSETS MODEL. BELOW ARE A HANDFUL OF HIGHLIGHTS IN 2012
YOUTH DEVELOPMENT WORK AT THE Y:

-THE Y'S TEEN ACHIEVERS PROGRAM PROVIDES AT-RISK TEENS WITH INTENSIVE

ACADEMIC ASSISTANCE, ADULT MENTORS AND JOB-SHADOWING OPPORTUNITIES.

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-A PARTNERSHIP WITH THE BLUE CROSS AND BLUE SHIELD FLORIDA FOUNDATION

PROVIDES FAMILIES AND KIDS WITH HEALTH PROGRAMS THAT SPECIFICALLY MEET

THEIR NEEDS. THIS PARTNERSHIP, CALLED CREATING A HEALTHIER SULPHUR

SPRINGS FOR KIDS, IS PART OF THE SULPHUR SPRINGS NEIGHBORHOOD OF

PROMISE INITIATIVE.

-VOLUNTEER PROGRAMS: THE TAMPA Y PROVIDES YOUTH WITH NUMEROUS VOLUNTEER

OPPORTUNITIES AND COLLABORATES WITH OTHER COMMUNITY SERVICE

ORGANIZATIONS.

-LEADERSHIP PROGRAMS: YOUTH IN GOVERNMENT AND LEADERS' CLUBS ARE TWO OF

THE MANY LEADERSHIP PROGRAMS THAT PROVIDE TEENS WITH AN OPPORTUNITY TO

DEVELOP LIFE SKILLS, BUILD SELF-CONFIDENCE AND BECOME LEADERS OF

TOMORROW.

-YOUTH MEMBERSHIP SCHOLARSHIPS PROVIDE AN OPPORTUNITY FOR CHILDREN AND

ADOLESCENTS TO ENJOY A SAFE PLACE, PROMOTING HEALTHY SPIRIT, MIND, AND

BODY AS AN ALTERNATIVE TO GANG ACTIVITY.

-ADAPTIVE PROGRAMS OFFER CHILDREN WITH SPECIAL NEEDS THE OPPORTUNITY TO

BENEFIT FROM PROGRAMS THEY WOULD NOT NORMALLY BE ABLE TO PARTICIPATE

IN. FROM SWIMMING AND ART CLASSES TO SUMMER CAMP AND SPORTS

PROGRAMMING, THE TAMPA Y IS ONE OF A HANDFUL OF ORGANIZATIONS OFFERING

ADAPTIVE PROGRAMMING IN THE TAMPA BAY AREA.

THE Y HAS LONG RECOGNIZED THAT INVOLVEMENT IN SPORTS CAN HAVE A LASTING

IMPACT IN PROVIDING YOUTH WITH A SAFE ENVIRONMENT TO DEVELOP PHYSICALLY

AND MENTALLY. AT THE TAMPA Y, YOUTH SPORTS ARE USED AS A MEANS TO

GATHER YOUTH AND IMMUNIZE THEM AGAINST NEGATIVE BEHAVIORS. ALL Y YOUTH

SPORTS ACTIVITIES ARE INFUSED WITH THE 40 DEVELOPMENTAL ASSETS. YMCA

PROGRAMS SUCH AS BASKETBALL, AQUATICS AND GOLF ARE THE VEHICLES TO

CONNECTING WITH YOUNG PEOPLE TO BUILD VALUES, SELF CONFIDENCE, RESPECT

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AND TEAMWORK.

OTHER COMMUNITY INITIATIVES:

EARLY HEAD START - THE TAMPA METROPOLITAN AREA YMCA EARLY HEAD START
PROGRAM IS A DELEGATE AGENCY OF THE HILLSBOROUGH COUNTY BOARD OF COUNTY
COMMISSIONERS (BOCC) HEAD START/EARLY HEAD START PROGRAM. OUR GOAL IS
TO PARTNER WITH FAMILY CHILD CARE HOMES (FCCH) THROUGHOUT SPECIFIC ZIP
CODES IN HILLSBOROUGH COUNTY, PROVIDING FULL-DAY, FULL-YEAR
COMPREHENSIVE SERVICES TO CHILDREN AND THEIR FAMILIES, AGES SIX WEEKS
TO THREE YEARS OLD. THE KEY TO THE YMCA EARLY HEAD START IS FAMILY AND
COMMUNITY ENGAGEMENT. COLLABORATION WITH PARENTS BEGINS DURING THE
APPLICATION PROCESS AND CONTINUES THROUGHOUT THEIR PARTICIPATION IN THE
PROGRAM. PARENTS ARE PROVIDED WITH RESOURCES THAT HELP THEM ATTAIN
GOALS OR PROVIDE ASSISTANCE TO NEEDS THAT THEY HAVE EXPRESSED IN ORDER
TO IMPROVE THEIR LIVES AND ACHIEVE SUCCESS. ENROLLED FAMILIES ARE
ENCOURAGED TO PARTICIPATE IN PARENT COMMITTEE, POLICY COUNCIL, FAMILY
LITERACY, PARENT TRAININGS, FATHERHOOD INVOLVEMENT AND VARIOUS CULTURAL
DIVERSITY ACTIVITIES THROUGHOUT THE YEAR. IN FY2011-2012, EARLY HEAD
START PROVIDED SERVICES TO 133 CHILDREN IN ITS 18 FCCH. SERVICES
INCLUDED HEALTH AND DEVELOPMENT FOR INFANTS AND TODDLERS AND PROMOTION
OF PARENTS' ABILITIES TO SUPPORT THEIR CHILDS COGNITIVE, SOCIAL,
EMOTIONAL AND PHYSICAL DEVELOPMENT.

FAMILY CHILD CARE PLUS (FCCP) - FCCP IS AN EARLY CHILDHOOD TECHNICAL
ASSISTANCE PROGRAM THAT HAS PROVIDED SPECIALIZED TRAINING AND TECHNICAL
ASSISTANCE TO ENHANCE THE QUALITY OF CHILD CARE AND EDUCATION IN
LICENSED FAMILY CHILD CARE HOMES (FCCH) SINCE 1994. FCCP HELPLINE

SERVICES ARE AVAILABLE FOR OVER 700 LICENSED FAMILY CHILD-CARE HOMES IN

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HILLSBOROUGH COUNTY. ADDITIONALLY, INTENSIVE HOME-BASED TECHNICAL
ASSISTANCE IS PROVIDED FOR LICENSED FAMILY CHILD-CARE PROVIDERS
PURSUING CREDENTIALS SUCH AS NAFCC ACCREDITATION, THE NATIONAL CDA AND
THE MASTER PROVIDER. ALL SERVICES ARE PROVIDED AT NO COST. DURING
FY2011-12, 34 PROVIDERS COMPLETED THE PROGRAM. THE FCCP PROGRAM WAS
FUNDED BY THE CHILDREN'S BOARD OF HILLSBOROUGH COUNTY IN THE AMOUNT OF
\$202,163. FUNDING WAS NOT CONTINUED AFTER SEPTEMBER 30, 2012 AND THE
PROGRAM IS NO LONGER AVAILABLE.

FAMILY CHILD CARE - TECHNICAL ASSISTANCE (FCC-TA) - FCC-TA IS AN EARLY
CHILDHOOD TECHNICAL ASSISTANCE AND PROFESSIONAL DEVELOPMENT PROGRAM
THAT SERVES CLIENTS IN RURAL HILLSBOROUGH COUNTY. FCC-TA PROVIDES
TECHNICAL ASSISTANCE AND SUPPORT TO INDIVIDUALS WORKING TOWARD
ATTAINMENT OF FAMILY CHILD CARE PROVIDER LICENSURE. THE OPPORTUNITY TO
START A HOME BUSINESS FOR MANY IN THE RURAL AREAS IS AN INCENTIVE AS IT
INCREASES ECONOMIC SELF-SUFFICIENCY. THE PRIMARY GOAL OF FCC-TA IS TO
INCREASE THE ACCESS TO CHILD CARE IN A DEVELOPING AREA OF HILLSBOROUGH
COUNTY, AND TO IMPROVE THE SUCCESS RATE OF LICENSURE FOR INTERESTED
INDIVIDUALS. THIRTY-THREE INDIVIDUALS WERE PROVIDED SERVICES IN
FY2011-2012. ONLY EIGHT PROVIDERS, HOWEVER, WERE ABLE TO RECEIVE THEIR
LICENSES TO OPERATE A FAMILY CHILDCARE HOME BEFORE THE FUNDING WAS
DISCONTINGUED SEPTEMBER 30, 2012. THE FINAL YEAR OF FUNDING FOR THE
FCC-TA PROGRAM FROM THE CHILDREN'S BOARD OF HILLSBOROUGH COUNTY,
THROUGH A SUBCONTRACT WITH THE RURAL SOCIAL SERVICES PARTNERSHIP, WAS
IN THE AMOUNT OF \$63,847.

PARTNERS OF HILLSBOROUGH - PARTNERS IS A CHILD WELFARE DIVERSION

PROGRAM THAT PROVIDES FAMILY SUPPORT SERVICES TO FAMILIES WHO ARE

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Schedule O (Form 990 or 990-EZ) (2012)

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AT-RISK FOR ENTERING THE LOCAL CHILD WELFARE SYSTEM, OR WHO ARE CARING

FOR RELATIVE CHILDREN. SERVICES ARE PROVIDED BY FOUR COMMUNITY PARTNERS

UNDER TWO CASE MANAGEMENT PROGRAMS: PARENTS AS PARTNERS AND KINSHIP

SUPPORT SERVICES. THE Y SERVES AS THE ADMINISTRATIVE LEAD FOR THE

COLLABORATIVE THAT IS JOINTLY FUNDED BY THE CHILDREN'S BOARD OF

HILLSBOROUGH COUNTY, HILLSBOROUGH KIDS, INC., ECKERD COMMUNITY

ALTERNATIVES AND THE UNITED WAY. IN FY2011-2012, PARTNERS SERVED 1,062

FAMILIES IN THE TWO PROGRAMS. THE PARENTS AS PARTNERS COMPONENT OF THE

COLLABORATIVE CLOSED EFFECTIVE DECEMBER 31, 2012; BUT KINSHIP SERVICES

CONTINUES TO BE FUNDED THROUGH THE CHILDREN'S BOARD OF HILLSBOROUGH

COUNTY AND UNITED WAY.

SPECIAL NEEDS AFTERSCHOOL PROGRAMMING - THE TAMPA Y CHILDCARE SERVICES

BRANCH OFFERS AFTER-SCHOOL PROGRAMS THAT PRACTICE INCLUSION WITH

CHILDREN WITH DISABILITIES. WE PARTICIPATE IN FITNESS PROGRAMS TO

ENSURE ALL CHILDREN PARTICIPATE IN A PHYSICAL ACTIVITY FOR 30 MINUTES

EACH DAY. THESE ACTIVITIES HAVE BEEN DEVELOPED BY THE PHYSICAL ACTIVITY

SPECIALIST AND INCLUDE LARGE GROUP ACTIVITIES, ALTERNATE ACTIVITIES AND

INDOOR RAINY DAY ACTIVITIES. THIS AFTERSCHOOL CURRICULUM IS MONITORED

BY PROGRAM STAFF ON A WEEKLY BASIS. SPECIAL NEEDS AFTERSCHOOL

PROGRAMMING IS SUPPORTED BY UNITED WAY OF TAMPA BAY AND THE TAMPA Y'S

ANNUAL COMMUNITY CAMPAIGN.

—SOURCES AND USES OF FUNDING FOR YMCA PROGRAMS—

INTERNALLY GENERATED FUNDS:

EACH YEAR, HUNDREDS OF TAMPA YMCA VOLUNTEERS ARE ASKED TO RAISE DOLLARS

FOR THE BUILDING STRONG KIDS CAMPAIGN TO ASSIST THOSE WHO NEED

FINANCIAL HELP TO PARTICIPATE IN YMCA PROGRAMS DELINEATED BELOW.

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Y DIABETES PREVENTION PROGRAM

LIVESTRONG AT THE Y

ACTIVE OLDER ADULT PROGRAMS

ADAPTIVE GYMNASTICS

ADAPTIVE AQUATICS & FITNESS

SUMMER CAMPS

LEARN TO SWIM

YOUTH SPORTS

COMMUNITY OUTREACH ACTIVITIES

GENDER SPECIFIC PROGRAMS

THE FIRST TEE OF TAMPA BAY/YMCA

AFTERSCHOOL/SUMMER PROGRAMS

TEEN AFTER-SCHOOL/SUMMER PROGRAMS

HEALTHY START

YOUNGLIFE

TEEN NIGHTS

TEEN LEADERSHIP PROGRAMS

SUMMER DAY PROGRAMS

MEMBERSHIP

COMMUNITY LEARNING CENTER AT SULPHUR SPRINGS

UNITED WAY:

THE UNITED WAY HAS SUPPORTED THE Y FOR MORE THAN 70 YEARS. IN 2012, THE

UNITED WAY CONTRIBUTED \$212,824 WHICH ENABLED THE TAMPA Y TO PROVIDE

FUNDING FOR SUMMER DAY CAMP PROGRAMS AT THE BOB GILBERTSON CENTRAL CITY

AND NORTHWEST HILLSBOROUGH FAMILY YMCAS, KINSHIP CARE, PARTNERS OF

HILLSBOROUGH 2 (SYLVIA THOMAS CENTER), FOUR SUCCESS CENTERS,

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AFTER-SCHOOL SERVICES FOR SPECIAL NEEDS CHILDREN, GENDER-SPECIFIC YOUTH DEVELOPMENT PROGRAMS, OLDER ADULT PROGRAMMING, AND GENERAL OPERATING SUPPORT. THE UNITED WAY ALSO ENTRUSTED THE TAMPA Y WITH \$151,400 TO ACT AS A "PASS-THROUGH" AGENCY FOR THE PARTNERS OF HILLSBOROUGH.

FOUNDATIONS AND GRANTS:
 THE YMCA RECEIVES FUNDING, OFTEN REFERRED TO AS "GRANTS," FROM OUTSIDE ORGANIZATIONS. THESE GRANTS FUND SPECIFIC PROGRAMS WITH DEFINITIVE GOALS, OUTCOME OBJECTIVES AND TIMELINES. SOURCES OF GRANTS INCLUDE:
 -FOUNDATIONS - INDEPENDENT CORPORATE, FAMILY AND COMMUNITY FOUNDATIONS.
 -GOVERNMENT - LOCAL, STATE AND FEDERAL GOVERNMENT CONTRACTS FOR HUMAN SERVICES.

FORM 990, PART VI, SECTION A, LINE 4: SIGNIFICANT CHANGES TO THE ORGANIZING OR ENABLING DOCUMENT OR BYLAWS

- 1) THE ORGANIZATION'S EXEMPT PURPOSE HAS BEEN ADDED.
- 2) THE ORGANIZATION'S NAME WAS AFFIRMED TO REFLECT ITS OFFICIAL NAME, THE TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC., RATHER THAN YMCA.
- 3) THE NUMBER, COMPOSITION, QUALIFICATIONS, AUTHORITY OR DUTIES OF THE GOVERNING BODY'S VOTING MEMBERS HAVE BEEN RESTATED TO INCLUDE:
 - A. A RANGE OF GOVERNING BOARD MEMBERS OF 24 TO 33
 - B. CLARIFICATION OF VARIOUS DUTIES AND AUTHORITY OF THE BOARD
- 4) THE NUMBER, COMPOSITION, QUALIFICATIONS, AUTHORITY OR DUTIES OF THE ORGANIZATION'S OFFICERS OR KEY EMPLOYEES HAVE BEEN RESTATED TO REFLECT

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A. CLARIFIED THE CHIEF EXECUTIVE OFFICER'S ROLE SPECIFICALLY AS THE

STAFF TO EXECUTE THE POLICIES OF THE BOARD.

5) THE BOARD'S STANDING COMMITTEE STRUCTURE AND DUTIES WAS CHANGED TO

REFLECT CURRENT BEST PRACTICES.

6) A BOARD ATTENDANCE POLICY WAS ADDED.

7) THE DISTRIBUTION OF ASSETS UPON DISSOLUTION HAS BEEN ADDED AND DEFINED.

6) LANGUAGE DISCUSSING POTENTIAL MERGERS, DISSOLUTION OF BANKRUPTCY AND

FORCE AND EFFECT HAVE BEEN ADDED AND DEFINED.

FORM 990, PART VI, SECTION B, LINE 11: THE GOVERNANCE BOARD WAS PROVIDED A

COPY OF FORM 990 PLUS ALL SUPPORTING SCHEDULES AND STATEMENTS. THE BOARD

THEN REVIEWED AND APPROVED FORM 990 FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE TAMPA METROPOLITAN AREA YMCA

ADDRESSES THE ISSUE OF POTENTIAL CONFLICTS OF INTEREST THROUGH SEVERAL

MEANS: (1) THE CONFLICTS OF INTEREST POLICY IS DISCUSSED AT EACH

ORIENTATION MEETING FOR NEW BOARD MEMBERS; (2) THE ASSOCIATION DISCUSSES AT

THE GOVERNANCE BOARD LEVEL THE IMPORTANCE OF TRANSPARENCY IN BUSINESS

DEALINGS AND THE NEED FOR THE ENTIRE ORGANIZATION, VOLUNTEERS AND STAFF

(EITHER DIRECTLY OR INDIRECTLY), TO BE FREE OF POTENTIAL CONFLICTS THAT MAY

ARISE FROM ANY BUSINESS DEALINGS; (3) THE FINANCE DEPARTMENT OF THE TAMPA

YMCA REGULARLY REVIEWS BUSINESS TRANSACTIONS IN AN EFFORT TO ENSURE

COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY; (4) IN ALL

CASES POSSIBLE THE YMCA STRIVES TO OBTAIN THREE BIDS FOR EXPENDITURES

GREATER THAN \$1,500 TO ASSIST IN THE MATTER OF KEEPING TRANSACTIONS AT ARMS

LENGTH; AND (5) ANNUALLY, THE STAFF RECEIVE FEEDBACK FROM AUDITORS

REGARDING CONFIRMATIONS SENT TO DIRECTORS, OFFICERS, TRUSTEES, AND KEY

EMPLOYEES WITH ANY POTENTIAL CONFLICT OF INTEREST (IN THE EVENT OF A

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POTENTIAL CONFLICT, THE STAFF INVESTIGATES UNTIL SATISFIED WITH
COMPLIANCE).

FORM 990, PART VI, SECTION B, LINE 15: THE TAMPA METROPOLITAN AREA YMCA
UTILIZES HAY PLAN IN THE DETERMINATION OF APPROPRIATE SALARY LEVELS OF LIKE
SIZED YMCA POSITIONS, IN CONJUNCTION WITH ANALYSIS OF OTHER YMCA AND
NON-YMCA COMPARABILITY DATA.

FORM 990, PART VI, SECTION C, LINE 19: THE TAMPA METROPOLITAN AREA YMCA
MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL
INFORMATION AVAILABLE TO THE PUBLIC UPON INDIVIDUAL REQUEST AND/OR VIA
WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN DERIVATIVE LIABILITY 173,690.

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

PROCESS OR SELECTION PROCESS DURING THE YEAR.

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**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

Attached is a form for filing *Articles of Amendment* to amend the articles of incorporation of a *Florida Not for Profit Corporation* pursuant to section 617.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.

If a section is not being amended, enter N/A or Not Applicable.
The document must be typed or printed and must be legible.

The document must be typed or printed and must be legible.

Pursuant to section 617.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee	\$35.00 (Includes a letter of acknowledgment)
Certified Copy (optional)	\$8.75
Certificate of Status (optional)	\$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

For further information you may call the Amendment Section at (850) 245-6050

CR2E009 (07/12)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Tampa Metropolitan Area YMCA, Inc.

DOCUMENT NUMBER: 738633

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mr. Thomas Looby

(Name of Contact Person)

Tampa Metropolitan Area YMCA, Inc.

(Firm/ Company)

110 East Oak Avenue

(Address)

Tampa, Florida 33602

(City/ State and Zip Code)

flooby@tampaymca.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Bray

(Name of Contact Person)

at (813) 224-9622

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Tampa Metropolitan Area YMCA, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

738633

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Tampa Metropolitan Area Young Men's Christian Association, Inc. The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

The date of each amendment(s) adoption: _____

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 11/20/12
Signature Brett D. Cauch
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Brett Cauch
(Typed or printed name of person signing)
Chief Volunteer Officer
(Title of person signing)