

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2013

Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION INC Doing Business As <hr/> Number and street (or P O box if mail is not delivered to street address) Room/suite 110 OAK AVENUE EAST <hr/> City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33602	D Employer identification number 59-1742909 <hr/> E Telephone number (813) 224-9622 <hr/> G Gross receipts \$ 38,507,565
F Name and address of principal officer THOMAS F LOOBY 110 OAK AVENUE EAST TAMPA, FL 33602		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.TAMPAYMCA.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1889 M State of legal domicile FL

Part I Summary

1	Briefly describe the organization's mission or most significant activities TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL					
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		30		
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		30		
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5		2,430		
6	Total number of volunteers (estimate if necessary)	6		6,400		
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0		
7b	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)	6,606,213		4,797,369		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,472,210		28,225,081		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	299,948		425,739		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,105,927		1,085,398		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,654,278		608,477		
	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)	18,397,188		18,852,401		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0		0		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 686,832					
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,606,371		14,281,139		
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	34,657,837		33,742,017			
19 Revenue less expenses Subtract line 18 from line 12	826,461		791,570			
Net Assets or Fund Balances			Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)	54,251,766		56,745,649		
	21 Total liabilities (Part X, line 26)	22,640,670		23,026,765		
22 Net assets or fund balances Subtract line 21 from line 20	31,611,096		33,718,884			

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including 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 ROBERT BALDREE	Preparer's signature
	Firm's name ▶ CBIZ MHM LLC	
	Firm's address ▶ 13577 FEATHER SOUND DRIVE 400 CLEARWATER, FL 33762	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 \$ 17,557,721 including grants of \$ 365,086) (Revenue \$ 16,999,650)
 CHILDCARE AND FAMILY SERVICES SEE PROGRAM ACCOMPLISHMENTS AT SCHEDULE O

4b (Code) (Expenses \$ 4,639,281 including grants of \$ 97,356) (Revenue \$ 4,533,240)
 COMPREHENSIVE YOUTH DEVELOPMENT SERVICES SEE PROGRAM ACCOMPLISHMENTS AT SCHEDULE O

4c (Code) (Expenses \$ 6,889,148 including grants of \$ 146,034) (Revenue \$ 6,799,860)
 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 29,086,150

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> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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>		No
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>		No
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> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> <input checked="" type="checkbox"/>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
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?		No
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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
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?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
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?		No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
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?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
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
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 TODD BRAY 110 OAK AVENUE EAST
 TAMPA, FL 33602 (813) 224-9622

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 266,178				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 1,765,327				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,765,864				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		4,797,369			
Program Service Revenue	2a	HEALTH AND WELLNESS	Business Code 624110	18,053,723	18,053,723		
	b	YOUTH ACTIVITIES	624100	10,171,358	10,171,358		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		28,225,081			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,068		6,068	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	367,205			
			(ii) Personal				
			b Less rental expenses	0			
			c Rental income or (loss)	367,205			
	d	Net rental income or (loss)		367,205		367,205	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	4,173,973			
			(ii) Other		53,591		
			b Less cost or other basis and sales expenses	3,648,324		159,569	
			c Gain or (loss)	525,649		-105,978	
	d	Net gain or (loss)		419,671		419,671	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	468,117			
			b Less direct expenses	134,503			
c Net income or (loss) from fundraising events				333,614		333,614	
9a	Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses					
		c Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	a	308,492				
		b Less cost of goods sold	31,582				
		c Net income or (loss) from sales of inventory		276,910		276,910	
11a	Miscellaneous Revenue	Business Code	624100	107,669	107,669		
		MISCELLANEOUS INCOME					
		b					
		c					
		d All other revenue					
e	Total. Add lines 11a-11d		107,669				
12	Total revenue. See Instructions		34,533,587	28,332,750	0	1,403,468	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	608,477	608,477		
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	793,470	664,360	109,203	19,907
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	15,292,499	13,026,809	1,916,659	349,031
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	834,610	614,172	186,336	34,102
9	Other employee benefits	414,394	304,944	92,518	16,932
10	Payroll taxes	1,517,428	1,320,601	161,687	35,140
11	Fees for services (non-employees)				
a	Management				
b	Legal	14,161	11,095	2,789	277
c	Accounting	45,350	35,530	8,932	888
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	36,527	28,618	7,194	715
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,235,726	1,619,841	560,185	55,700
12	Advertising and promotion	599,490	110,352	466,410	22,728
13	Office expenses	2,347,673	2,190,960	137,182	19,531
14	Information technology				
15	Royalties				
16	Occupancy	3,580,499	3,580,931	-968	536
17	Travel	372,180	366,136	2,597	3,447
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	421,988	243,492	162,565	15,931
20	Interest	525,013	525,013		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,360,265	3,360,265		
23	Insurance	112,056	75,755	36,301	
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	327,426	282,313	43,693	1,420
b					
c					
d					
e	All other expenses	302,785	116,486	75,752	110,547
25	Total functional expenses. Add lines 1 through 24e	33,742,017	29,086,150	3,969,035	686,832
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing		1	
	2 Savings and temporary cash investments	5,739,507	2	7,539,210
	3 Pledges and grants receivable, net	1,007,110	3	816,930
	4 Accounts receivable, net	100,662	4	118,470
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	504,577	9	814,305
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 70,768,517		
	b Less accumulated depreciation	10b 34,779,191	36,950,490	10c 35,989,326
	11 Investments—publicly traded securities	9,949,420	11	11,467,408
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	54,251,766	16	56,745,649	
Liabilities	17 Accounts payable and accrued expenses	1,270,525	17	1,240,600
	18 Grants payable		18	
	19 Deferred revenue	836,503	19	1,632,665
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	75,640	21	28,401
	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	16,400,000	23	19,399,996
	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	4,058,002	25	725,103
	26 Total liabilities. Add lines 17 through 25	22,640,670	26	23,026,765
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	30,109,845	27	31,521,556
	28 Temporarily restricted net assets	1,401,251	28	2,097,328
	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	31,611,096	33	33,718,884	
34 Total liabilities and net assets/fund balances	54,251,766	34	56,745,649	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,533,587
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,742,017
3	Revenue less expenses Subtract line 2 from line 1	3	791,570
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,611,096
5	Net unrealized gains (losses) on investments	5	1,004,977
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	311,241
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	33,718,884

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 59-1742909

Name: TAMPA METROPOLITAN AREA YOUNG MEN'S
CHRISTIAN ASSOCIATION INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LARRY BEVIS DIRECTOR	1 00	X						0	0	0
ROBERT H BUESING IMMEDIATE PAST CHAIR	1 00	X		X				0	0	0
VINCENT CASSIDY DIRECTOR	1 00	X						0	0	0
AL COLBY VICE CHAIR	1 00	X		X				0	0	0
BRETT COUCH CHAIRPERSON	1 00	X		X				0	0	0
TROY FOWLER DIRECTOR	1 00	X						0	0	0
FELIX HAYNES SECRETARY	1 00	X		X				0	0	0
DAVID KENNEDY DIRECTOR	1 00	X						0	0	0
MICHELLE MAINGOT CHAIR/CHAIR-ELECT	1 00	X		X				0	0	0
JENNIFER MURPHY VICE CHAIR	1 00	X		X				0	0	0
DENA SHIMBERG DIRECTOR	1 00	X						0	0	0
DOUG ARTHUR TREASURER	1 00	X		X				0	0	0
DAVID CHRISTIAN DIRECTOR	1 00	X						0	0	0
CY SPURLINO DIRECTOR	1 00	X						0	0	0
BILL BARKER DIRECTOR	1 00	X						0	0	0
FRED FRANKLAND DIRECTOR	1 00	X						0	0	0
KERI EISENBEIS DIRECTOR	1 00	X						0	0	0
WENDY NERO DIRECTOR	1 00	X						0	0	0
CEDRIC POWELL DIRECTOR	1 00	X						0	0	0
JANINE SALMON DIRECTOR	1 00	X						0	0	0
JACK SUBER DIRECTOR	1 00	X						0	0	0
DAN CAMPO DIRECTOR	1 00	X						0	0	0
AMY STANDARD DIRECTOR	1 00	X						0	0	0
GUY KING DIRECTOR	1 00	X						0	0	0
MARY MILNE DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS KIRSCHNER DIRECTOR	1 00	X						0	0	0
TOM TROTTER DIRECTOR	1 00	X						0	0	0
CATHY VALDES DIRECTOR	1 00	X						0	0	0
ANDDRIKK FRAZIER DIRECTOR	1 00	X						0	0	0
JILL VALENTI DIRECTOR	1 00	X						0	0	0
THOMAS F LOOBY PRESIDENT & CEO	40 00			X				299,156	0	38,619
KATHRYN SHORT RABON VP	40 00			X				64,137	0	9,861
TODD BRAY CFO	40 00			X				122,411	0	20,686
ADAM KLUTTS COO	40 00			X				156,024	0	22,904
JAN BERRY CDO	40 00			X				52,129	0	7,543
ANGELA C LOFLIN SR, VP	40 00					X		116,005	0	17,373
MICHAEL BROWN SR GRP VP	40 00					X		133,382	0	22,200
CINDY B SOFARELLI SR GRP VP	40 00					X		119,827	0	19,951

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
59-1742909

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,902,245	5,840,385	6,362,021	6,606,213	4,796,954	29,507,818
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	26,151,813	26,193,245	26,734,113	27,578,484	28,332,750	134,990,405
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	32,054,058	32,033,630	33,096,134	34,184,697	33,129,704	164,498,223
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	26,810	83,700	167,498	64,950	189,800	532,758
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	26,810	83,700	167,498	64,950	189,800	532,758
8 Public support (Subtract line 7c from line 6)						163,965,465

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	32,054,058	32,033,630	33,096,134	34,184,697	33,129,704	164,498,223
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	353,240	853,381	433,399	413,500	373,273	2,426,793
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	353,240	853,381	433,399	413,500	373,273	2,426,793
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)	32,407,298	32,887,011	33,529,533	34,598,197	33,502,977	166,925,016
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	98.230 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	98.040 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	1.450 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	1.700 %

- 19a 33 1/3% support tests—2013.** 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—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Line number, Description, Held at the End of the Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g.

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 4.550%, c Temporarily restricted endowment 95.450%. 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

Table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations, 3a(ii) related organizations.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e and Total.

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
CAPITAL LEASE OBLIGATIONS	725,103
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	725,103

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	35,632,149
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,004,977
b	Donated services and use of facilities	2b	93,585
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	1,098,562
3	Subtract line 2e from line 1	3	34,533,587
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	34,533,587

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	33,524,361
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	93,585
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	-311,241
e	Add lines 2a through 2d	2e	-217,656
3	Subtract line 2e from line 1	3	33,742,017
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	33,742,017

Part XIII Supplemental Information

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

Return Reference	Explanation
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 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, 2013 THE ASSOCIATION'S INFORMATION RETURNS ARE OPEN TO IRS EXAMINATION FOR THE 2010 TAX YEAR AND ALL SUBSEQUENT YEARS
PART XII, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN DERIVATIVE LIABILITY -311,241
PART XII, LINE 2D	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 BOTH INTEREST RATE SWAPS WERE TERMINATED IN 2013 AS PART OF THE ORGANIZATION'S DEBT REFINANCING 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 THE CHANGE IN DERIVATIVE LIABILITY REPRESENTS THE CHANGE IN FAIR VALUE OF THE INTEREST RATE SWAP

Part XIII Supplemental Information (continued)

Return Reference	Explanation

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Employer identification number 59-1742909

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

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

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

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

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

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
		<u>FIRST TEE GOLF CLASSIC TOURNAMENT</u> (event type)	<u>CARIBANA</u> (event type)	<u>7</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	162,480	133,117	172,520	468,117
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	162,480	133,117	172,520	468,117
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	38,835	31,853	63,816	134,504
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(134,504)
11 Net income summary Subtract line 10 from line 3, column (d) ▶				333,613	

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

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

Schedule I (Form 990)

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

OMB No 1545-0047

2013

Open to Public Inspection

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

Attach to Form 990

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Contains 6 rows of data.

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART II, LINE 1	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 IDENTITY 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 GRANT 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)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

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 idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including 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 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

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

- a** The organization?
- 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		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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)	262,156	37,000	0	31,931	6,688	337,775	0
	(ii)	0	0	0	0	0	0	0
(2) ADAM KLUTTS COO	(i)	151,024	5,000	0	18,723	4,181	178,928	0
	(ii)	0	0	0	0	0	0	0
(3) MICHAEL BROWN SR GRP VP	(i)	133,382	0	0	16,006	6,194	155,582	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2013

Part III Supplemental Information

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

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

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

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

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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

Employer identification number

59-1742909

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GUY KING	DIRECTOR	66,223	MR KING IS AN EXECUTIVE WITH AN INSURANCE AGENCY THAT PROVIDES THE MAJORITY OF THE INSURANCE COVERAGE FOR THE YMCA AS OF DECEMBER 31, 2013, PREMIUMS PAID ON THE POLICIES PLACED BY THE AGENCY DURING THE YEAR ENDED DECEMBER 31, 2013 TOTALED \$1,578,768 COMMISSIONS PAID TO THE RELATED INSURANCE AGENCY DURING THE YEAR ENDED DECEMBER 31, 2013 TOTALED \$66,223 WHENEVER POSSIBLE THE ASSOCIATION WILL SEEK OUT BIDS FOR ITEMS IN EXCESS OF \$1,500 TO ENSURE ARM'S LENGTH TRANSACTIONS		No
(2) MIKE CHARLES	OVERSIGHT COMMITTEE MEMBER	334,675	MIKE CHARLES IS A GREATER THAN 35% OWNER OF CGM A/C MAINTENANCE THAT PROVIDES REPAIR AND MAINTENANCE SERVICES TO THE TAMPA YMCA DURING CALENDAR YEAR 2013, TOTAL FEES PAID TO CGM A/C MAINTENANCE TOTALED \$334,675 WHENEVER POSSIBLE THE ASSOCIATION WILL SEEK OUT BIDS FOR ITEMS IN EXCESS OF \$1,500 TO ENSURE ARM'S LENGTH TRANSACTIONS		No

Part V Supplemental Information

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

2013

**Open to Public
Inspection**

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

Employer identification number

59-1742909

Return Reference	Explanation	
FORM 990, PART III, LINE 1		<p>----MISSION---- THE MISSION OF THE TAMPA METROPOLITAN AREA YMCA IS TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL ---</p> <p>-OVERVIEW---- THE TAMPA METROPOLITAN AREA YMCA IS A POWERFUL ASSOCIATION OF MEN, WOMEN AND CHILDREN OF ALL AGES AND FROM ALL WALKS OF LIFE JOINED TOGETHER BY A SHARED PASSION TO STRENGTHEN THE FOUNDATIONS OF THE TAMPA BAY COMMUNITY WE DO THIS THROUGH NURTURING THE POTENTIAL OF CHILDREN AND TEENS, PROMOTING HEALTHY LIVING AND FOSTERING A SENSE OF SOCIAL RESPONSIBILITY FOR 125 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 -</p> <p>- TO BE HEALTHIER, MORE CONFIDENT, CONNECTED AND SECURE FROM FAMILY FITNESS CLASSES AND QUALITY OUT-OF-SCHOOL CARE TO VALUES-BASED YOUTH SPORTS AND ENGAGING HEALTHY ACTIVITIES FOR SENIORS, OUR PROGRAMS AND INITIATIVES DEVELOP A HEALTHY SPIRIT, MIND AND BODY FOR ALL THAT'S BECAUSE WE WORK TOGETHER WITH OUR VOLUNTEERS TO IDENTIFY CRITICAL SOCIAL NEEDS WITHIN THE TAMPA BAY COMMUNITY 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, OUT-OF-SCHOOL ACADEMIC SUPPORT AND SUMMER CAMP EXPERIENCES THAT PREVENT SUMMER LEARNING LOSS -PREVENTING ADULT AND CHILDHOOD OBESITY AND THE CHRONIC DISEASES ASSOCIATED WITH IT, SUCH AS TYPE 2 DIABETES, HEART DISEASE AND SOME CANCERS -PROVIDING CHILDREN AND TEENS WITH THE TOOLS THEY NEED TO SUCCEED IN LIFE BY TEACHING LIFE SKILLS THROUGH YOUTH SPORTS, DAY CAMPS AND TEEN LEADERS PROGRAMS -PREVENTING AND REDUCING ACCIDENTAL DEATH DUE TO DROWNING -PROVIDING CANCER SURVIVORS AND THEIR FAMILIES WITH A PLACE TO HEAL THROUGH LIVESTRONG AT THE YMCA -HELPING OLDER COMMUNITY MEMBERS MAINTAIN AND IMPROVE PHYSICAL AND SOCIAL HEALTH WHILE AGING -REDUCING GENERATIONAL POVERTY THROUGH EDUCATION AND REVITALIZING NEIGHBORHOODS -VALUING DIVERSITY AND INCLUSION BY BEING A WELCOMING PLACE TO ALL, REGARDLESS OF AGE, INCOME OR BACKGROUND BY DOING THIS, WE CREATE MEANINGFUL, LASTING CHANGE AND WE PROVIDE THAT CHANGE TO ALL COMMUNITY MEMBERS WHO NEED A PLACE TO GO TO FEEL MORE CONFIDENT, HEALTHY, CONNECTED AND SECURE IN 2013, THE TAMPA Y SERVED 35,194 INDIVIDUALS AT LITTLE OR NO COST TO THE PARTICIPANT, THANKS TO THE CHARITABLE CONTRIBUTIONS AND VOLUNTEER EFFORTS OF Y MEMBERS, VOLUNTEERS, COMMUNITY PARTNERS AND FOUNDATION SUPPORT KEY TO THE TAMPA Y'S SUCCESS IS ITS VOLUNTEERS AND VISIONARY LEADERSHIP THE ASSOCIATION'S GOVERNANCE BOARD AND INDIVIDUAL BRANCH ADVISORY BOARDS SET POLICY AND CONTINUOUSLY EVALUATE Y PROGRAMS AND OUTREACH TO ENSURE MISSION COMPLIANCE AND ALIGNMENT WITH COMMUNITY NEEDS IN 2013, THE Y'S GOVERNANCE BOARD RENEWED 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 -- NURTURE 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 -- IMPROVE THE NATION'S HEALTH AND WELL-BEING -PREVENT CHRONIC DISEASES -REVERSE THE OBESITY TREND IN ADULTS AND CHILDREN -IMPROVE MEMBER AND COMMUNITY HEALTH 3 FOR SOCIAL RESPONSIBILITY -- GIVE BACK AND PROVIDE SUPPORT TO OUR NEIGHBORS -STRENGTHEN VULNERABLE NEIGHBORHOODS BY PROVIDING ASSISTANCE TO UNDERSERVED AREAS AND SCHOOLS -CLOSE THE ACADEMIC ACHIEVEMENT GAP BETWEEN CHILDREN FROM LOW-INCOME HOUSEHOLDS AND THEIR MIDDLE/UPPER INCOME COUNTERPARTS -PREVENT DEATH DUE TO ACCIDENTAL 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 2013, THE Y CONTINUED TO DEVELOP 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 ACADEMIC ACHIEVEMENT GAP IS A PRIMARY CONCERN FOR THE TAMPA Y THE ACADEMIC ACHIEVEMENT GAP EXISTS BETWEEN LOW-INCOME STUDENTS AND THEIR MIDDLE/HIGHER-INCOME COUNTERPARTS IT BEGINS EARLY - BY THE TIME LOW-INCOME CHILDREN REACH KINDERGARTEN, MANY ARE ALREADY FAR BEHIND STUDENTS FROM MIDDLE AND UPPER-INCOME FAMILIES IN THEIR INTELLECTUAL, SOCIAL AND EMOTIONAL DEVELOPMENT MANY HAVE NOT PARTICIPATED IN ACTIVITIES THAT BUILD AN EARLY EDUCATIONAL FOUNDATION, SUCH AS READING DAILY WITH PARENTS, PLAYING WITH DEVELOPMENTALLY-APPROPRIATE TOYS, OR PARTICIPATING IN A DEVELOPMENTALLY-APPROPRIATE CHILDCARE PROGRAM AS THESE CHILDREN MOVE THRO</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 1		<p> UGH 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 (EXPERIENCES LIKE SUMMER CAMP, VISITS TO ZOOS AND AQUARIUMS, AND PARTICIPATING IN LIBRARY PROGRAMS) BY THE TIME A LOWER-INCOME CHILD REACHES THE END OF FIFTH GRADE, HE OR SHE CAN BE UP TO 2.5 TO 3 YEARS BEHIND HER MIDDLE-INCOME COUNTERPARTS AND THE GAP WILL CONTINUE TO WIDEN THROUGHOUT MIDDLE SCHOOL. AS LONG AS THIS ACADEMIC ACHIEVEMENT GAP EXISTS, MOST OF THESE YOUNG PEOPLE WILL REACH ADULTHOOD INTELLECTUALLY, SOCIALLY AND EMOTIONALLY UNPREPARED TO SUCCEED. THIS FUNDAMENTALLY CHANGES THE FABRIC OF OUR COMMUNITIES - THESE KIDS ARE MORE LIKELY TO BECOME TEEN PARENTS, ENGAGE IN CRIMINAL ACTIVITIES, SUFFER FROM MENTAL HEALTH ISSUES, AND ARE MORE LIKELY TO BE UNEMPLOYED OR UNDEREMPLOYED. THE ACADEMIC 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-DRIVEN PROGRAMS THAT ADDRESS SUMMER LEARNING LOSS, EARLY LEARNING AND OUT-OF-SCHOOL TIME. THE GOAL IS TO CATCH THESE STUDENTS UP PRIOR TO KINDERGARTEN, ENABLING THEM TO BE PREPARED FOR THEIR FIRST DAY OF SCHOOL, THEN PROVIDE THEM WITH ACADEMIC ASSISTANCE AFTER SCHOOL AND CONTINUED ACADEMIC ACTIVITIES DURING THE SUMMERS, WHEN THEY'D ORDINARILY FALL BEHIND THEIR PEERS. IN 2013, WITH SUPPORT FROM Y-USA, THE TAMPA Y OFFERED A SUMMER LEARNING LOSS PREVENTION PROGRAM FOR THE SECOND YEAR IN A ROW. OUR PROGRAM INCLUDED FIRST AND SECOND GRADERS AT GRAHAM ELEMENTARY SCHOOL, WHERE WE DOCUMENTED PROMISING RESULTS SHOWING LEARNING GAINS VERSUS LEARNING LOSS (WHICH REGULARLY OCCURS OVER THE SUMMER). THE TAMPA Y LOOKS FORWARD TO EXPANDING THIS PROGRAM WITH MORE SCHOOLS AGAIN IN 2014. ALONG WITH EDUCATIONAL SUPPORT, THE TAMPA Y IS PROVIDING KIDS WITH THE TOOLS THEY NEED TO SUCCEED IN LIFE. THROUGH YOUTH SPORTS, DAY CAMPS AND TEEN LEADERS PROGRAMS, KIDS ARE LEARNING VALUABLE QUALITIES, SUCH AS TEAMWORK, PERSEVERANCE AND SUPPORTING ONE ANOTHER. WE'RE ALSO PROVIDING KIDS WITH SUPPORTIVE STAFF WHO SERVE AS QUALITY ROLE MODELS TO CHILDREN AND TEENS PARTICIPATING IN OUR PROGRAMS. SEVEN CHARACTERISTICS OF WELL-BEING PROVIDE THE FRAMEWORK FOR YOUTH SERVING PROGRAMS AT OUR YMCA. TAMPA Y'S YOUTH PROGRAMS ARE DESIGNED TO INTENTIONALLY INSTILL THESE SEVEN CHARACTERISTICS (INSPIRATION, HEALTH, ACHIEVEMENT, BELONGING, RELATIONSHIPS, MEANING, SAFETY, CHARACTER AND GIVING) AND SUPPORT THE HEALTHY DEVELOPMENT OF CHILDREN AND FAMILIES THROUGH A VALUES-BASED CULTURE. IN 2013, THE TAMPA YMCAs 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, 27,430 TEENS AND CHILDREN PARTICIPATED IN Y PROGRAMS ---- FOR HEALTHY LIVING---- OBESITY IS AN EPIDEMIC IN OUR COUNTRY. ONE IN EVERY THREE ADULTS AND ONE IN EVERY SEVEN CHILDREN IN THE UNITED STATES IS OBESE, ACCORDING TO THE LATEST FIGURES FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION. CHILDHOOD OBESITY IS NOW THE NUMBER ONE CONCERN OF PARENTS. OBESITY CAN LEAD TO A VARIETY OF CHRONIC HEALTH ISSUES, INCLUDING DIABETES, HIGH BLOOD PRESSURE AND CARDIOVASCULAR DISEASE. </p>

Return Reference	Explanation	
FORM 990, PART III, LINE 1		<p>IN THE SULPHUR SPRINGS COMMUNITY, THE Y IS PARTNERING WITH THE FLORIDA BLUE FOUNDATION ON ITS EMBRACE A HEALTHY 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 FOUR OF THE INITIATIVE, THE Y WILL CONTINUE ITS WORK WITH THE FLORIDA BLUE 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 2013, THE Y CONTINUED TO IMPLEMENT HEALTHY FOOD AND DRINKS, AND AT LEAST 60 MINUTES OF PHYSICAL ACTIVITY INTO ALL OUT-OF-SCHOOL SCHOOL PROGRAMMING. THIS IS IN SUPPORT OF THE NEMOURS HEALTH & PREVENTION SERVICES 5-2-1-ALMOST NONE LIFESTYLE FORMULA. 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 (NOP) INITIATIVE IS ONE EXAMPLE OF OUR LONG-TERM COMMITMENT TO STRENGTHENING THE FOUNDATIONS OF OUR COMMUNITY. BY ALIGNING SOCIAL SERVICES WITH EDUCATION, FAMILIES AND CHILDREN IN SULPHUR SPRINGS (ONE OF TAMPA'S MOST CHALLENGED NEIGHBORHOODS) ARE PROVIDED WITH THE TOOLS AND SUPPORT THEY NEED TO SUCCEED IN SCHOOL AND LIFE. TO DO THIS, THE Y AND COMMUNITY PARTNERS, INCLUDING THE UNITED WAY SUNCOAST, CHILDREN'S BOARD OF HILLSBOROUGH COUNTY, EARLY LEARNING COALITION, BOYS & GIRLS CLUB OF TAMPA BAY, HILLSBOROUGH COUNTY PUBLIC SCHOOLS, THE CITY OF TAMPA AND THE SULPHUR SPRINGS NEIGHBORHOOD ASSOCIATION HAVE COME TOGETHER TO CREATE A PIPELINE TO SUCCESS THAT BEGINS AT BIRTH AND SPANS THROUGH HIGH SCHOOL 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. THE FIRST PIECE OF THE PIPELINE WAS THE TAMPA Y'S SULPHUR SPRINGS COMMUNITY LEARNING CENTER (CLC) OPENED OVER FIVE 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. THE CLC ALSO ENGAGES PARENTS AND FAMILIES IN A MEANINGFUL WAY THROUGH EVENTS, CONFERENCES, AND VOLUNTEER OPPORTUNITIES. WE ALSO ENGAGE THE GREATER SULPHUR SPRINGS COMMUNITY TO LEAD HEALTHIER LIFESTYLES THROUGH THE CREATING A HEALTHIER SULPHUR SPRINGS FOR KIDS INITIATIVE. BACK BY THE FLORIDA BLUE FOUNDATION, THE CHSSK INITIATIVE AIMS TO COMBAT CHILDHOOD OBESITY BY TAKING A COLLABORATIVE, HOLISTIC APPROACH TO ADDRESSING ISSUES THAT LEAD TO THIS EPIDEMIC. THINGS SUCH AS COMMUNITY GARDENS, FARMER'S MARKET, SAFE PASSAGES, AND ACCESS TO GREEN SPACE ARE ALL BEING ADDRESSED. 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 WHICH PROVIDES PA</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 1		<p>RENTS 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 NOP PIPELINE, AND A PARTNERSHIP WITH 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 CULTURALLY-SENSITIVE CURRICULUM USING THE ENVIRONMENT AS CURRICULUM, THE EXPERIENCE IS DEEPEENED THROUGH INTEREST CENTERS WITH SPECIFIC PURPOSES IN ADDITION, "BACK-HOME" ON-GOING LEARNING OPPORTUNITIES ASSURE PROGRAM QUALITY AND IMPACT OTHER NOP INITIATIVES 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 NOP, 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 OUT-OF-SCHOOL CHILDCARE FOR UNDERSERVED FAMILIES, COMMUNITY SERVICE ACTIVITIES FOR TEEN LEADERS AND SUMMER CAMP PARTICIPANTS, AND ADAPTIVE LEARNING PROGRAMS FOR DEVELOPMENTALLY-CHALLENGED KIDS THE Y ALSO TARGETS MINORITY YOUTH WHO ARE AT-RISK OF DROWNING BECAUSE OF A LACK OF SWIM SAFETY SKILLS AND/OR SWIM LESSONS THERE ARE ALSO PROGRAMS THAT SUPPORT MIGRANT OUTREACH AND COMMUNITY VOLUNTEERISM ----COMMUNITY BENEFIT---- AT THE Y, WE BRING MEN, WOMEN AND CHILDREN TOGETHER IN A SHARED COMMITMENT TO ENSURE OPPORTUNITIES FOR EVERYONE TO LEARN, GROW AND THRIVE ENSURING ACCESS TO ALL IN 2013, THE TAMPA Y PROVIDED \$7,463,666 IN FINANCIAL ASSISTANCE, SUBSIDIES AND COMMUNITY BENEFITS TO YOUTH, INDIVIDUALS, AND FAMILIES TO ENSURE PARTICIPATION IN ALL 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 2013, 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 A PARTNERSHIP 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 2013, WE ENTERED YEAR TWO OF OUR INFANT DROWNING PREVENTION PROGRAM CALLED INFANT SWIMMING RESOURCE (ISR) ISR 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 ACCIDENTAL DEATH DUE TO DROWNING AMONG YOUNG CHILDREN THE Y IS COMMITTED TO HELPING ENSURE NO MORE CHILDREN DROWN ISR LESSONS ARE CURRENTLY AT THREE Y FAMILY BRANCHES AND WILL EXPAND FURTHER IN 2014 AS MORE INSTRUCTORS ARE TRAINED</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 1		<p>IMPROVING TAMPA BAY'S HEALTH AND WELL-BEING THE Y IS A COMMUNITY LEADER IN HEALTH AND WELLNESS ISSUES WE PROVIDE SUPPORT, GUIDANCE AND EXPERTISE IN HELPING PEOPLE PREVENT AND/OR OVERCOME CHRONIC ILLNESSES, SUCH AS DIABETES, CANCER, CARDIOVASCULAR DISEASE AND HIGH BLOOD PRESSURE ASSOCIATED WITH OBESITY MANY OF OUR PROGRAMS ARE INTENSIVE, SMALL-GROUP LESSONS THAT TARGET LIFESTYLE CHANGES THAT CAN MAKE A SIGNIFICANT DIFFERENCE IN A PERSON'S HEALTH WE ALSO PROVIDE PERSONAL TRAINING, WHICH PAIRS MEMBERS UP WITH SPECIALLY-TRAINED FITNESS PROFESSIONALS FOR ONE-ON-ONE SESSIONS TO ACHIEVE VERY SPECIFIC HEALTH GOALS BUT BEING HEALTHY ISN'T JUST PHYSICAL TO BE TRULY HEALTHY, A PERSON MUST FEEL LIKE 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 POTLUCKS AND EVEN TAKE GROUP TRIPS THESE ACTIVITIES PROVIDE SENIORS WITH A PLACE TO GO TO FEEL MORE CONNECTED LIKEWISE, THE Y OFFERS A HOST OF PROGRAMS GEARED TOWARD 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 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 2013, THE TAMPA Y MADE SIGNIFICANT IMPACTS TO THE TAMPA BAY COMMUNITY WITH THE HELP OF MORE THAN 6,400 VOLUNTEERS, DONATING OVER 128,000 HOURS TO COACH, MENTOR, ADVISE, FUNDRAISE AND GOVERN FOR THE ORGANIZATION IN ADDITION, WE RAISED \$5,224,568 IN PUBLIC SUPPORT INCLUDING INDIVIDUAL, BUSINESS, GOVERNMENT, FOUNDATION CONTRIBUTIONS AND GRANTS IN 2013, DEMONSTRATING BROAD SUPPORT OF EFFORTS AND WORK FROM THE TAMPA BAY COMMUNITY MAKING A REAL, LASTING DIFFERENCE IN TAMPA VOLUNTEERS AND STAFF MEMBERS WORK TOWARD THE GREATER GOOD OF THE TAMPA Y ASSOCIATION, PLAYING A CRITICAL ROLE IN DEVELOPING AND EXPANDING THE BEST CHARITABLE ORGANIZATION IN THE TAMPA BAY AREA EXCELLENCE IS OUR GOAL BUILT INTO OUR PROGRAMS AND INITIATIVES ARE EVALUATION TOOLS THAT HELP US MEASURE OUR IMPACT WHEN WE MEASURE SUCCESS, WE'RE ABLE TO CREATE QUALITY PROGRAMMING THAT MEETS THE NEEDS OF OUR COMMUNITY MEMBERS WE'RE ALSO ABLE TO BETTER SHAPE EXISTING PROGRAMS AND INITIATIVES THAT HAVE THE GREATEST POTENTIAL, AND THEN EXPAND THEIR OUTREACH TO BROADER AREAS WITHIN THE TAMPA BAY COMMUNITY TO THAT END, THE TAMPA Y IS COMMITTED TO THE HIGHEST ETHICAL STANDARDS OF A PUBLIC CHARITY IN 2013, THE TAMPA METROPOLITAN AREA YMCA'S SOUND FISCAL MANAGEMENT PRACTICES AND COMMITMENT TO ACCOUNTABILITY AND TRANSPARENCY EARNED US THE HIGHEST RATING OF 4 STARS FROM CHARITY NAVIGATOR, AMERICA'S LARGEST INDEPENDENT CHARITY EVALUATOR THE TAMPA Y IS ALSO A GUIDESTAR EXCHANGE GOLD PARTICIPANT, THE TOP LEADING SYMBOL OF TRANSPARENCY AND ACCOUNTABILITY PROVIDED BY GUIDESTAR USA, INC, THE PREMIER SOURCE OF NONPROFIT INFORMATION WE ARE GOVERNED BY AND ACCOUNTABLE TO AN INDEPENDENT BOARD OF DIRECTORS, COMPRISED OF VOLUNTEER COMMUNITY LEADERS 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 HEALTHIER, MORE CONFIDENT, CONNECTED AND SECURE 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 C</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 1		<p>ENTER 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 AND 33 AFTERSCHOOL PROGRAM SITES 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</p> <p>***** ----PROGRAM SERVICE ACCOMPLISHMENTS---- HEALTH AND WELLNESS CENTRAL TO THE TAMPA Y'S MISSION IS CREATING A HEALTHIER TAMPA BAY COMMUNITY Y HEALTH ENHANCEMENT PROGRAMS STRESS THE IMPORTANCE OF A HEALTHY LIFESTYLE THROUGH EXERCISE, PROPER NUTRITION, HEALTH EDUCATION AND STRESS MANAGEMENT IN 2013, 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, WALK AND RUN CLUBS AND EDUCATIONAL SEMINARS IN HEALTH AND NUTRITION ADDITIONALLY, THE TAMPA Y HAS MADE A SIGNIFICANT COMMUNITY IMPACT THROUGH PROGRAMS, SUCH AS HEALTHY KIDS DAY, WHICH COMBAT CHILDHOOD OBESITY CHILD CARE SERVICES TAMPA Y'S CHILD CARE SERVICES PROVIDE PROGRAMS THAT FOSTER THE GROWTH AND DEVELOPMENT OF CHILDREN, PARENTS AND FAMILIES THE Y'S 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 LEARNING AND THRIVING IN A SAFE, ASSET-RICH, SUPPORTIVE ENVIRONMENT PARTICIPATING CHILDREN RECEIVE 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 THEY BELIEVES A CONFIDENT KID TODAY CREATES CONTRIBUTING AND ENGAGED ADULTS TOMORROW BELOW ARE A HANDFUL OF HIGHLIGHTS IN 2013 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 -A PARTNERSHIP WITH THE FLORIDA BLUE 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 TEEN LEADERS ARE TWO OF THE MANY LEADERSHIP PROGRAMS THAT PROVIDE TEENS WITH AN OPPORTUNITY TO DEVELOP LIFE SKILLS, BUILD SELF-CONFIDENCE AND BECOME LEADERS OF TOMORROW -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 CRIMINAL AND 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</p>

Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>THE Y HAS LONG RECOGNIZED THAT INVOLVEMENT IN SPORTS CAN HAVE A LASTING IMPACT IN PROVIDING YOUTH WITH A SAFE ENVIRONMENT TO DEVELOP PHYSICALLY AND MENTALLY AT THE TAMPA Y, YOUTH SPORTS ARE USED AS A MEANS TO GATHER YOUTH AND IMMUNIZE THEM AGAINST NEGATIVE BEHAVIORS ALL Y YOUTH SPORTS ACTIVITIES ARE INFUSED WITH THE SEER NINE CHARACTERISTICS OF WELL-BEING Y MCA PROGRAMS SUCH AS BASKETBALL, AQUATICS AND GOLF ARE THE VEHICLES TO CONNECTING WITH YOUNG PEOPLE TO BUILD VALUES, SELF-CONFIDENCE, RESPECT AND TEAMWORK ----OTHER COMMUNITY INITIATIVES---- EARLY HEAD START - THE TAMPA METROPOLITAN AREA Y MCA 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 Y MCA 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 FY2012-2013, EARLY HEAD START PROVIDED SERVICES TO 151 CHILDREN IN ITS 20 FCCH SERVICES INCLUDED HEALTH AND DEVELOPMENT FOR INFANTS AND TODDLERS AND PROMOTION OF PARENTS' ABILITIES TO SUPPORT THEIR CHILD'S COGNITIVE, SOCIAL, EMOTIONAL AND PHYSICAL DEVELOPMENT KINSHIP CARE SERVICES - THE TAMPA Y MCA SERVED AS THE ADMINISTRATIVE LEAD FOR THE COLLABORATIVE OF COMMUNITY AGENCIES THAT PROVIDED PREVENTION AND EARLY INTERVENTION SERVICES TO RELATIVE CAREGIVERS WHO HAVE CHILDREN AT RISK OF ENTERING THE CHILD WELFARE SYSTEM DUE TO ABUSE, NEGLECT OR ABANDONMENT KINSHIP CARE SERVICES WAS JOINTLY FUNDED BY THE CHILDREN'S BOARD OF HILLSBOROUGH COUNTY AND UNITED WAY SUNCOAST IN FY2012-13, KINSHIP CARE SERVICES SERVED 757 CHILDREN IN OCTOBER 2013, THE INTAKE NUMBER AND RESPONSIBILITIES WERE TRANSFERRED TO THE CHILDREN'S HOME, INC FROM THE Y MCA ONCE THE CHILDREN'S BOARD CONTRACT ENDED SEPTEMBER 30TH, 2013 WITH THE CLOSE OF 2013, THE Y MCA HAS OFFICIALLY TRANSITIONED OUT OF ITS ROLE OF FISCAL/GRANT OPERATIONS MANAGER OF THE UNITED WAY KINSHIP PROGRAM MOVING FORWARD, CHI WILL CONTINUE TO ADMINISTER PROGRAMMING AND PROVIDE REPORTING ON THE OUTCOMES ASSOCIATED WITH THE KINSHIP PROGRAM SPECIAL NEEDS AFTERSCHOOL PROGRAMMING - THE TAMPA Y CHILD CARE SERVICES BRANCH OFFERS OUT-OF-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 CAMPAIGN ----SOURCES AND USES OF FUNDING FOR Y MCA PROGRAMS---- EACH YEAR, HUNDREDS OF TAMPA Y MCA VOLUNTEERS ARE ASKED TO RAISE DOLLARS FOR THE ANNUAL CAMPAIGN TO ASSIST THOSE WHO NEED FINANCIAL HELP TO PARTICIPATE IN Y MCA PROGRAMS DELINEATED BELOW Y DIABETES PREVENTION PROGRAM LIVESTRONG AT THE Y MCA 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/Y MCA 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 SUNCOAST THE UNITED WAY SUNCOAST HAS SUPPORTED THE Y FOR MORE THAN 70 YEARS IN 2013, THE UNITED WAY CONTRIBUTED \$266,178.19 WHICH ENABLED THE TAMPA Y TO PROVIDE FUNDING FOR SUMMER DAY CAMP PROGRAMS, AFTERSCHOOL SERVICES, GENDER-SPECIFIC YOUTH DEVELOPMENT PROGRAMS, OLDER ADULT PROGRAMMING AND GENERAL OPERATING SUPPORT FOUNDATIONS AND GRANTS THE Y MCA 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</p>

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE TAMPA METROPOLITAN AREA YMCA ADDRESSES THE ISSUE OF POTENTIAL CONFLICTS OF INTEREST THROUGH SEVERAL MEANS (1) THE CONFLICTS OF INTEREST POLICY IS DISCUSSED AT EACH ORIENTATION MEETING FOR NEW BOARD MEMBERS, (2) THE ASSOCIATION DISCUSSES AT THE GOVERNANCE BOARD LEVEL THE IMPORTANCE OF TRANSPARENCY IN BUSINESS DEALINGS AND THE NEED FOR THE ENTIRE ORGANIZATION, VOLUNTEERS AND STAFF (EITHER DIRECTLY OR INDIRECTLY), TO BE FREE OF POTENTIAL CONFLICTS THAT MAY ARISE FROM ANY BUSINESS DEALINGS, (3) THE FINANCE DEPARTMENT OF THE TAMPA YMCA REGULARLY REVIEWS BUSINESS TRANSACTIONS IN AN EFFORT TO ENSURE COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, (4) IN ALL CASES POSSIBLE THE YMCA STRIVES TO OBTAIN THREE BIDS FOR EXPENDITURES GREATER THAN \$1,500 TO ASSIST IN THE MATTER OF KEEPING TRANSACTIONS AT ARMS LENGTH, AND (5) ANNUALLY, THE STAFF RECEIVE FEEDBACK FROM AUDITORS REGARDING CONFIRMATIONS SENT TO DIRECTORS, OFFICERS, TRUSTEES, AND KEY EMPLOYEES WITH ANY POTENTIAL CONFLICT OF INTEREST (IN THE EVENT OF A POTENTIAL CONFLICT, THE STAFF INVESTIGATES UNTIL SATISFIED WITH COMPLIANCE)

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN DERIVATIVE LIABILITY 311,241

Return Reference	Explanation
FORM 990, PART III, LINE 1	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.