** PUBLIC DISCLOSURE COPY **

990

Department of the Treasury

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

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

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning OCT 1, 2016 and ending SEP 30,

Open to Public Inspection

OMB No. 1545-0047

ΑI	For the	2016 calendar year, or tax year beginning $OCT \ 1$, 2016 and ending	SEP 30, 2	2017	
В	Check if applicable	C Name of organization	D Employer i	identification number	
â	applicable	TAMPA METROPOLITAN AREA YOUNG MEN'S			
	Address change	CHRISTIAN ASSOCIATION, INC.			
F	Name change	Doing business as	┦ 5	59-1742909	
F	Initial return	· ·	iite E Telephone		
F	Final return/	110 OAK AVENUE EAST		313-224-9622	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts	20 004 2	363.
Г	Amende		H(a) Is this a g		
F	Applica tion	·		dinates? Yes X	No
_	pending	110 OAK AVENUE EAST, TAMPA, FL 33602		rdinates included? Yes	No
$\overline{}$	Fay aya			ttach a list. (see instruction	
		SHIPE STATUS. Last 30 (0)(0) \(\text{\ti}\text{\texi}\tint{\text{\texit{\texict{\text{\text{\texict{\text{\text{\texiclex{\texi}\text{\texict{\texit{\text{\texi}\text{\texit{\text{\texi}\tint{\text{\te}		emption number	15)
				889 M State of legal domici	ilo: FT.
		Summary	eai oi ioimation. ±0	JOJ WI State of legal dolling	ile. I II
		Briefly describe the organization's mission or most significant activities: ${ t TO \ t PUT \ t J}$	IDEO-CHRT	ZTT AN	
Se	1 1	PRINCIPLES INTO PRACTICE THROUGH PROGRAMS TH.	AL BULLU F	TEVIUMA GDIDIA	
Jan	-				. ,
Governance		Check this box if the organization discontinued its operations or disposed of n	. —	1 1	28
é	1	Number of voting members of the governing body (Part VI, line 1a)			28
		Sumber of independent voting members of the governing body (Part VI, line 1b)			
Activities &		otal number of individuals employed in calendar year 2016 (Part V, line 2a)		··	2367
Ξ	6				823
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.
	bΝ	let unrelated business taxable income from Form 990-T, line 34		7b	0.
		\sim	Prior Year	Current Year	
ē	8 (Contributions and grants (Part VIII, line 1h)	3,656,8		
enr	9 F	Program service revenue (Part VIII, line 2g)	20,470,5		
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-314,8		
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	590,3		
	12 7	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,402,8	35,106,0)65 <u>.</u>
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,653,6	554. 17,973,1	
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 392,279 ■		0.	0.
ф	b 1	otal fundraising expenses (Part IX, column (D), line 25) > 392,279.			
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,471,8	329. 15,659,3	329.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,125,4	183. 33,632,5	20.
	19 F	Revenue less expenses. Subtract line 18 from line 12	-2,722,6	527. 1,473,5	45.
or	<u> </u>		Beginning of Curren		
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)	58,194,3		100.
Ass J Ba	21 1	otal liabilities (Part X, line 26)	19,888,5		
Net -uni	22 N	Net assets or fund balances. Subtract line 21 from line 20	38,305,7		
Pá	art II	Signature Block	<u> </u>	<u> </u>	
Und		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the b	est of my knowledge and belie	f. it is
		, and complete. Declaration of preparer (other than officer) is based on all information of which prep			,
		\		9	
Sig	<u>, </u>	Signature of officer	Date		
Her		MATTHEW J. MITCHELL, CEO			
1101	۱	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check PTIN	
Pai		SAM A. LAZZARA		m0017601	7
	-	Firm's name RIVERO, GORDIMER & COMPANY, P.A.		FO 0040F0	
		Firm's address P. O. BOX 172359	Firm's	LIN 39-3040/0	
USE	Only	TAMPA, FL 33672	Dhara	no.(813) 875-77	77/
NA		S discuss this return with the preparer shown above? (see instructions)	Prione		No.

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE TAMPA METROPOLITAN AREA YMCA IS TO PUT
	JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD
	HEALTHY SPIRIT, MIND AND BODY FOR ALL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 \$ 17,592,479 • including grants of \$) (Revenue \$ 16,043,045 •)
	CHILDCARE AND FAMILY SERVICES: SEE PROGRAM ACCOMPLISHMENTS AT SCHEDULE
	0.
	7 255 650
4b	(Code:)(Expenses \$ 7,355,650 . including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$
	0.
	<u> </u>
	10
	4 200 205
4c	(Code:) (Expenses \$ 4,308,305. including grants of \$) (Revenue \$ 4,010,762.)
	COMPREHENSIVE YOUTH DEVELOPMENT SERVICES: SEE PROGRAM ACCOMPLISHMENTS AT SCHEDULE O.
	AI SCHEDULE O.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 29,256,434. Form 990 (2016)
	Form 330 (2016)

59-1742909

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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14h		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form **990** (2016)

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

Form 990 (2016)

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-	Х	
h	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		X
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ZTU		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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? If "Yes,"			
	complete Schedule L, Part II	26		Х
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			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-	Х	
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions 2 If "Voc " complete Schools W	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	J (// /	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			177
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	1
	Note. All Form 990 filers are required to complete Schedule O	38	77	

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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2367			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			\ ₃₂
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ا ا		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		X	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76	21	
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2016)

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

_	Check it Schedule O contains a response or note to any line in this Part VI			
Sec	tion 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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-		7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	"		
		8a	х	
a		8b	X	
b		OD	25	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		21
360	tion b. Folicies (This Section B requests information about policies not required by the internal nevenue Code.)		V	Na
10-	Did the experiention have lead about on hyperbon as affiliated	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	21	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401	х	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b			v	
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С		١.,		
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?		v	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Λ	
10	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	40		Х
	taxable entity during the year?	16a		Λ
D	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	401-		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed FL	0.40!!-!	ulo.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallab	ие	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website X Another's website X Upon request 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, an	d tinan	cıal	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 813-224-9622			
	110 OAK AVENUE EAST, TAMPA, FL 33602			

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Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	Ĭ		((C)			(D)	(E)	(F)
Name and Title	Average hours per	(do	not c	Pos heck	more	ገ e than is bot	one	Reportable compensation	Reportable compensation	Estimated amount of
	week	offic	cer an	d a d	irect	or/trus	stee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Truste	al tru		oyee	ompei				and related
	below	ividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	4.		organizations
(1) AL COLBY	line) 1.00	pu P	lus	#6	Ke	iĘ, ili	휸	0		
CHAIR	1.00	X		х		١,		0.	0.	0.
(2) JENNIFER MURPHY	1.00					C			•	•
VICE CHAIR		Х		\mathbf{x}			2	0.	0.	0.
(3) FELIX HAYNES	1.00)				
SECRETARY		Х		X				0.	0.	0.
(4) DOUG ARTHUR	1.00)						
TREASURER		X		Х				0.	0.	0.
(5) MICHELLE MAINGOT	1.00	1								
IMMEDIATE PAST CHAIR		X		Х				0.	0.	0.
(6) VAN AYRES	1.00								•	•
DIRECTOR	1 00	Х				_		0.	0.	0.
(7) LARRY BEVIS	1.00	٠,,							0	0
DIRECTOR	1.00	Х				+		0.	0.	0.
(8) ROBERT H. BUESING	1.00	X						0.	0.	0.
DIRECTOR (9) ERIN CASSIDY	1.00	^				-		0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(10) MIKE CHARLES	1.00					+			•	<u></u>
DIRECTOR		x						0.	0.	0.
(11) DAVID CHRISTIAN	1.00					+			•	•
DIRECTOR		Х						0.	0.	0.
(12) JIM DESMOND	1.00									
DIRECTOR		Х						0.	0.	0.
(13) ROB EDMUND	1.00									
DIRECTOR		Х						0.	0.	0.
(14) KERI EISENBEIS	1.00									
DIRECTOR		Х						0.	0.	0.
(15) STEVE ELLIS	1.00								_	_
DIRECTOR	1 00	Х						0.	0.	0.
(16) ROB GAGLIARDI	1.00	,							_	_
DIRECTOR	1 00	Х	_			_	_	0.	0.	0.
(17) TODD GREGORY	1.00	x						0.	0.	0.
DIRECTOR 632007 11-11-16		Λ						1 0.	<u> </u>	Form 990 (2016)

632007 11-11-16

Form 990 (2016)

101111990 (2010)	.,		`	'					<u> </u>	JUJ Tage C
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) JEFF HILLS	1.00									
DIRECTOR		Х						0.	0.	0.
(19) KYLE KEITH DIRECTOR	1.00	X						0.	0.	0.
(20) DAVID KENNEDY	1.00									-
DIRECTOR		Х						0.	0.	0.
(21) GUY KING	1.00								4	
DIRECTOR		Х						0	0.	0.
(22) CHRIS KIRSCHNER DIRECTOR	1.00	х						8	0.	0.
(23) ROBIN REYNOLDS	1.00							a ()*		
DIRECTOR		Х						0.	0.	0.
(24) DENA SHIMBERG DIRECTOR	1.00	Х						0.	0.	0.
(25) CY SPURLINO	1.00							V -		
DIRECTOR		Х						0.	0.	0.
(26) AMY STANDARD	1.00					C			_	_
DIRECTOR		Х		Щ		<u>\~</u>		0.	0.	0.
1b Sub-total				·····		.		0.	0.	0.
c Total from continuation sheets to Part V	II, Section A				/			895,580.	0.	120,876.
d Total (add lines 1b and 1c)							<u> </u>	895,580.	0.	120,876.
2 Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wl	no re	eceived more than \$100	0,000 of reportable	

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

Yes No

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MCCULLAGH & SCOTT	CONSTRUCTION	
1365 PROVIDENCE ROAD, BRANDON, FL 33511	CONTRACTOR	1,415,554.
PRIORITY CARE SERVICES		
3341 118TH AVE N, ST. PETERSBURG, FL 33716	CLEANING COMPANY	399,244.
FLEISCHMANGARCIA		
324 HYDE PARK AVE, TAMPA, FL 33606	INTERIOR DESIGN	320,006.
CGM SERVICES, 1015 E DR MARTIN LUTHER KING	AIR CONDITIONING	
JR BLVD, TAMPA, FL 33603	MAINTENANCE	258,717.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 4

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2016)

Form 990 CHRISTIAN	ASSOC.	LA'.	LTC)Ν,	, -	IM	٠.		59-174	2 909
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	<u> </u>			C)			(D)	(E)	(F)
Name and title	Average			Posi		1		Reportable	Reportable	Estimated
	hours	(cl	heck				ly)	compensation	compensation	amount of
	per	<u> </u>				Ϊ́	ŕ	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				oldme		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee			sated		(W-2/1099-MISC)		organization
	related organizations	rustee	l frust		ee Ge	npens				and related organizations
	below	dual tr	tional	١. ا	nploy	stcon	_			Organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CATHY VALDES	1.00									
DIRECTOR		х						0.	0.	0.
(28) JILL VALENTI	1.00									
DIRECTOR		Х						0.	0.	0 .
(29) THOMAS F. LOOBY	40.00									
PRESIDENT & CEO		L	L	Х	L_	$L_{\!\scriptscriptstyle{-}}$		289,551.	0.	40,076
(30) DAWN PHELPS	40.00							4	1	
CFO				Х				0.	0.	0 .
(31) TODD BRAY	40.00									
INTERIM CFO				Х				113,373.	0.	20,397
(32) ADAM KLUTTS	40.00									
C00	40.00			Х				158,238.	0.	22,768
(33) JAN BERRY	40.00						Ι.	2 407 001	0	14 000
CDO	40.00			Х				97,891.	0.	14,273
(34) ROBERT GRAY	40.00					•		100 400	0	10 205
VP	40.00					X	5	123,422.	0.	19,307
(35) JENNIFER WAINMAN	40.00			l (\~		112 105	0	4 055
VP			<u> </u>			Х		113,105.	0.	4,055
				_						
	-									
		1								
	()									
05										
		1								
Total to Part VII, Section A, line 1c								895,580.		120,876

Form 990 (2016)

Part VIII Statement of Revenue

		Check if Schedule O conta	aine a roenoneo	or note to any lin	o in this Part VIII			
		Check il Scheddle O conta	airis a response	i note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè excluded
						exempt function	business	from tax under sections 512 - 514
10						revenue	revenue	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns		153,982.				
Gra	b	Membership dues	1b					
ts, (c	Fundraising events	1c					
Giff lar	c	Related organizations	1d					
imi	е	Government grants (contributi	ions) 1e	1,761,811.				
tior sr S	f	All other contributions, gifts, grant	ts, and					
bu		similar amounts not included above	/e 1f	4,361,616.				
n di	g	Noncash contributions included in lines	1a-1f: \$	2,625.				
Co	_	Total. Add lines 1a-1f			6,277,409.			
				Business Code				
ø	2 a	HEALTH AND WELLNESS		813410	16,021,947.	16,021,947.		
vic (_ b			813410	10,359,891.	10,359,891.		
Ser	c		_		_ , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
E S	d							
Re								
Program Service Revenue	e					()		
_		All other program service reve			26,381,838.			
		Total. Add lines 2a-2f			20,301,030.	V		
	3	Investment income (including			160 451			160 454
	_	other similar amounts)			169,454.			169,454.
	4	Income from investment of tax		•				
	5	Royalties						
			(i) Real	(ii) Personal	5			
		Gross rents	320,227		\bigcirc			
	b	Less: rental expenses	0	•				
	C	Rental income or (loss)	320,227					
	c	Net rental income or (loss)			320,227.			320,227.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	4,898,498					
	b	Less: cost or other basis	1					
		and sales expenses	4,024,986	,				
	c	Gain or (loss)	873,512	!				
		Net gain or (loss)			873,512.			873,512.
o	8 a	Gross income from fundraising	g events (not					
		including \$	of					
eve		contributions reported on line	1c). See					
Other Reven		Part IV, line 18		841,198.				
the	b	Less: direct expenses						
Ó		Net income or (loss) from fund		·	734,873.			734,873.
		Gross income from gaming ac			-,			1,2.2.
	5 6	Part IV, line 19		,				
	h	Less: direct expenses						
		Net income or (loss) from gam						
		· · · · · · · · · · · · · · · · · · ·	-	······				
	io a	Gross sales of inventory, less		30 167				
		and allowances						
		Less: cost of goods sold			7 000			7 000
		Net income or (loss) from sales			-7,820.			-7,820.
	_	Miscellaneous Revenu	e	Business Code				
		MISCELLANEOUS INCOME		813410	356,572.	356,572.		
	b							
	c	·						
	d							
	е	Total. Add lines 11a-11d		▶	356,572.			
	12	Total revenue See instructions			35 106 065.	26 738 410.	0	2 090 246.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	659,053.	561,648.	86,985.	10,420
6	trustees, and key employees Compensation not included above, to disqualified	032,033.	301,040.	00,505.	10,420
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			_1	
7	Other salaries and wages	14.558.580.	12,406,895.	1,921,501.	230,184
8	Pension plan accruals and contributions (include	,555,555	,_,		
	section 401(k) and 403(b) employer contributions)	860,284.	639,584.	205,597.	15,103
9	Other employee benefits	475,366.	353,415.	113,606.	8,345
10	Payroll taxes	1,419,908.	1,381,416.	13,482.	25,010
11	Fees for services (non-employees):	, , , , , , , ,		,	
 а	' ' ' '		.()		
b	[_]	41,932.	32,967.	8,245.	720
	Accounting	44,051.	34,632.	8,662.	757
d				•	
е	D () 1()))		
f	Investment management fees				
g		_()*			
_	column (A) amount, list line 11g expenses on Sch O.)	2,509,867.	1,973,231.	493,520.	43,116
12	Advertising and promotion	656,050.	26,366.	611,297.	18,387
13	Office expenses	2,091,003.	1,868,046.	208,497.	14,460
14	Information technology				
15	Royalties				
16	Occupancy	3,902,408.		25,643.	350
17	Travel	351,803.	295,931.	52,978.	2,894
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	292,563.	172,299.	104,173.	16,091
20	Interest	466,938.	466,938.		
21	Payments to affiliates	4 550 005	4 550 005		
22	Depreciation, depletion, and amortization	4,578,097.	4,578,097.	25 100	
23	Insurance	119,386.	82,257.	37,129.	
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 0.)				
а	NATIONAL SUPPORT/ DUES	332,651.	300,732.	31,919.	0
b		- ,	,	- ,	
c					
d					
	All other expenses	272,580.	205,565.	60,573.	6,442
25	Total functional expenses. Add lines 1 through 24e	33,632,520.	29,256,434.	3,983,807.	392,279
<u> </u>	Joint costs. Complete this line only if the organization	-	-	-	· · · · · · · · · · · · · · · · · · ·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pai	rt X	Balance Sheet	
		Check if Schedule O contains a response or note to any line in the	is Part X
			(A) (B) Beginning of year End of year
	1	Cash - non-interest-bearing	1
	2	Savings and temporary cash investments	4,708,403. 2 7,212,676
	3	Pledges and grants receivable, net	4,366,487. 3 4,889,831
	4	Accounts receivable, net	
	5	Loans and other receivables from current and former officers, dir	
		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), at	nd contributing
		employers and sponsoring organizations of section 501(c)(9) volu	ıntary
ţ		employees' beneficiary organizations (see instr). Complete Part I	of Sch L 6
Assets	7	Notes and loans receivable, net	7
⋖	8	Inventories for sale or use	8
	9	Prepaid expenses and deferred charges	591,589. 9 562,727
	10a	Land, buildings, and equipment: cost or other	• • •
			861,782.
	b	Less: accumulated depreciation 10b 49,	333,942. 40,290,066. _{10c} 38,527,840
	11	Investments - publicly traded securities	
	12	Investments - other securities. See Part IV, line 11	
	13	Investments - program-related. See Part IV, line 11	
	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)	
	17	Accounts payable and accrued expenses	
	18	Grants payable	435,781. 19 583,256
	19	Deferred revenue	
	20	Tax-exempt bond liabilities	
	21	Escrow or custodial account liability. Complete Part IV of Schedu	
ties	22	Loans and other payables to current and former officers, directo	
Liabilities		key employees, highest compensated employees, and disqualific	
Ë	00	Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties	418,927. 23 1,473,076
	23 24	Unsecured notes and loans payable to unrelated third parties	
	25	Other liabilities (including federal income tax, payables to related	
	20	parties, and other liabilities not included on lines 17-24). Complete	
		Schedule D	600 204 520 162
	26	Total liabilities. Add lines 17 through 25	
		Organizations that follow SFAS 117 (ASC 958), check here	
S		complete lines 27 through 29, and lines 33 and 34.	
nce	27	Unrestricted net assets	31,793,541. 27 31,033,904
<u>a</u>	28	Temporarily restricted net assets	
р В	29	Permanently restricted net assets	216 452 22 100 657
Εū		Organizations that do not follow SFAS 117 (ASC 958), check	
<u></u>		and complete lines 30 through 34.	
ets	30	Capital stock or trust principal, or current funds	
\SS(31	Paid-in or capital surplus, or land, building, or equipment fund	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other fu	inds 32
Ž	33	Total net assets or fund balances	38,305,791. 33 39,585,932
	34	Total liabilities and net assets/fund balances	

Form **990** (2016)

Pai	rt 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		,10		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,63		
3	Revenue less expenses. Subtract line 2 from line 1	3		,47		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				91.
5	Net unrealized gains (losses) on investments	5		-19	3,4	04.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	39	,58	5,9	32.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	
				Form	990	2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TAMPA METROPOLITAN AREA YOUNG MEN'S **Employer identification number** 59-1742909 CHRISTIAN ASSOCIATION, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions.

ne	organ	ization is not a private found	iation because it is. (For lines 1 through 12, t	neck only	one box.)		
1	Щ	A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	niunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name.
		city, and state:	,	,			· / / / /	,
5		An organization operated for	or the benefit of a co	Illege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
3				mege of difficersity owner	u or opera	led by a g	overimental unit descrit	Jed III
_		section 170(b)(1)(A)(iv). (C						
6	Н	A federal, state, or local government	-					
7		An organization that norma	Illy receives a substa	intial part of its support f	from a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)				7	
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)		0	
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g						
		university:	, ,	,		(
ın	X	An organization that norma	Illy rocoivos: (1) moro	than 33 1/30/ of its sur	nort from	contributi	one momborehin fooe o	and gross receipts from
		activities related to its exen						
		income and unrelated busing		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	• •					
11	Ш	An organization organized a	and operated exclus	ively to test for public sa	ifety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), typically by	giving
		the supported organization						
		organization. You must o			jo			
b		Type II. A supporting org	•		tion with it	e cupport	od organization(s), by ba	wing
D								
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported
	_	organization(s). You mus						
С			egrated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,
	_	its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	•					
		functionally integrated, or					31 7 31 7 31	
f	Ente	r the number of supported of	• •	ayog.a.oa oapport				
		ride the following information		ad organization(s)				
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	, ,	(described on lines 1-10	in your governi Yes	No No	support (see instructions)	support (see instructions)
				above (see instructions))	163	140		

Schedule A (Form 990 or 990-EZ) 2016 CHRISTIAN ASSOCIATION, INC.

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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,		, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization'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						
	The portion of total contributions						
Ū	by each person (other than a				4		
	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.				<u> </u>		
	etion B. Total Support				/		
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	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		- () ^V				
	activities, whether or not the		.60				
	business is regularly carried on						
10	Other income. Do not include gain) '				
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2016 (li	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2016. If the o	-					
	stop here. The organization qualifies a						
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization quali	fies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	: - 2016. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fact	ts-and-circumstan	ces" test, check t	his box and stop h	nere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances test	: - 2015. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publi	icly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l			
					Calaa	dula A /Earm 000	000 EZ\ 0046

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

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

Sec	ction A. Public Support	below, please comp	piete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(4) 2012	(6) 2010	(0) 2014	(4) 2010	(6) 2010	(i) rotal
•	membership fees received. (Do not						
	include any "unusual grants.")	4796954.	8182575.	9740819.	3656863.	6277409.	32654620.
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						130555598
2	Gross receipts from activities that	200027000					
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				4		
	or expended on its behalf				4		
5	The value of services or facilities furnished by a governmental unit to				S.		
	the organization without charge	221225	2622462	26244256		2224522	1.60010010
6	Total. Add lines 1 through 5	33129704.	36391463.	36244256.	24428975.	33015820.	163210218
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	189,800.	433,884.	1528500.	1413545.	497,417.	4063146.
t	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			CUIFA			0.
	Add lines 7a and 7b	189,800.	433,884.	1528500.	1413545.	497,417.	4063146.
	Public support. (Subtract line 7c from line 6.))		·	159147072
Se	ction B. Total Support	,I					
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	33129704.	36391463.	36244256.	24428975.	33015820.	(f) Total 163210218
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	373,273.			261,832.		2515895.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	272 272	658,552.	722 557	261 022	400 601	2515005
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	373,273.	658,552.	732,557.	261,832.	489,681.	2515895.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	$3\overline{3502977}$.	37050015.	36976813.	$2\overline{4690807}$	33505501.	165726113
	First five years. If the Form 990 is fo						
	check this box and stop here						>
Se	ction C. Computation of Publ	lic Support Pe	rcentage				
15	Public support percentage for 2016 ((line 8, column (f) d	livided by line 13, o	column (f))		15	96.03 %
	Public support percentage from 2015					16	96.36 %
	ction D. Computation of Inve						
17	Investment income percentage for 20	016 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	1.52 %
	Investment income percentage from					18	1.46 %
	33 1/3% support tests - 2016. If the					3 1/3%, and line	17 is not
	more than 33 1/3%, check this box a 33 1/3% support tests - 2015. If the	and stop here. The	e organization qual	ifies as a publicly s	supported organiz	ation	► X
	line 18 is not more than 33 1/3%, che	•			*		
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
За		
3b		
Зс		
4a		
41-		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
0.		
9b		
9с		
10a		
401-		
10b m 990 or 99	1 90-F7	2016
555 61 3	,	,

Par	t IV	Supporting Organizations (continued)			
		Commissey		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	, the governing body of a supported organization?	11a		
b		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
		rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	•	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	1 how providing such benefit carried out the purposes of the supported organization(s) that operated.			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	\square	The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions).	
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
а	Did su	ibstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
	activit	ies but for the organization's involvement.	2b		
3	Paren	t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016 CHRISTIAN ASSOCIATION, INC.

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		7	
	instructions for short tax year or assets held for part of year):		0,	
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b	~U	
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	AX	/	
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lv integrat	ted Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	rt V Type III Non-Functionally	Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	tion D - Distributions			,	Current Year
1	Amounts paid to supported organization	s to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that di	ectly furthers exemp	ot purposes of supported		
	organizations, in excess of income from	activity			
3	Administrative expenses paid to accomp	olish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use as	sets			
5	Qualified set-aside amounts (prior IRS ap	proval required)			
6	Other distributions (describe in Part VI).	See instructions			
7	Total annual distributions. Add lines 1	through 6			
8	Distributions to attentive supported orga	nizations to which th	ne organization is responsive		
	(provide details in Part VI). See instruction	ons			
9	Distributable amount for 2016 from Sect	ion C, line 6			
10	Line 8 amount divided by Line 9 amount				
			(i)	(ii)	(iii)
O 4:	tion F. Bistolloution Allegations (see in-		Excess Distributions	Underdistributions	Distributable
Secti	tion E - Distribution Allocations (see ins	tructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Sect	ion C, line 6		7	
2	Underdistributions, if any, for years prior	to 2016 (reason-		0,	
	able cause required- explain in Part VI).	See instructions			
3	Excess distributions carryover, if any, to	2016:			
а					
b				,	
С	From 2013				
d	From 2014			*	
е	From 2015				
f	Total of lines 3a through e		S		
g	Applied to underdistributions of prior year	ars	0		
h	Applied to 2016 distributable amount				
i	Carryover from 2011 not applied (see ins	structions)			
j	Remainder. Subtract lines 3g, 3h, and 3i	from 3f.	· ·		
4	Distributions for 2016 from Section D,	, C	2		
	line 7:				
а	Applied to underdistributions of prior year	ars			
b	Applied to 2016 distributable amount	C			
С	Remainder. Subtract lines 4a and 4b fro	m 4			
5	Remaining underdistributions for years p				
	any. Subtract lines 3g and 4a from line 2	. For result greater			
	than zero, explain in Part VI. See instruc				
6	Remaining underdistributions for 2016.				
	and 4b from line 1. For result greater tha	n zero, explain in			
	Part VI. See instructions				
7	Excess distributions carryover to 2017	7. Add lines 3j			
	and 4c				
8	Breakdown of line 7:				
a					
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
_	Eycess from 2016				

Schedule A (Form 990 or 990-EZ) 2016

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) PART III, SHORT YEAR EXPLANATION: FOR THE PURPOSE OF MEASURING THE 5-YEAR COMPUTATION PERIOD FOR PUBLIC THE AMOUNTS LISTED FOR 2012, 2013 AND 2014 REFLECT THE SUPPORT, CALENDAR YEARS FOR 2013, 2014 AND 2015 RESPECTIVELY. THE AMOUNTS LISTED FOR 2015 REFLECT THE ORGANIZATION'S SHORT PERIOD TAX YEAR 2016 AND ENDING ON SEPTEMBER 30, 2016. BEGINNING ON JANUARY 1, THE SHORT PERIOD RETURN WAS FILED TO CHANGE THE ORGANIZATION'S ACCOUNTING PERIOD FROM A YEAR END OF DECEMBER 31 TO A YEAR END OF SEPTEMBER 30. ORGANIZATION'S CURRENT THE AMOUNTS LISTED FOR 2016 REFLECT \mathtt{THE} YEAR END OF SEPTEMBER 30, 2017.

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

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

Employer identification number

59-1742909

Organiz	ation type (check or	501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 501(c)(3) taxable private foundation 601(c)(3) taxable private foundation 601(c)(3) taxable private foundation 701(c)(3) taxable private found
Filers of	:	Section:
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Check if	vour organization is	s covered by the General Rule or a Special Rule .
		7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

Employer identification number

59-1742909

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al spa	ace is needed.	
(a)	(b)		(c)	(d)
No. 1	Name, address, and ZIP + 4	\$_	Total contributions 427,882.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	153,982.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	(c) Total contributions	(d) Type of contribution
3	- CV	\$_	918,246.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4	PIBI'C ,	\$_	1,610,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	255,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_	_	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number

59-1742909

	Noncash Property (See instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$ 6	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Employer identification number Name of organization TAMPA METROPOLITAN AREA YOUNG MEN'S 59-1742909 CHRISTIAN ASSOCIATION, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

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

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

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

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

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

·un	, (000 00)							
		01(c)(4), (5), or (6			omplete Part III. POLITAN AREA	VOITNO MENT!	7	lover identification number
IVali	ne of orga				SSOCIATION, I			oloyer identification number 59-1742909
Da	art I-A	Complete	f the or	AN A	tion is exempt unde	r coction 501(a)	or is a soction 527	
1 2	Provide Political	a description of campaign activit	the organiz	zation's d	direct and indirect politica	I campaign activities in	n Part IV.	\$
Pa	art I-B	Complete i	f the org	ganizat	tion is exempt unde	r section 501(c)(3).	
					by the organization unde		<u> </u>	\$
					by organization manager			\$
					ax, did it file Form 4720 fo			
	-							Yes No
b	If "Yes,"	describe in Part	: IV.			~		
Pa	art I-C	Complete i	f the org	ganizat	tion is exempt unde	r section 501(c),	except section 501	(c)(3).
<u> </u>	Enter the	e amount directly	v expende	d by the	filing organization for sect	ion 527 exempt funct	ion activities	\$
				-	funds contributed to oth			
					,60	-		\$
3					nes 1 and 2. Enter here an			
					()			\$
4					OL for this year?			
5					dentification number (EIN			
_					ed, enter the amount paid			
					and directly delivered to a			
					al space is needed, provid			
		(a) Name	8	J	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

TAMPA METROPOLITAN AREA YOUNG MEN'S

Schedule C (Form 990 or 990-EZ) 2016 CHRISTIAN ASSOCIATION, 59-1742909 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group **Limits on Lobbying Expenditures** organization's totals (The term "expenditures" means amounts paid or incurred.) totals **1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes J No 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year **(b)** 2014 (a) 2013 (c) 2015 (d) 2016 (e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount **b** Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2016

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016 CHRISTIAN ASSOCIATION, INC.

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

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b	o)
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
С	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X	Λ	-	3,795.
!	Other activities?	Δ			$\frac{3,795}{3,795}$
J	Total. Add lines 1c through 1i	V	X		, 195.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Λ		
	If "Yes," enter the amount of any tax incurred under section 4912	1			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(on 501(c)	(5), or se	ection	
	501(c)(6).	, ,	` ''		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No," O	R (b) Par	t III-A, lir	ne 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal			
	expenses for which the section 527(f) tax was paid).				
a	Current year		2a		
D	Carryover from last year				
C	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		3		
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, lines 1	and 2 (see	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,	,	
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
THI	E ORGANIZATION HAS PAID THE FLORIDA STATE ALLIANCE	OF YMO	CAS DU	ES OF	
<u>\$1</u> !	5,461, OF WHICH 24.54% WERE USED FOR LOBBYING OF \$3	,795			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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

Employer identification number 59-1742909

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
•	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		4
Pai		ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	7 '
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	orically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register	. O	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ▶	.O'	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
Da	conservation easements.	f Aut Historiaal Tussayuss au C	Ather Circiles Accets
Pai	T III Organizations Maintaining Collections of		other Similar Assets.
	Complete if the organization answered "Yes" on Forn		
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ai gain, provide
	the following amounts required to be reported under SFAS 1		• •
a	Revenue included on Form 990, Part VIII, line 1		

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

Schedule D (Form 990) 2016

	rt III Organizations Maintaining C	ollections of Ar			eagures (or Oth	er S			4430		ige ∠
3	Using the organization's acquisition, accession											
3	(check all that apply):	on, and other record	s, crieci	carry or tire	Tollowing the	it ale a s	sigi iii	cant us	oc or its	Collection	II ILCIII	3
а												
b												
c	Preservation for future generations	C										
4	Provide a description of the organization's co	llections and explain	n how th	ev further th	he organizati	on's exe	-mnt	nurnos	e in Pa	rt XIII		
5	During the year, did the organization solicit or								ic iii a	it XIII.		
٠	to be sold to raise funds rather than to be ma									Yes		No
Par	rt IV Escrow and Custodial Arrang											1110
	reported an amount on Form 990, Part			9				,		,,		
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for o	contribution	s or other as	sets no	t incl	uded				
	on Form 990, Part X?		•							Yes		No
b	If "Yes," explain the arrangement in Part XIII a											
		·	· ·				Γ			Amoun		
С	Beginning balance						[1c				
d	Additions during the year							1d				
	Distributions during the year						7	1e				
f	Ending balance					\mathcal{O}		1f				
2a	Did the organization include an amount on Fo					unt liab	ility?		L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII.					_						<u> </u>
Par	rt V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	rm 990, Parl	IV, line	10.					
		(a) Current year	(b) Pi	rior year	(c) Two year		(d) [⊺]	hree yea	ars back	(e) Four	years	back
1a	Beginning of year balance	6,512,250.	6	,578,701.				2,19	7,328		,501,	
b	Contributions	3,019,638.		890,400.	6,19	7,937.			0,400	+	,799,	043.
С	Net investment earnings, gains, and losses	17,112.		7,014.	9:	2,465.		-	8,985			
d	Grants or scholarships			5								
е	Other expenditures for facilities											
	and programs	996,972.		963,865.	1,50	1,665.		1,85	5,779	. 3	,102,	966.
f	Administrative expenses											
g	End of year balance	8,552,028.		,512,250.		3,701.		1,79	2,964	. 2	,197,	328.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:							
	Board designated or quasi-endowment		_%									
	Permanent endowment ► 2.33	%										
С	Temporarily restricted endowment ▶ 95											
	The percentages on lines 2a, 2b, and 2c should be contained as a second											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held a	nd administe	red for	the o	rganiza	tion	г	1	
	by:									2 (1)	Yes	No X
	(i) unrelated organizations									. 3a(i)		X
	(ii) related organizations									. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizate	•								3b		
Dai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment t	unas.								—
rai	Complete if the organization answered		Dort IV	lina 11a C	cas Form 000	Dort V	lino	10				
	Description of property	(a) Cost or of		(b) Cost	1			nulated		(d) Boo	k valu	
	pescription or property	basis (investn		basis				nulated ation		(u) B00	n value	7
12	Land	7 400		54515	(-:)	uc	00، م.	4.011		7,49	0.5	87.
	Land Buildings					36	579	,41	2. 2	$\frac{7}{28}, \frac{2}{31}$		
	Leasehold improvements						<i>-</i> , .	,	- 		- , -	
	Equipment	4 4 00 5	169.			12	754	1,53	0.	2,24	0.6	39.
	Other	480,				/		, , , ,	-	48	$\frac{0,3}{0,4}$	72.
	I. Add lines 1a through 1e. (Column (d) must ed			nn (B), line 1	0c.)				1 3	88,52		

Schedule D (Form 990) 2016

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

<u>3</u>

TAMPA METRO	POLITAN AR	EA YOUNG MEN'		
Schedule D (Form 990) 2016 CHRISTIAN A	SSOCIATION	, INC.	59-1742909	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part I\	/, 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 v	aluation: Cost or end-of-year market va	alue
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				-
(C)				
(D)				
(E)				
(F)				-
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
	F 000 David IV	/ line 11 a Coo Forms 000	Dord V. line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		Part X, line 13. aluation: Cost or end-of-year market va	عاياه
	(b) Book value	(C) Welliod of V	aldation. Cost of end-of-year market vi	alue
(1)			<u> </u>	
(2)				
(3)			<i></i>	
(4)		<u></u>		
(5)				
(6)				
(7)				
(8)		1),		
(9)		6		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	. ()		
Complete if the organization answered "Yes"		/, line 11d. See Form 990,	Part X, line 15.	
(a)	Description		(b) Book val	lue
(1)	.5			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		•	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part I\		n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes (2) CAPITAL LEASE OBLIGATIONS		529,163.		
(3)				

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CAPITAL LEASE OBLIGATIONS	529,163.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	529,163.

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 X

Schedule D (Form 990) 2016

Schedule D	(Form 990) 2016	CHRISTIAN	ASSOCIATION,	INC.	59-1/4/90
Part XI	Reconciliation of	Revenue per A	Audited Financial Sta	atements With	Revenue per Return.
	Complete if the organiz	zation answered "Ye	es" on Form 990, Part IV, li	ne 12a.	

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	34,912,661.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-193,404.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-193,404.
	Subtract line 2e from line 1			3	35,106,065.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	35,106,065.

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

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	33,632,520.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses 2c		
	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	33,632,520.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	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	33,632,520.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE FIRST TEE ENDOWNMENT FUND IS RESTRICTED TO PROVIDE OPERATING REVENUE FOR THE FIRST TEE PROCRAM. ADDITIONAL FUNDS ARE RESTRICTED FOR THE 2017 ANNUAL CAMPAIGN, THE SOUTH COUNTY CAPITAL CAMPAIGN, FACILITY, AND PROGRAMS.

PART X, LINE 2:

THE ASSOCIATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 FOR THE YEAR ENDED SEPTEMBER 30, 2017 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION NOR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ASSOCIATION'S INFORMATION RETURNS ARE OPEN TO IRS EXAMINATION FOR THE 2014 TAX YEAR AND ALL SUBSEQUENT PERIODS.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

TAMPA METROPOLITAN AREA YOUNG MEN'S Emplo

CHRISTIAN ASSOCIATION, INC.

OMB No. 1545-0047

Open to Public

Employer identification number 59-1742909

Inspection

Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual tart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includer	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	, 0		
			.<	Ž.		
		C	7			
)				
	75					
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
<u> </u>						
Fotal			•			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2016

	T	AMPA METR	OPOLITAN	AREA	YOUNG	MEN'S		
Schedule G	(Form 990 or 990-EZ) 2016 C	HRISTIAN	ASSOCIATI	ON, I	INC.		59-1742909	Page 2
Part II	Fundraising Events. C	omplete if the orga	anization answere	d "Yes" or	n Form 990,	Part IV, line 18, or re	ported more than \$15	,000
	of fundraising avent contribu	tions and aross in	oomo on Form 00	0 EZ linaa	1 and 6h I	ict avanta with arosa	roccinto aroctor than	¢5 000

		of fundraising event contributions and gro	oss income on Form 990	FEZ, lines T and 60. List 6	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			THE FIRST	THE FIRST		
			TEE GOLF CLA	TEE PALMA CE	5	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ηne			((= - =)	(
Revenue	4	Cross respirts	174,905.	618,028.	48,265.	841,198.
Re	'	Gross receipts	174,505.	010,020.	40,203.	041,170.
	_					
	2	Less: Contributions				
	_		174,905.	610 020	48,265.	0/1 100
	3	Gross income (line 1 minus line 2)	1/4,900.	618,028.	40,205.	841,198.
	4	Cash prizes				
	_					
S	5	Noncash prizes				
Direct Expenses					1	
bei	6	Rent/facility costs			~~	
Û						
rec.	7	Food and beverages		4		
Ö						
	8	Entertainment	26.000	F 4 41 21	16 174	106 205
	9	Other direct expenses	36,020.	54,131.	16,174.	106,325.
			. ,			106,325.
Da	11	Net income summary. Subtract line 10 from li		222 7 11 11 12	.	734,873.
Pa	rt I		answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Р			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				ulligu/progressive ulligo		col. (a) through col. (c))
Re			CV			
	1_	Gross revenue				
			(%)			
es	2	Cash prizes				
ens						
άxΞ	3	Noncash prizes	· · · · · · · · · · · · · · · · · · ·			
Direct Expenses						
Oire	4	Rent/facility costs				
_		(V)				
	5	Other direct expenses				
		0	Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	_					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
_	_					
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
40			l. al access to the state of	anna ta aka aka aka aka aka aka aka aka aka		
		ere any of the organization's gaming licenses re		-	year?	Yes No
b	IT "	Yes," explain:				
	_					

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

TAMPA METROPOLITAN AREA YOUNG MEN'S

Sch	edule G (Form 990 or 990-EZ) 2016 CHRISTIAN ASSOCIATION, INC. 59-1	742	909	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		Yes	☐ No
13	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:		163	NO
	The organization's facility	13a		%
	o An outside facility	13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102		,,,
	Name ▶			
	Address ►			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗆	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
	of gaming revenue retained by the third party \$\sim \\$			
c	If "Yes," enter name and address of the third party:			
	Name >			
	Address ►			
	7 dadises P			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9,	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Questions Regarding Compensation

Department of the Treasury

Part I

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.

Employer identification number 59-1742909

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	41.		
•	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
2				
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			7.7
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			- V
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	ı	I

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

Schedule J (Form 990) 2016

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

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

59-1742909

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denenis	(6)(1)-(0)	reported as deferred on prior Form 990
(1) THOMAS F. LOOBY	(i)	264,551.	25,000.	0.	33,547.	6,529.	329,627.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ADAM KLUTTS	(i)	158,238.	0.	0.	18,508.			0.
C00	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)				\(\)			
	(i)				2_Y			
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)		(),					
	(i)							
	(ii)		10					
	(i)							
	(ii)	.0	Y					
	(i)							
	(ii)	\sim						
	(i)	X						
	(ii)	*						
	(i) (ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	1(11)						l	

Schedule J (Form 990) 2016

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.
OK .
. 0
5
, P ₂

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information on Tax-Exempt Bonds**

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

► Attach to Form 990. ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

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

Employer identification number 59-1742909

	ASSOCIATION	•							, ₂ – 1	/44	903		
Part I Bond Issues	SEE PART VI	FOR COLUM	NS (A) Al	1D (F)	CONTIN	UATION	S						
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	d (e) Issu	e price	(f) Descrip	otion of purpose	(g) De	efeased		behalf		
										of is	-	finan	Ť
IIII I CDODOIIGII GOIMMY						AID OF	E IDA	Yes	No	Yes	No	Yes	No
HILLSBOROUGH COUNTY A INDUSTRIAL DEVELOPMENT	AEO 1202E12	421002770	05/15/1	1640			r ida SEE PAR		1 37				37
A INDUSTRIAL DEVELOPMENT	A39-1293312	431903A19	05/15/13	1040	0000.6	ONDS -	SEE PAR	.1	X		X		X
В													
					7								
С													
D													
Part II Proceeds													
						В	C	;			D		
1 Amount of bonds retired													
2 Amount of bonds legally defeased			()										
3 Total proceeds of issue				00,000.					_				
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows			<i>.</i>										
7 Issuance costs from proceeds									_				
8 Credit enhancement from proceeds									_				
9 Working capital expenditures from proceed													
10 Capital expenditures from proceeds													
11 Other spent proceeds									_				
12 Other unspent proceeds		<u> </u>							_				
13 Year of substantial completion			V	NI-	V	NI-		NI-		V	$\overline{}$	NI-	
44 Mars the boards issued as part of a surrout	vativa dia via va		Yes X	No	Yes	No	Yes	No	_	Yes	+	No	
Were the bonds issued as part of a currentWere the bonds issued as part of an advance				Х							+		
Were the bonds issued as part of an advan-Has the final allocation of proceeds been m			X	21					+		+		
17 Does the organization maintain adequate books and record		on of proceeds?	X								+		
Part III Private Business Use	as to support the iliai allocation	on or proceeds?											
Ture in Trivate Business See				1		В		<u> </u>			D		
1 Was the organization a partner in a partners	ship, or a member of ar	ı LLC.	Yes	No	Yes	No	Yes	No		Yes	Ť	No	
which owned property financed by tax-exen	• •			X		1					\top		
2 Are there any lease arrangements that may											\top		
bond-financed property?	•			X									
			- 14										

59-1742909

Par	t III Private Business Use (Continued)								
		-	A B		(D		
За	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
с	Are there any research agreements that may result in private business use of bond-financed property?		X						
	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?				۱ ۱				
4	Enter the percentage of financed property used in a private business use by			~	4		'		
	entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of								
	unrelated trade or business activity carried on by your organization, another			~ \					
	section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed	2					'		
	of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
	1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified								
	bonds of the issue are remediated in accordance with the requirements under								
	Regulations sections 1.141-12 and 1.145-2?		X						
Par	t IV Arbitrage								
			4	E	3	(
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
_3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		X						
b	Name of provider								
	Term of hedge								
d	Was the hedge superintegrated?								
<u>e</u>	Was the hedge terminated?								

59-1742909

Part IV Arbitrage (Continued)								
	Ą		В		(Ç	1	D
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of				1				
section 148?		X		1				
Part V Procedures To Undertake Corrective Action								
		Ą	() '	3	(Ç	1	D
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary		- 4	,					
closing agreement program if self-remediation isn't available under applicable		QY						
regulations?		X						
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedul	e K. See insti	ructions					
SCHEDULE K, PART I, BOND ISSUES:	S)						
(A) ISSUER NAME: HILLSBOROUGH COUNTY INDUSTRIAL	DEVELO:	PMENT A	UTHORI	ΓY				
(F) DESCRIPTION OF PURPOSE:								,
PAID OFF IDA BONDS - SEE PART VI SUPPLEMENTAL IN	FORMAT:	ION						
	,							,
SCHEDULE K, SUPPLEMENTAL INFORMATION: THE BONDS	ISSUED	ON MAY	7 15, 20	013				,
PAID OFF INDUSTRIAL DEVELOPMENT AUTHORITY OUTSTA	NDING '	VARIABL	E RATE	DEMANI)			,
REVENUE BONDS (TAMPA METROPOLITAN AREA YMCA PROJ	ECT),	SERIES	2000, 1	WHICH				,
FINANCED A NUMBER OF PROJECTS INCLUDING CONSTRUC	TION A	ND EQUI	PPING (OF FOUR	3			,
NEW YMCA FACILITIES AND RENOVATION AND/OR EXPANS		D EQUIP	PING O	F FIVE				,
EXISTING YMCA FACILITIES IN TAMPA/HILLSBOROUGH C	OUNTY.							,
								,
								,
								,
								,
								,
								,

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

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

OMB No. 1545-0047

2016

Open To Public Inspection

Name of the organization

TAMPA METROPOLITAN AREA YOUNG MEN'S

Employer identification number

(CHRISTIAN	ASSOCIA	TIC	N,	INC.		59	-17	429	09					
Part I Excess Bene	efit Transacti	ons (section 5	01(c)(3	3), sect	ion 501(c)(4), and 50	01(c)(29) organizatio	ns only	y).							
Complete if the	organization ansv	wered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25l	b, or Form 990-EZ, F	Part V,	line 40	Db.						
1,,,,	(b) F	(b) Relationship between disqualified			Relationship between disqualified				ed (a) Description of the control of					d) Corrected	
(a) Name of disqualified p	person	person and o	rganiza	ation	(6	c) Description of tra	nsactio	on		Y	es	No			
2 Enter the amount of tax	incurred by the o	rganization mar	nagers	or disc	qualified persons du	ring the year under									
								▶ \$							
3 Enter the amount of tax,	$if \ any, \ on \ line \ 2,$	above, reimburs	sed by	the or	ganization			▶ \$							
	.,														
	d/or From Int														
					, Part V, line 38a or l	Form 990, Part IV, li	ne 26;	or if th	ne orga	anizati	on				
	ount on Form 990								VI-X An	nrovod					
(a) Name of	(b) Relationship with organization	(c) Purpose of loan		an to or	principal amount							ritten ment?			
interested person	Willi Organization	Orioan	organi	ization?	рппсіраї атючні	1				ittee?					
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(a) Name of interested		(b) Relationship			(c) Amount of	(d) Type	e of		(e) Purp	ose o	 f			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
GUY KING	DIRECTOR	76,501.	MR. KING IS		X
MIKE CHARLES	DIRECTOR	258,717.	MIKE CHARLE		Х

Part V Supplemental Information

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

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

- (A) NAME OF PERSON: GUY KING
- (D) DESCRIPTION OF TRANSACTION: MR. KING IS AN EXECUTIVE WITH AN INSURANCE AGENCY THAT PROVIDES THE MAJORITY OF THE INSURANCE COVERAGE FOR THE YMCA. AS OF SEPTEMBER 30, 2017, PREMIUMS PAID ON THE POLICIES PLACED BY THE AGENCY DURING THE YEAR ENDED SEPTEMBER 30, 2017 TOTALED \$950,723.65. COMMISSIONS PAID TO THE RELATED INSURANCE AGENCY DURING THE YEAR ENDED SEPTEMBER 30, 2017 TOTALED \$76,501. WHENEVER POSSIBLE THE ASSOCIATION WILL SEEK OUT BIDS FOR ITEMS IN EXCESS OF \$1,500 TO ENSURE ARM'S LENGTH TRANSACTIONS.
- (A) NAME OF PERSON: MIKE CHARLES
- (D) DESCRIPTION OF TRANSACTION: MIKE CHARLES IS A GREATER THAN 35% OWNER

 OF CGM A/C MAINTENANCE THAT PROVIDES REPAIR AND MAINTENANCE SERVICES TO

 THE TAMPA YMCA. DURING FISCAL YEAR 2017, TOTAL FEES PAID TO CGM A/C

 MAINTENANCE TOTALED \$258,717. WHENEVER POSSIBLE THE ASSOCIATION WILL SEEK

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

 TRANSACTIONS.

Schedule L (Form 990 or 990-EZ) 2016

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

e questions on rmation.

Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

TAMPA METROPOLITAN AREA YOUNG MEN Name of the organization **Employer identification number** 59-1742909 CHRISTIAN ASSOCIATION, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MIND AND BODY FOR ALL. FORM 990, PART III, LINE 1 MISSION THE MISSION OF THE TAMPA METROPOLITAN AREA YMCA IS TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. OVERVIEW THE TAMPA METROPOLITAN AREA YMCA IS A POWERFUL ASSOCIATION OF MEN, WOMEN AND CHILDREN OF ALL AGES AND FROM ALL WALKS OF LIFE JOINED STRENGTHEN THE FOUNDATIONS OF THE TOGETHER BY A SHARED PASSION: TO TAMPA BAY COMMUNITY. WE DO THIS THROUGH NURTURING THE POTENTIAL OF PROMOTING HEALTHY LIVING AND FOSTERING A SENSE OF CHILDREN AND TEENS, FOR 129 YEARS, SOCIAL RESPONSIBILITY. THE TAMPA Y HAS WORKED TO CREATE HEALTHIER TAMPA COMMUNITY, HELP KIDS AND FAMILIES AND ENGAGE TO WORK TOGETHER TO CREATE A BETTER TOMORROW. THE Y COMMUNITY MEMBERS PROVIDES A PLACE FOR PEOPLE -- REGARDLESS OF AGE, INCOME OR BACKGROUND

FROM QUALITY OUT-OF-SCHOOL PROGRAMMING TO LIFE-SAVING SWIM LESSONS,

VALUES-BASED YOUTH SPORTS AND ENGAGING HEALTHY ACTIVITIES FOR THE

ENTIRE FAMILY, OUR PROGRAMS AND INITIATIVES DEVELOP A HEALTHY SPIRIT,

MIND AND BODY FOR ALL. THAT'S BECAUSE WE WORK TOGETHER WITH OUR

VOLUNTEERS TO IDENTIFY CRITICAL SOCIAL NEEDS WITHIN THE TAMPA BAY

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

Schedule O (For

TO BE HEALTHIER, MORE CONFIDENT, CONNECTED AND SECURE.

632211 08-25-16

Name of the organization TAMPA METROPOLITAN AREA YOUNG MEN S CHRISTIAN ASSOCIATION, INC.	Employer identification number 59-1742909
COMMUNITY THEN DEVELOP PROGRAMS AND INITIATIVES THAT ADDR	ESS THOSE
NEEDS. SOME OF THESE INITIATIVES INCLUDE:	
PROVIDING KIDS WITH THE THINGS THEY NEED TO SUCCEED IN SO	HOOL THROUGH
OUT-OF-SCHOOL ACADEMIC SUPPORT, EARLY LEARNING INITIATIVE	S THAT PREPARE
CHILDREN FOR KINDERGARTEN AND SUMMER CAMP EXPERIENCES THA	T PREVENT
SUMMER LEARNING LOSS.	
PREVENTING DEATH DUE TO DROWNING THROUGH WATER SAFETY AND	SWIM LESSONS.
PREVENTING ADULT AND CHILDHOOD OBESITY AND THE ASSOCIATED	CHRONIC
DISEASES, SUCH AS TYPE 2 DIABETES, HEART DISEASE, PARKINS	ON'S DISEASE,
ARTHRITIS AND SOME CANCERS.	
PROVIDING CHILDREN AND TEENS WITH THE TOOLS THEY NEED TO	SUCCEED IN
LIFE BY TEACHING LIFE SKILLS THROUGH YOUTH SPORTS, DAY CA	MPS AND TEEN
DEVELOPMENT PROGRAMS.	
PROVIDING CANCER SURVIVORS AND THEIR FAMILIES WITH A PLAC	E TO HEAL
THROUGH LIVESTRONG AT THE YMCA.	
HELPING OLDER COMMUNITY MEMBERS MAINTAIN AND IMPROVE PHYS	ICAL AND
SOCIAL HEALTH WHILE AGING.	
REDUCING GENERATIONAL POVERTY THROUGH EDUCATION AND REVIT	'ALIZING
VULNERABLE NEIGHBORHOODS.	
VALUING DIVERSITY AND INCLUSION BY BEING A WELCOMING PLAC	E TO ALL

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

REGARDLESS OF AGE, INCOME OR BACKGROUND.

BY DOING THIS, WE CREATE MEANINGFUL, LASTING CHANGE.

AND WE PROVIDE THAT CHANGE TO ALL COMMUNITY MEMBERS WHO NEED A PLACE TO

GO TO FEEL MORE CONFIDENT, HEALTHY, CONNECTED AND SECURE. FROM OCT.1,

2016 - SEPT. 30, 2017, THE TAMPA Y SERVED 21,537 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.

REY TO THE TAMPA Y'S SUCCESS IS ITS VOLUNTEERS AND VISIONARY

LEADERSHIP. THE TAMPA Y'S GOVERNANCE BOARD AND INDIVIDUAL BRANCH

ADVISORY BOARDS SET POLICY AND CONTINUOUSLY EVALUATE Y PROGRAMS AND

OUTREACH TO ENSURE MISSION COMPILANCE AND ALIGNMENT WITH COMMUNITY

NEEDS. IN APRIL 2017, THE Y'S GOVERNANCE BOARD APPROVED THE TAMPA

YMCA'S STRATEGIC PLAN RENEWAL, CALLED VISION 2020 III, FOR 2017-2019.

THROUGH VISION 2020 ICD, THE Y PLEDGES TO NURTURE THE POTENTIAL OF

EVERY CHILD AND TEEN, IMPROVE TAMPA BAY'S HEALTH AND WELL-BEING AND

GIVE BACK AND PROVIDE SUPPORT TO OUR NEIGHBORS. VISION 2020 III IS OUR

WAY OF IDENTIFYING TAMPA BAY'S MOST CRITICAL SOCIAL NEEDS, THEN PUTTING

IN PLACE MEASUREMENTS THAT HELP US PROVIDE SUPPORT FOR OUR NEIGHBORS IN

A POSITIVE, MEANINGFUL AND LASTING WAY. BASED UPON THE Y'S THREE AREAS

OF IMPACT: YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY,

VISION 2020 III IDENTIFIES FOUR SPECIFIC PRIORITIES:

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

Name of the organization TAMPA METROPOLITAN AREA YOUNG MEN'S **Employer identification number** CHRISTIAN ASSOCIATION, INC. 59-1742909 3. TEEN LEADERSHIP DEVELOPMENT

4. DROWNING PREVENTION

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

FORM 990, PART III, LINE 1

FOR YOUTH DEVELOPMENT

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

IN 2017, THE Y CONTINUED TO DEVELOP YOUTH IN TWO WAYS:

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

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

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

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

EXPOSED TO STIMULATING EXPERIENCES (SUMMER CAMP, VISITS TO ZOOS AND

AQUARIUMS, AND PARTICIPATING IN LIBRARY PROGRAMS) THAT SUPPORT WHAT

THEY'VE LEARNED IN SCHOOL AND BROADEN THEIR KNOWLEDGE. BY THE TIME A

LOWER-INCOME CHILD REACHES THE END OF FIFTH GRADE, HE OR SHE CAN BE 2

TO 3 YEARS BEHIND HER MIDDLE-INCOME COUNTERPARTS. AND THE GAP WILL

CONTINUE TO WIDEN THROUGHOUT MIDDLE SCHOOL.

AS LONG AS THIS ACADEMIC ACHIEVEMENT GAP EXISTS, MOST OF THESE YOUNG

PEOPLE WILL REACH ADULTHOOD INTELLECTUALLY, SOCIALLY AND EMOTIONALLY

UNPREPARED TO SUCCEED. THIS FUNDAMENTALLY CHANGES THE FABRIC OF OUR

COMMUNITIES - THESE KIDS ARE MORE LIKELY TO BECOME TEEN PARENTS, ENGAGE

IN CRIMINAL ACTIVITIES, SUFFER FROM MENTAL HEALTH ISSUES, AND ARE MORE

LIKELY TO BE UNEMPLOYED OR UNDEREMPLOYED.

THE TAMPA Y IS COMMITTED TO LONG-TERM, RESULTS-DRIVEN PROGRAMS THAT

ADDRESS SUMMER LEARNING LOSS, EARLY LEARNING AND OUT-OF-SCHOOL TIME.

THE GOAL: TO CATCH THESE STUDENTS UP PRIOR TO KINDERGARTEN, ENABLING

THEM TO BE PREPARED FOR THEIR FIRST DAY OF SCHOOL, THEN PROVIDE THEM

WITH ACADEMIC ASSISTANCE AFTER SCHOOL AND CONTINUED ACADEMIC ACTIVITIES

DURING THE SUMMERS, WHEN THEY'D ORDINARILY FALL BEHIND THEIR PEERS.

IN 2017, THE TAMPA Y ENTERED YEAR FOUR OF AN ACADEMIC-FOCUSED

AFTERSCHOOL PROGRAM TO GIVE NEARLY 90 AT-RISK KIDS A SAFE PLACE TO GO

IN THE AFTERNOON TO PARTICIPATE IN A BALANCED PROGRAM BUILT ON ACADEMIC

INTERVENTION, HEALTH, AND ENRICHMENT PROGRAMMING. THE PROGRAM TAKES

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

IN 2017, THE TAMPA Y CONTINUED ITS YMCA READS! PROGRAM TO NOURISH THE MINDS OF EARLY ELEMENTARY SCHOOL CHILDREN WHO NEED THE MOST HELP AND SET THEM ON A PATH FOR FUTURE LEARNING. YMCA READS! USES PROVEN, RESEARCH-BASED TOOLS TO IGNITE YOUNG MINDS ATTRISK FOR LIFELONG READING DIFFICULTIES. THIS CURRICULUM FOCUSES ON THE ABILITY TO HEAR SOUNDS WITHIN WORDS, THE RELATIONSHIPS BETWEEN SOUNDS AND SYMBOLS, THE SPEED AND QUALITY OF ORAL READING, VOCABULARY, COMPREHENSION AND TEXT-TO-LIFE CONNECTIONS. THANKS TO OUR VOLUNTEERS WHO MEET TWICE-A-WEEK WITH NO MORE THAN TWO K-3 STUDENTS AT A TIME, Y READS! CREATES POSITIVE, NURTURING ENVIRONMENTS WITHIN SULPHUR SPRINGS, TWIN LAKES AND PIZZO ELEMENTARY SCHOOLS, IMPACTING MORE THAN 150 STUDENTS AT NO COST TO THEM. IN THE 2016-2017 SCHOOL YEAR, MORE THAN 90% OF PARTICIPATING FAMILIES REPORTED IMPROVED READING SKILLS AND 81% OF TEACHERS REPORTED IMPROVED FLUENCY AND READING COMPREHENSION SKILLS. YMCA READS! IS IMPLEMENTED IN PARTNERSHIP WITH THE DEPARTMENT OF EDUCATION AND THE FLORIDA ALLIANCE OF YMCAS.

THE CAMPO FAMILY YMCA EXPANDED ITS BRIDGING THE GAP READING SUMMER

PROGRAM IN 2017 TO INCLUDE YOUTH FROM NORTH BRANDON FAMILY YMCA. TWICE

A WEEK FOR SIX WEEKS, VOLUNTEERS TUTORED NEARLY 70 K-5 STRUGGLING

READERS RECOMMENDED BY THEIR TEACHERS. DURING THE HOUR-LONG PROGRAM,

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THE KIDS READ ONE-ON-ONE WITH A TEACHER FOR THE FIRST 45 MINUTES AND THE LAST 15 MINUTES THEY LEARNED BASIC SPANISH.

ANOTHER WAY THE TAMPA Y IS CLOSING THE ACHIEVEMENT GAP IS THROUGH Y

TEEN ACHIEVERS - A CAREER AND COLLEGE READINESS PROGRAM DESIGNED TO

SUPPORT HIGH SCHOOL STUDENTS WHO OTHERWISE MAY NOT SET POST-GRADUATION

GOALS TO EITHER ENROLL IN A HIGHER EDUCATION INSTITUTE OR BEGIN A

CHOSEN CAREER PATH. IN PARTNERSHIP WITH HILLSBOROUGH COUNTY PUBLIC

SCHOOLS, HILLSBOROUGH COMMUNITY COLLEGE AND UNIVERSITY OF SOUTH

FLORIDA, Y TEEN ACHIEVERS HELPS TEENS RAISE THEIR ACADEMIC STANDARDS,

DEVELOP A POSITIVE SENSE OF SELF, BUILD CHARACTER, EXPLORE DIVERSE

COLLEGE AND CAREER OPTIONS, AND INTERACT WITH PROFESSIONALS WHO SERVE

AS ROLE MODELS TO INSPIRE THEM TO GREATER HEIGHTS. NEARLY 1,000

STUDENTS FROM HOWARD W. BLAKE HIGH, VEPHYRHILLS HIGH, EISENHOWER

MIDDLE, SLIGH MIDDLE AND EAST PASCO MIDDLE SCHOOLS REPORT INCREASED

GPAS, GRADUATION RATES, COLLEGE AND CAREER READINESS SKILLS AND

AWARENESS OF A VARIETY OF CAREER FIELDS AS A RESULT OF JOB SHADOWING

AND INTERNSHIP OPPORTUNITIES.

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

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ACHIEVEMENT, BELONGING, RELATIONSHIPS, MEANING, SAFETY, CHARACTER AND GIVING) AND SUPPORT THE HEALTHY DEVELOPMENT OF CHILDREN AND FAMILIES THROUGH A VALUES-BASED CULTURE.

THE TAMPA YMCA'S COMMITMENT TO NURTURING THE POTENTIAL OF EVERY CHILD

AND TEEN IS EVIDENT IN THE MANY PROGRAMS AND ACTIVITIES DESIGNED FOR

TAMPA BAY AREA KIDS. IN TOTAL, 23,655 TEENS AND CHILDREN PARTICIPATED

IN Y PROGRAMS FROM OCT. 1, 2016 - SEPT. 30, 2017.

FOR HEALTHY LIVING

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

AS A COMMUNITY LEADER IN HEALTH AND WELLNESS, THE TAMPA Y HELPS

FAMILIES UNDERSTAND THE IMPORTANCE OF PHYSICAL ACTIVITY AND A BALANCED

DIET. THE Y OFFERS A VARIETY OF EDUCATIONAL PROGRAMS THAT HELP

COMMUNITY MEMBERS NAVIGATE THROUGH OBESITY AND CHRONIC ILLNESS. THESE

INCLUDE THE Y DIABETES PREVENTION PROGRAM, PEDALING FOR PARKINSON'S,

ENHANCE FITNESS, Y WEIGHT, FIT FIRST, PERSONAL TRAINING AND LIVESTRONG

AT THE YMCA FOR CANCER SURVIVORS. SILVERSNEAKERS FITNESS AND SOCIAL

PROGRAMS FOR ACTIVE OLDER ADULTS AND COMMUNITY OUTREACH EVENTS PROVIDE

OPPORTUNITIES TO GET HEALTHIER AND CONNECT WITH NEW FRIENDS.

IN 2017, THE TAMPA YMCA ENTERED ITS THIRD YEAR WITH THE GROUNDBREAKING
INITIATIVE CALLED THE VEGGIE VAN - A MOBILE MARKET PLACE. SINCE JULY

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2015, THE VEGGIE VAN HAS BEEN TAKING FRESH FRUITS AND VEGETABLES

DIRECTLY TO KIDS AND FAMILIES IN THE TARGETED HIGH-NEED NEIGHBORHOODS

OF SULPHUR SPRINGS, TAMPA HEIGHTS, WIMAUMA VILLAGE AND LACOOCHEE. IN

SEPT. 2017, A FOURTH LOCATION WAS ADDED TO THE VEGGIE VAN SCHEDULE: THE

PLANT CITY/DOVER COMMUNITY. FROM OCT. 1, 2016 TO SEPT. 30, 2017, THE

VEGGIE VAN SERVED 5,928 KIDS AND 1,131 DIFFERENT FAMILIES IN THE FIVE

FOOD DESERTS. A FOOD DESERT IS DEFINED AS A NEIGHBORHOOD WITHOUT READY

ACCESS TO FRESH, HEALTHY AND AFFORDABLE FOOD. THE VEGGIE VAN IS

POSSIBLE THANKS TO THE FOLLOWING FOUNDING PARTNERS: CHILDREN'S BOARD OF

HILLSBOROUGH COUNTY, JOY MCCANN FOUNDATION AND BANK OF AMERICA.

FORM 990, PART III, LINE 1

THE Y ALSO HOSTS A VARIETY OF EVENTS AND PROGRAMS THAT HELP FAMILIES

RECONNECT WITH EACH OTHER WHILE GETTING HEALTHY. THESE PROGRAMS PROVIDE

SAFE AND SUPPORTIVE ACTIVITIES, WHILE HELPING PARENTS BECOME POSITIVE

HEALTH AND WELLNESS ROLE MODELS FOR THEIR CHILDREN. THESE INCLUDE

FAMILY FITNESS CLASSES AND THE Y'S ANNUAL HEALTHY KIDS DAY. HEALTHY

SNACKS AND PHYSICAL ACTIVITY ARE ALSO AVAILABLE DURING THE Y'S

AFTERSCHOOL AND SUMMER CAMP PROGRAMS. IN 2017, THE Y CONTINUED TO

IMPLEMENT HEALTHY FOOD AND DRINKS, AND AT LEAST 60 MINUTES OF PHYSICAL

ACTIVITY INTO ALL OUT-OF-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.

IN 2017, THE TAMPA Y CONTINUED ITS RENEWED FOCUS ON FAMILY PROGRAMMING.

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FAMILIES ARE CENTRAL TO THE COMMUNITIES WE SERVE. THEY LOOK TO THE Y TO

BE THAT PARENTING PARTNER FOR AFTERSCHOOL CARE IN A SAFE ENVIRONMENT,

YOUTH SPORTS THAT KEEP THEIR KIDS ACTIVE, OR SWIM LESSONS THAT TEACH

THEIR KIDS A LIFELONG SKILL. IN 2017, THE Y CONTINUED TO HOST

ASSOCIATION-WIDE FAMILY-FRIENDLY PARTIES, SOCIALS AND PROGRAMMING

THROUGHOUT THE SPRING, SUMMER, FALL AND WINTER. FROM POOL PARTIES AND

DIVE-IN MOVIES TO THEMED COOKOUTS AND FAMILY FITNESS CHALLENGES,

THOUSANDS OF FAMILIES ACROSS HILLSBOROUGH AND EAST PASCO COUNTIES COME

TO A Y TO SPEND FUN, QUALITY TIME TOGETHER, AND ENGAGE IN ACTIVITIES

WITH OTHER NEIGHBORHOOD FAMILIES IN SAFE, POSITIVE ENVIRONMENTS.

FORM 990, PART III, LINE 1

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

Employer identification number 59-1742909

SPRINGS NEIGHBORHOOD ASSOCIATION HAVE COME TOGETHER TO CREATE A

PIPELINE TO SUCCESS THAT BEGINS AT BIRTH AND SPANS THROUGH HIGH SCHOOL

GRADUATION, PREPARING CHILDREN FOR COLLEGE OR CAREERS. ALONG THE

PIPELINE, FAMILIES AND KIDS CAN ACCESS A HOST OF PROGRAMS THAT HELP

THEM ACHIEVE THEIR ACADEMIC GOALS AND IMPROVE THEIR OVERALL HEALTH.

THE FIRST PIECE OF THE PIPELINE WAS THE TAMPA Y'S SULPHUR SPRINGS COMMUNITY LEARNING CENTER (CLC). OPENED OVER NINE YEARS_AGO, THE SULPHUR SPRINGS YMCA CLC IS AN OUT-OF-SCHOOL PROGRAM PROVIDING YEAR-ROUND SUPPORT TO K-7TH GRADERS INSIDE SULPHUR SPRINGS K-8 COMMUNITY SCHOOL. THE SULPHUR SPRINGS YMCA PROVIDES EDUCATION-BASED CURRICULUM THAT PROMOTES ACADEMIC SUCCESS AND ENRICHMENT CLUBS THAT ALLOW STUDENTS TO DEVELOP NEW INTERESTS AND SKILLS. STARTING IN THE 2016 SCHOOL YEAR, THE Y LAUNCHED TWO DIFFERENT AFTERSCHOOL PILOT PROGRAMS - DESTINATION EXCELLENCE AND S.M.A.R.T. (STUDENTS MAPPING A RIGHT TRACK). DESTINATION EXCELLENCE ALLOWS STUDENTS TO REACH THEIR FULL ACADEMIC POTENTIAL THROUGH INTENSIVE ACADEMIC PROGRAMMING. STUDENTS IN THE S.M.A.R.T. TRACK ARE PROVIDED WITH A HOLISTIC APPROACH FOCUSING ON ACADEMIC ENRICHMENT, SOCIAL EMOTIONAL DEVELOPMENT AND POSITIVE BEHAVIOR SUPPORT. CURRENTLY, NEARLY 170 K-7TH GRADERS ARE ENROLLED AFTER SCHOOL AND MORE THAN 175 KIDS ENROLLED IN Y SUMMER CAMP WHERE THEY DEVELOPED NEW SKILLS THROUGH A VARIETY OF ENRICHMENT CLUBS AND FIELD TRIPS. THE CLC ALSO ENGAGES PARENTS AND FAMILIES IN A MEANINGFUL WAY THROUGH EVENTS, CONFERENCES, AND VOLUNTEER OPPORTUNITIES.

AS A RESULT OF THE WORK AT THE CLC AND SULPHUR SPRINGS K-8 COMMUNITY SCHOOL, WE CAME TO REALIZE THE MAJORITY OF CHILDREN IN SULPHUR SPRINGS

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ENTER KINDERGARTEN UNPREPARED TO LEARN. RECOGNIZING THAT A STRONG DEVELOPMENTAL FOUNDATION IS ABSOLUTELY ESSENTIAL TO STUDENTS ACHIEVING FUTURE EDUCATIONAL SUCCESS, THE TAMPA Y BUILT LAYLA'S HOUSE, AN EARLY CHILDHOOD COMMUNITY LEARNING CENTER WHICH PROVIDES PARENTS AND CHILDREN, FROM BIRTH TO AGE FIVE, WITH CHILD DEVELOPMENT WORKSHOPS, PARENT SUPPORT GROUPS AND PARENT-CHILD LITERACY PROGRAMS. LAYLA'S HOUSE IS ONE OF THE FIRST EARLY CHILDHOOD COMPONENTS OF THE NOP PIPELINE, AND A PARTNERSHIP WITH CHAMPIONS FOR CHILDREN, INC., TO PROVIDE PROGRAMMING.

AS PART OF OUR SOCIAL RESPONSIBILITY TO GIVE BACK TO NEIGHBORS IN NEED, THE TAMPA Y IS FILLING THE COMMUNITY'S HUNGER GAP WITH A FREE SUMMER THE Y HAS BEEN PROVIDING FREE FOOD PROGRAM. FOR THE PAST NINE YEARS, BREAKFAST AND LUNCH NOT ONLY TO OUR SUMMER CAMPERS, BUT TO ANY CHILD IN THE COMMUNITY UNDER THE AGE OF 18. AT 12 SITES IN HILLSBOROUGH AND EAST PASCO COUNTIES, THE TAMPA YMCA SERVED KIDS OVER 75,000 HEALTHY MEALS AND 300,000 NUTRITIOUS SNACKS IN 2017.

DURING THE 2016-2017 SCHOOL YEAR, THE TAMPA Y ALSO EITHER SERVED DINNER OR SUPER SNACKS AT 18 HIGH-NEED AFTERSCHOOL SITES IN PARTNERSHIP WITH HILLSBOROUGH COUNTY PUBLIC SCHOOLS. THE TAMPA Y IS PROUD TO BE A PART OF THIS NATIONAL MOVEMENT TO HELP KIDS STAY WELL-NOURISHED, ACTIVE AND ENERGIZED, WHILE ALSO PROVIDING SOME RELIEF TO FAMILIES WHO NEED SUPPORT.

THE Y ALSO OFFERS A VARIETY OF COMMUNITY-STRENGTHENING INITIATIVES AT OUR FACILITIES AND IN COMMUNITIES SURROUNDING OUR FACILITIES, INCLUDING AFFORDABLE OUT-OF-SCHOOL YOUTH DEVELOPMENT PROGRAMS FOR UNDERSERVED FAMILIES, COMMUNITY SERVICE ACTIVITIES FOR TEEN LEADERS AND SUMMER CAMP 632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016)

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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

FROM OCT. 1, 2016 - SEPT. 30, 2017, THE TAMPA Y PROVIDED \$3,227,031 IN

FINANCIAL ASSISTANCE TO 21,537 YOUTH, INDIVIDUALS, AND FAMILIES TO

ENSURE PARTICIPATION IN ALL PROGRAMS AMONG YOUTH, ADULTS AND FAMILIES

FACING FINANCIAL HARDSHIP. FROM OCT. 1, 2016 - SEPT. 30, 2017, THE Y

PROVIDED AN ESTIMATED \$5,516,881 IN TOTAL COMMUNITY BENEFIT.

NURTURING THE POTENTIAL OF KIDS AND TEENS

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

THESE AGE-APPROPRIATE PROGRAMS BUILD THE DEVELOPMENTAL ASSETS NECESSARY

FOR CHILDREN TO SUCCEED IN SCHOOL AND LIFE.

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

INITIATIVES THAT SUPPORT A JOYFUL, HOLISTIC APPROACH TO FAMILY

DEVELOPMENT. IN 2017, THE TAMPA Y SUPPORTED WORKING FAMILIES BY

PROVIDING QUALITY YOUTH DEVELOPMENT, EARLY CHILDHOOD DEVELOPMENT, AND

OUT-OF-SCHOOL PROGRAMS THAT ENSURE THE HEALTH AND SAFETY OF CHILDREN.

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DROWNING PREVENTION

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. NEW 2016 DATA SHOWS THE DROWNING RATE AMONG CHILDREN IN

HILLSBOROUGH COUNTY, AGES 0-6, IS DOWN BY 50 PERCENT. THIS REDUCTION IN

CHILDHOOD DROWNING IS ENCOURAGING NEWS TO THE TAMPA Y COLLABORATING

WITH SEVERAL PARTNERS, SUCH AS THE CHILDREN'S BOARD OF HILLSBOROUGH

COUNTY, TO HELP ELIMINATE LOCAL DROWNING CASES.

ONE OF THE Y'S MOST IMPACTFUL DROWNING PREVENTION PROGRAMS IS THE FREE

SAFETY AROUND WATER PROGRAM OFFERED TO THE COMMUNITY DURING

HILLSBOROUGH COUNTY'S SPRING BREAK. IN 2017, THE Y TAUGHT 567 CHILDREN

A SEQUENCED SET OF SKILLS TO REDUCE THE RISK OF DROWNING AND GIVE THEM

CONFIDENCE IN AND AROUND WATER. AS PART OF SAFETY AROUND WATER, THE

YMCA OF THE USA AWARDED THE TAMPA Y WITH A \$6,000 GRANT TO PROVIDE FREE

WATER SAFETY LESSONS TO CHILDREN FROM MORT ELEMENTARY SCHOOL IN NEW

TAMPA AND LACOOCHEE ELEMENTARY SCHOOL IN PASCO COUNTY. MOST OF THE

STUDENTS WHO ATTEND THESE SCHOOLS COME FROM LOW-INCOME FAMILIES.

THE TAMPA Y ALSO CONTINUED ITS HEAD START COLLABORATION IN 2017 WITH

HILLSBOROUGH COUNTY, CITY OF TAMPA, CITY OF TEMPLE TERRACE AND BRANDON

SPORTS AND AQUATIC CENTER. THROUGHOUT THE SPRING, GROUPS OF UNDERSERVED

YOUTH RECEIVED EIGHT FREE SWIM LESSONS AT OUR FAMILY YS. THE

PARTNERSHIP ALSO PROVIDED CLASSROOM-BASED WATER SAFETY EDUCATION TO

NEARLY 1,500 CHILDREN IN HILLSBOROUGH COUNTY'S HEAD START PROGRAM.

IN 2017, THE TAMPA Y CONTINUED OUR COLLABORATION WITH THE YMCAS OF

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TAMPA BAY, TAMPA BAY RAYS, CHILDREN'S BOARD OF HILLSBOROUGH COUNTY,

UNITED WAY SUNCOAST, JUVENILE WELFARE BOARD OF PINELLAS COUNTY AND

7-ELEVEN TO OFFER A SUMMER DROWNING PREVENTION PROGRAM FOR A FOURTH

YEAR. THE GO FOR GREEN PROGRAM OFFERS FREE SWIM LESSONS TO Y SUMMER

CAMPERS UNABLE TO PASS THE SWIM TEST. THE GOAL IS TO PASS THE SWIM TEST

AND RECEIVE A GREEN WRISTBAND. SO FAR, ABOUT 11,600 CHILDREN ACROSS THE

YMCAS OF TAMPA BAY HAVE LEARNED TO SWIM THROUGH THE PROGRAM.

FORM 990, PART III, LINE 1

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 FAMILIES AND CHILDREN.

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FROM FREE FAMILY EVENTS TO FAMILY FITNESS CLASSES, WE PROVIDE

OPPORTUNITIES FOR FAMILIES TO SPEND QUALITY TIME TOGETHER WHILE

LEARNING DEVELOPMENTALLY-APPROPRIATE SKILLS AND MEETING OTHER LOCAL

FAMILIES.

FOSTERING A SENSE OF SOCIAL RESPONSIBILITY

AT THE TAMPA Y, WE BELIEVE LASTING PERSONAL AND SOCIAL CHANGE CAN ONLY

COME ABOUT WHEN WE ALL WORK TOGETHER TO INVEST IN OUR KIDS, OUR HEALTH

AND OUR NEIGHBORS. WE WORK WITH A HOST OF COMMUNITY PARTNERS, LOCAL

BUSINESSES, LOCAL GOVERNMENT, OTHER NON-PROFIT ORGANIZATIONS, OUR

MEMBERS, OUR VOLUNTEERS AND OUR STAFF TO CHANGE LIVES.

IN 2017, THE TAMPA Y MADE SIGNIFICANT IMPACTS TO THE TAMPA BAY

COMMUNITY WITH THE HELP OF MORE THAN 600 VOLUNTEERS COACHING,

MENTORING, ADVISING, FUNDRAISING AND/OR GOVERNING FOR THE ORGANIZATION.

IN ADDITION, WE RAISED \$4,361,616 IN PUBLIC SUPPORT INCLUDING

INDIVIDUAL, BUSINESS, GOVERNMENT, FOUNDATION CONTRIBUTIONS AND GRANTS

FROM OCT. 1, 2016 SEPT.30, 2017, 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.

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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 2015, 2016 AND 2017, THE TAMPA YMCA'S SOUND

FISCAL MANAGEMENT PRACTICES AND COMMITMENT TO ACCOUNTABILITY AND

TRANSPARENCY EARNED US THE HIGHEST RATING OF 4 STARS FROM CHARITY

NAVIGATOR, AMERICA'S LARGEST INDEPENDENT CHARITY EVALUATOR. THE TAMPA Y

ALSO REMAINS A GUIDESTAR EXCHANGE GOLD PARTICIPANT, THE TOP LEADING

SYMBOL OF TRANSPARENCY AND ACCOUNTABILITY PROVIDED BY GUIDESTAR USA,

INC., THE PREMIER SOURCE OF NONPROFIT INFORMATION. WE ARE GOVERNED BY

AND ACCOUNTABLE TO AN INDEPENDENT BOARD OF DIRECTORS, COMPRISED OF

VOLUNTEER COMMUNITY LEADERS. WE HAVE EARNED THE PUBLIC TRUST THROUGH

GOOD STEWARDSHIP OF OUR CHARITABLE DOLLARS. THROUGH OUR COMMITMENT TO

DELIVERING EXCELLENCE IN PROGRAMMING AND THEN ENSURING ACCESS TO

PROGRAMMING BY ALL COMMUNITY MEMBERS, WE'VE ESTABLISHED OURSELVES AS A

VALUABLE ASSET TO THE TAMPA BAY COMMUNITY.

FORM 990, PART III, LINE 1

SUMMARY

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

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

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

AND INTO THE SURROUNDING COMMUNITY.

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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, THREE WELLNESS CENTERS, TWO GOLF FACILITIES, OUTDOOR CAMP, AND NUMEROUS PROGRAM SITES ARE MUCH MORE THAN BRICKS AND MORTAR - THEY ARE A COMMUNITY LEARNING CENTER IN THE HEART OF SULPHUR SPRINGS, AN OUTDOOR ADVENTURE CAMP IN RIVERVIEW FOR AFTERSCHOOLERS AND SUMMER CAMPERS, THE FIRST TEE OF TAMPA BAY GOLF SITES, A YOUTH AND FAMILY CENTER WITH A WATER PARK AND NEARLY 30 AFTERSCHOOL PROGRAM SITES. THROUGH THESE PROGRAMS, WE SERVED 159,465 CHILDREN, TEENS, ADULTS, SENIOR CITIZENS, CANCER SURVIVORS, CHRONICALLY ILL COMMUNITY MEMBERS, AT-RISK YOUTH, INFANTS AND TODDLERS FROM OCT.1, 2016 - SEPT. 30, 2017.

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

PROGRAM SERVICE ACCOMPLISHMENTS

HEALTH AND WELLNESS

CENTRAL TO THE TAMPA Y'S MISSION IS CREATING A HEALTHIER TAMPA BAY COMMUNITY. Y HEALTH ENHANCEMENT PROGRAMS STRESS THE IMPORTANCE OF A HEALTHY LIFESTYLE THROUGH EXERCISE, PROPER NUTRITION, HEALTH EDUCATION

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AND STRESS MANAGEMENT. IN 2017, THE TAMPA Y OFFERED NUMEROUS HEALTH
ENHANCEMENT PROGRAMS, INCLUDING THE Y DIABETES PREVENTION PROGRAM,

LIVESTRONG AT THE YMCA, PEDALING FOR PARKINSON'S, ENHANCE FITNESS,

SILVERSNEAKERS, FIT FIRST, PERSONAL TRAINING, SWIMMING, GROUP AND
INDIVIDUAL EXERCISE, WALK AND RUN CLUBS AND EDUCATIONAL SEMINARS IN
HEALTH AND NUTRITION. ADDITIONALLY, THE TAMPA Y HAS MADE A SIGNIFICANT

COMMUNITY IMPACT THROUGH PROGRAMS, SUCH AS THE VEGGIE VAN - A MOBILE
MARKET PLACE; HEALTHY KIDS DAY, WHICH COMBATS CHILDHOOD OBESITY; AND
THE GOODY GOODY TURKEY GOBBLE BRINGING NEARLY 3,700 COMMUNITY MEMBERS
TOGETHER TO RUN/WALK ON THANKSGIVING.

COMPREHENSIVE YOUTH DEVELOPMENT

THE TAMPA Y'S YOUTH DEVELOPMENT CENTER PROVIDES PROGRAMS THAT FOSTER THE GROWTH AND DEVELOPMENT OF CHILDREN, PARENTS AND FAMILIES. Y SUCCESS AFTERSCHOOL AND SUMMER DAY CAMP PROGRAMS PREPARE CHILDREN FOR THE FUTURE BY PROVIDING AN ASSET-RICH, VALUES-BASED HIGH-QUALITY FOUNDATION. Y SUCCESS AFTERSCHOOL SUPPORTS CHILDREN AND THEIR FAMILIES BY ALLOWING PARENTS TO BALANCE WORK AND LIFE RESPONSIBILITIES, WITH THE CONFIDENCE THAT THEIR CHILDREN ARE LEARNING AND THRIVING IN A SAFE, ASSET-RICH, SUPPORTIVE ENVIRONMENT. CERTIFIED GROUP LEADERS PROVIDE ACADEMIC ENRICHMENT AND HOMEWORK HELP WHILE CARING FOR THE TOTAL CHILD. EVERY STUDENT ALSO RECEIVES STRUCTURED SOCIAL INTERACTION, HEALTHY SNACKS AND PHYSICAL ACTIVITY. EACH CHILD RECEIVES OVER 170 HOURS PER SCHOOL YEAR OF STRUCTURED HOMEWORK AND READING TIME AND EACH CHILD RECEIVES 10,800 MINUTES OF PHYSICAL ACTIVITY PER SCHOOL YEAR. Y SUCCESS AFTERSCHOOL IMPACTS THE LIVES OF MORE THAN 2,200 KIDS EACH DAY AT 26 HILLSBOROUGH COUNTY PUBLIC ELEMENTARY SCHOOLS IN ADDITION TO FOUR YMCA FACILITIES. FOR PARENTS WHO CANNOT AFFORD THE FULL FEE, CARE IS

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization TAMPA METROPOLITAN AREA YOUNG MEN'S **Employer identification number** CHRISTIAN ASSOCIATION, INC. 59-1742909 PROVIDED ON A SLIDING FEE SCALE, BASED ON NEED. BY PROVIDING PROGRAMS THAT PROVIDE KIDS AND TEENS WITH THE THINGS TO SUCCEED IN SCHOOL AND LIFE, THE TAMPA Y NURTURES THE POTENTIAL OF TAMPA-AREA YOUTH. Y ACTIVITIES ENABLE A CHILD TO SET GOALS, WORK TOWARD ACHIEVING THESE GOALS, AND GET THE SUPPORT THEY NEED FROM ENGAGED, COMMITTED ADULTS. THE Y BELIEVES A CONFIDENT KID TODAY CREATES CONTRIBUTING AND ENGAGED ADULTS TOMORROW. BELOW ARE A HANDFUL OF HIGHLIGHTS IN 2017 YOUTH DEVELOPMENT WORK AT THE Y: Y TEEN ACHIEVERS PROVIDES AT-RISK TEENS WITH INTENSIVE ACADEMIC ASSISTANCE, ADULT MENTORS AND JOB-SHADOWING OPPORTUNITIES. VOLUNTEER PROGRAMS: THE TAMPA Y PROVIDES YOUTH WITH NUMEROUS VOLUNTEER OPPORTUNITIES AND COLLABORATES WITH OTHER COMMUNITY SERVICE ORGANIZATIONS. LEADERSHIP PROGRAMS: YOUTH IN GOVERNMENT AND TEEN LEADERS ARE TWO OF THE MANY LEADERSHIP PROGRAMS THAT PROVIDE TEENS WITH AN OPPORTUNITY TO DEVELOP LIFE SKILLS, BUILD SELF-CONFIDENCE AND BECOME LEADERS OF TOMORROW.

ADAPTIVE PROGRAMS OFFER CHILDREN WITH SPECIAL NEEDS THE OPPORTUNITY TO

BENEFIT FROM PROGRAMS THEY WOULD NOT NORMALLY BE ABLE TO PARTICIPATE

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

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

ADAPTIVE PROGRAMMING IN THE TAMPA BAY AREA.

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

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

IMPACT IN PROVIDING YOUTH WITH A SAFE ENVIRONMENT TO DEVELOP PHYSICALLY

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

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

SPORTS ACTIVITIES ARE INFUSED WITH THE SEER NINE CHARACTERISTICS OF

WELL-BEING. YMCA PROGRAMS SUCH AS BASKETBALL, AQUATICS AND GOLF ARE THE

VEHICLES TO CONNECTING WITH YOUNG PEOPLE TO BUILD VALUES,

SELF-CONFIDENCE, RESPECT AND TEAMWORK.

OTHER COMMUNITY INITIATIVES

EARLY HEAD START - THE TAMPA METROPOLITAN AREA YMCA EARLY HEAD START PROGRAM IS A DELEGATE AGENCY OF THE HILLSBOROUGH BOARD OF COUNTY COMMISSIONERS HEAD START/EARLY HEAD START PROGRAM. OUR GOAL IS TO PARTNER WITH FAMILY CHILD CARE HOMES THROUGHOUT SPECIFIC ZIP CODES IN HILLSBOROUGH COUNTY, PROVIDING FULL-DAY, FULL-YEAR COMPREHENSIVE SERVICES TO CHILDREN AND THEIR FAMILIES, AGES SIX WEEKS TO THREE YEARS OLD. THE KEY TO THE YMCA EARLY HEAD START IS FAMILY AND COMMUNITY ENGAGEMENT. COLLABORATION WITH PARENTS BEGINS DURING THE APPLICATION PROCESS AND CONTINUES THROUGHOUT THEIR PARTICIPATION IN THE PROGRAM. PARENTS ARE PROVIDED WITH RESOURCES THAT HELP THEM ATTAIN GOALS OR PROVIDE ASSISTANCE TO NEEDS THAT THEY HAVE EXPRESSED IN ORDER TO IMPROVE THEIR LIVES AND ACHIEVE SUCCESS. ENROLLED FAMILIES ARE ENCOURAGED TO PARTICIPATE IN PARENT COMMITTEE, POLICY COUNCIL, FAMILY LITERACY, PARENT TRAININGS, FATHERHOOD INVOLVEMENT AND VARIOUS CULTURAL DIVERSITY ACTIVITIES THROUGHOUT THE YEAR. IN FY 2016-2017, EARLY HEAD START PROVIDED SERVICES TO 129 CHILDREN IN ITS 80 SLOTS IN 18 FAMILY CHILD CARE HOMES. SERVICES INCLUDED HEALTH AND DEVELOPMENT FOR INFANTS

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization TAMPA METROPOLITAN AREA YOUNG MEN'S **Employer identification number** CHRISTIAN ASSOCIATION, INC. 59-1742909 AND TODDLERS AND PROMOTION OF PARENTS' ABILITIES TO SUPPORT THEIR CHILD'S COGNITIVE, SOCIAL, EMOTIONAL AND PHYSICAL DEVELOPMENT. EARLY HEAD START ALSO PROVIDES COMPREHENSIVE SUPPORT IN THE AREAS OF MENTAL HEALTH, NUTRITION, DISABILITY, EARLY SCHOOL READINESS, GOAL SETTING, TRAINING, COUNSELING AND FAMILY SELF-SUFFICIENCY. IN THE 2016-2017 SCHOOL YEAR, A TOTAL OF 90% OF EARLY HEAD START CHILDREN DEMONSTRATED GROWTH IN SEVEN DEVELOPMENTAL DOMAINS: FINE MOTOR; GROSS MOTOR; LANGUAGE; LITERACY; COGNITIVE; SOCIAL-EMOTIONAL; AND MATHEMATICS. IN THE BIRTH TO ONE-YEAR-OLD RANGE, 100% OF CHILDREN EXCHEDED WIDELY HELD EXPECTATIONS FOR THEIR AGE RANGE. IN THE ONE TO TWO-YEAR-OLD RANGE, 91% OF CHILDREN EXCEEDED WIDELY HELD EXPECTATIONS FOR THEIR AGE RANGE. IN THE TWO TO THREE-YEAR-OLD RANGE 77% OF CHILDREN EXCEEDED WIDELY HELD EXPECTATIONS FOR THEIR AGE RANGE. EARLY HEAD START PARENTS SPENT 4,150.84 HOURS READING TO THEIR CHILDREN AND/OR COMPLETING SCHOOL READINESS PROJECTS AT HOME. FORM 990, PART III, LINE 🕽 INTERNALLY GENERATED FUNDS

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

FOR THE ANNUAL CAMPAIGN TO ASSIST THOSE WHO NEED FINANCIAL HELP TO

PARTICIPATE IN YMCA PROGRAMS DELINEATED BELOW.

Y DIABETES PREVENTION PROGRAM

LIVESTRONG AT THE YMCA

PEDALING FOR PARKINSON'S

ENHANCE FITNESS

ACTIVE OLDER ADULT PROGRAMS

ADAPTIVE GYMNASTICS

Name of the organization TAMPA METROPOLITAN AREA YOUNG MEN'S **Employer identification number** CHRISTIAN ASSOCIATION, INC. 59-1742909 ADAPTIVE AQUATICS & FITNESS SUMMER CAMPS YOUTH SPORTS COMMUNITY OUTREACH ACTIVITIES THE FIRST TEE OF TAMPA BAY/YMCA AFTERSCHOOL/SUMMER PROGRAMS TEEN AFTERSCHOOL/SUMMER PROGRAMS TEEN NIGHTS TEEN LEADERSHIP PROGRAMS SUMMER DAY PROGRAMS MEMBERSHIP COMMUNITY LEARNING CENTER AT SULPHUR SPRINGS UNITED WAY SUNCOAST THE UNITED WAY SUNCOAST HAS SUPPORTED THE Y FOR MORE THAN 70 YEARS. FROM OCT. 1, 2016 - SEPT. 30, 2017, THE UNITED WAY CONTRIBUTED \$153,982 TO PROVIDE FUNDING FOR SUMMER DAY CAMP WHICH ENABLED THE TAMPA Y PROGRAMS, AFTERSCHOOL SERVICES, GENDER-SPECIFIC YOUTH DEVELOPMENT PROGRAMS, OLDER ADULT PROGRAMMING AND GENERAL OPERATING SUPPORT. FOUNDATIONS AND GRANTS THE YMCA RECEIVES FUNDING, OFTEN REFERRED TO AS "GRANTS," FROM OUTSIDE ORGANIZATIONS. THESE GRANTS FUND SPECIFIC PROGRAMS WITH DEFINITIVE GOALS, OUTCOME OBJECTIVES AND TIMELINES. SOURCES OF GRANTS INCLUDE: FOUNDATIONS - INDEPENDENT CORPORATE, FAMILY AND COMMUNITY FOUNDATIONS.

GOVERNMENT - LOCAL, STATE AND FEDERAL GOVERNMENT CONTRACTS FOR HUMAN

Concadio C (i citil coc ci c	00 22) (2010)	i age z
Name of the organization	TAMPA METROPOLITAN AREA YOUNG MEN'S	Employer identification number
	CHRISTIAN ASSOCIATION, INC.	59-1742909
SERVICES.		

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

THE GOVERNANCE BOARD WAS PROVIDED A COPY OF FORM 990 PLUS ALL SUPPORTING SCHEDULES AND STATEMENTS. THE BOARD THEN REVIEWED AND APPROVED FORM 990 FOR FILING.

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

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

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

THE TAMPA METROPOLITAN YMCA UTILIZES PAY PLAN IN THE DETERMINANTION OF

Name of the organization TAMPA METROPOLITAN AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.	Employer identification number 59-1742909
APPROPRIATE SALARY LEVELS OF LIKE SIZED YMCA POSITIONS,	IN CONJUNCTION WITH
ANALYSIS OF OTHER YMCA AND NON-YMCA COMPARABILITY DATA.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE TAMPA METROPOLITAN YMCA MAKES ITS GOVERNING DOCUMENT	S, CONFLICT OF
INTEREST POLICY AND FINANCIAL INFORMATION AVAILABLE TO T	HE PUBLIC UPON
INDIVIDUAL REQUEST.	
FORM 990, PART XII, LINE 2C	*
THE ASSOCIATION HAS AN AUDIT COMMITTEE THAT IS RESPONSIB	LE FOR
REVIEWING INTERIM FINANCIAL STATEMENTS, SELECTING AND EN	GAGING THE
INDEPENDENT AUDITORS, AND MONITORING THE AUDIT PROCESS.	THE AUDIT
COMMITTEE CONDUCTS A PLANNING MEETING WITH THE INDEPENDE	NT 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 D	RAFT OF THE
AUDITED FINANCIAL STATEMENTS AND MEETS WITH THE INDEPEND	ENT AUDITORS TO
DISCUSS THE RESULTS OF THE AUDIT. ONCE SATISFIED, THE A	UDIT COMMITTEE
RECOMMENDS APPROVAL OF THE AUDITED FINANCIAL STATEMENTS	TO THE
GOVERNANCE BOARD. THE ORGANIZATION HAS NOT CHANGED EITH	ER ITS
OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE YEAR.	