

# Application Form

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## *Organization Information*

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### Compiled Committee Comments

Below is a compilation of committee member comments from your Letter of Intent. This feedback may be positive, neutral, or negative. It is provided in aim to be transparent and offer guidance on where you may be able to strengthen your full proposal.

- This project is under construction and the organization demonstrated how this site and programming will benefit disadvantaged populations.
- I scored this very high. My concern is unrelated to the rubric above and more as a comparison to other projects. The YMCA will be able to complete its project whether it gets this funding or not. There are many other projects that are wholly dependent on the potential ARPA funds in order for them to happen. So that's my reservation with this one, particularly as it is a request for the max amount.
- Significant loss of revenue coupled with increased operating cost. Loss of budget dollars is clearly articulated.

Adds jobs and services for Pinellas and is reasonably accessible to underserved population with a high vulnerable index and within QCT. Provides free programming. Confirm the project can be completed by the end of 2026. Funding request is reasonably proportional to the contribution towards the overall project.

**An informational webinar about this proposal is available here.**

**The rubric that will be used to score this proposal can be downloaded here.**

**If you would like to complete this application first in Microsoft Word, you may download a Word version here.**

### Brief Project Descriptor

Please briefly describe this organization's request.

new YMCA facility construction and cost of building

### Organization Name

YMCA Of Greater St. Petersburg

### Project Name\*

Please choose a short name to identify this project within the grant portal:

Speer YMCA

### EIN\*

59-0624468

### Incorporation Year\*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

1920

### Organizational Mission Statement

What is your organization's mission statement?

**This has been copied from your Letter of Intent and cannot be changed.**

To put Judeo-Christian principles into practice through programs that build a healthy spirit, mind, and body for all.

### Unique Entity ID (SAM)\*

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. HOWEVER, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

ZQEGMNAF2PN

### Annual Operating Budget Size

Please provide the amount of your annual operating budget (expenditures only) for your entire organization.

**This has been copied from your Letter of Intent.**

\$15,293,246.00

## Amount Requested\*

The maximum grant amount is \$5 million.

**This has been copied from your Letter of Intent and should not be changed. If your project cost has changed since submitting your Letter of Intent, please contact Rose Cervantes at rcervantes@pinellascf.org.**

\$5,000,000.00

## Does the total project cost exceed the amount your organization is requesting?

Please note: Answering "Yes" will cause additional questions to load later in this application.

### Examples

ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$150,000 for certain equipment, and will seek other funding and donations for the remaining \$20,000 of the playground. ABC Childcare would select "Yes" for this question.

Better Tomorrow, a mental health provider, is looking to expand their counseling center by two rooms to meet increased service demand arising from the pandemic. Better Tomorrow has secured \$25,000 in private contributions, and wants to request the remaining \$125,000 in this grant. Better Tomorrow would select "Yes" for this question.

DBE Food Pantry is seeking funding a new HVAC unit for their pantry, and is requesting \$40,000 from PCF to cover the entire cost. DBE Food Pantry would select "No" for this question.

Yes

## Request Specifics

### Organization Programming Background\*

Please describe the programming your organization offers to the community and the length of time it has been doing so. That is, what does your organization **do** and **how long** has it been doing it?

**This has been copied from your LOI.**

Established in 1920, the YMCA of Greater St. Petersburg (YGSP) is a nonprofit like no other. Serving 19,034 individuals annually throughout southern Pinellas with two wellness facilities, three resource centers, three preschools, and 24 before and after school childcare locations to include three middle school academic enrichment academies, the essence of the Y's mission is to ensure that everyone, regardless of age, income or background, has an opportunity to learn, grow and thrive. YGSP is a member of Y-USA, and is an independent 501(c)3 charitable nonprofit organization incorporating a governing Board of Directors, CEO, executive leadership and operating budget. The footprint of YGSP is south of Ulmerton Rd and north of the Sunshine Skyway in Pinellas County. Kindergarten readiness is a priority at all three preschools, and the Y's 24 before and after school locations in elementary and middle schools provide a safe, affordable and engaging environment. Fourteen of the elementary and middle school sites host YReads!, a research and outcomes based academic program with the goal of helping children achieve grade level reading proficiency. In addition to our school-age programs, the YMCA continues to be a leader in drowning prevention and teaching children and adults to swim. Drowning prevention is crucial for all but especially low income families with drowning

being the leading cause of death in children under the age of four. The Y has Community Health Programs to support those diagnosed with diabetes, Parkinson's disease, cancer and high blood pressure. The new Speer YMCA will host a YReads! site, as well as before and after school child care, Livestrong at the Y (cancer recovery), Diabetes Prevention Program, Delay the Disease (Parkinson's), Blood Pressure Monitoring, YMCA Weight Loss Program, Fall Prevention Program, and a wide variety of youth and adult sports as well as community engagement programming to include the YMCA Neighbor to Neighbor Christmas program.

## Community Need\*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

### **This has been copied from your LOI.**

Located on the U.S. Government's Centers for Disease Control (CDC) website, the Social Vulnerability Index (SVI) is a census tract that collects data on poverty, availability of transportation and crowded housing and assigns an index number. These maps assist emergency planners by identifying areas of need in the community. Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. High SVI communities have exceptional needs before, during and after a public health emergency or a natural disaster. An area within a half mile walking distance of the new Speer YMCA has an extremely high SVI score. With zero (0.0) being the lowest score and one (1.0) being the highest, the SVI score for this area is 0.8746. By comparison, the SVI score for the population in close proximity to the Childs Park YMCA is 0.8995. SVI index data is accessible at <https://svi.cdc.gov/map.html>. Additionally, YGSP currently provides before and after school childcare and academic enrichment programming in 15 Title I public schools, where many children qualify for the free and reduced federal lunch program. Traditionally stagnant and sporadic investment in these neighborhoods means that access to programs and services, especially for children and seniors, is limited. Area families lack high-quality, convenient and affordable afterschool care and youth programs. During times of crisis the YMCA is well positioned to address the critical challenges that have contributed to the high SVI and to support individuals and families as they continue to recover from this healthcare crisis. Please see the attached document for reference.

## Negative Economic Impact\*

**The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.**

**The more quantifiable your negative economic impact is, whether it be fiscal losses/pressures or increased service demand, the stronger your answer will be. The more specific your evidence, the better.**

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue

- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

**Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests.**

**This has been copied from your LOI.**

On March 17, 2020 and by order of the Governor, YGSP closed its wellness centers and remained closed for 90 days. YGSP was forced to furlough approximately 80% of its staff (400+ individuals). YGSP experienced many of its members canceling or freezing their memberships. Additionally, YGSP derives a sizable portion of its operating revenue through its after-school childcare programs and as schools closed, YGSP's childcare revenue declined 100%. In just a one month period of time from March of 2020 - April of 2020 the YMCA of Greater St. Petersburg sustained a revenue loss of \$626,257 and this decline continued for the next couple of years. Recovery has been restricted due to challenges with the job market and availability of qualified workers. Reduction in staff and the inability to fill positions has limited program access and availability necessitating waitlists and operating under capacity. Cumulative reduction in revenue from 2019-2021 was (\$5,236,960) and includes loss from membership, programming, sale of merchandise, grant funding and special events. Fundraising loss from 2019-2021 was (\$8,300,000) attributed to the pandemic due to an inability to meet with donors, donor contraction and business interruption. Inflation has affected several areas of the organization. Membership remains 27% below pre-pandemic levels, as people's habits have changed due to Covid-19. Unfilled staff positions limits the amount of programs that YGSP is able to offer. Pressure to compete with rising hourly wage rates created a dire situation to remain staffed at the level needed to operate safely and within mandated childcare licensing requirements. Additionally, operational costs have dramatically increased. These include increased PPE and cleaning supplies, transportation and fuel expenses, and programmatic materials and food for our preschools and after care programs. While YGSP anticipated a \$20 million operating budget in 2022, currently and as a direct result of the pandemic, the 2022 operating budget is a reduced \$15.2 million. The difference is a result of a reduction in revenue of \$5,236,960, large fundraising deficits, and a delay in opening and operating the new Speer YMCA. These additional resources are the lifeblood of the Y's ability to provide community benefit and public access programming that does not produce revenue. The revenue generated from the new facility and its programs will not only provide much needed programs and services to improve the social and economic health of the community through childcare, and afterschool enrichment programming. \*The document attached shows gross financial revenue loss and Human Resource job loss related to the Covid pandemic.\*

## Negative Economic Impact - Uploads

**You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages. Word, Excel, JPG and PDF files are accepted.**

ARPA - Revenue and HR Loss - Covid.pdf

## Pandemic Relief Funding\*

Please describe all government pandemic relief funding your organization has received since the onset of the pandemic. This includes but is not limited to the Pinellas CARES Nonprofit Partnership Fund, other ARPA funding, PPP (Paycheck Protection Program), and Community Block Development Grants specifically targeting COVID-19

relief.

**Explain why or how this pandemic-relief funding has not alleviated the negative economic impact you have described above.** Potential reasons include expiration dates on certain funding, inflationary pressures, restrictions prohibiting capital expenditures, or the funding simply not being enough to remedy the harm you've indicated above. **The more concrete your numbers, the better.**

**If you have not received government relief funding for your organization since the onset of the pandemic, write "No pandemic relief funding received" below.**

2022: ELC ARPA Childcare Stabilization \$755k

2021: ELC CARES 1,276,000

PPP 1,643,500

2020: PPP 1,538,917.44

Earned revenue, which is supported significantly by membership dues and childcare fees, have not returned to pre-pandemic levels. Membership is currently at 80% of pre-pandemic levels and has averaged 67% since March 2020. Earned revenue from membership and programs accounts for 68% of the total operating revenue for the YMCA of Greater St. Petersburg.

While Covid relief funding provided some budgetary relief, the YMCA realized \$1.7 million in unremedied losses in childcare revenues, and an additional \$1.2 million in unremedied operational revenue loss from reduced membership and program fees. Fundraising losses were not included as a part of any pandemic-relief funding, and due to interrupted fundraising and resource development for the Speer YMCA project, the YMCA realized \$8.3 million in fundraising losses. Total unremedied financial impact to the YMCA's budget is \$11.1 million over the pandemic period.

Additionally, while this federal relief funding enabled the YMCA to continue paying staff, pressure on labor and hiring - particularly for child-care staff - remains challenging and problematic. The lack of qualified staff candidates has a trickle down effect on the organization resulting in waiting lists and a reduction or elimination of programming due to inadequate staffing.

## Proposal Description\*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your project proposal and address the following:

- What project will be undertaken with these funds?
- What is the estimated lifespan of the project/property improvement?
- How does it address the negative economic harm you described in the previous question?

**This has been copied from your LOI. While you are able to update this field, YOU SHOULD NOT CHANGE THE NATURE OF YOUR REQUEST. That is, this field should only be updated for clarity, not changing what you are requested funding for.**

In 2015, YGSP held a meeting with Pinellas County Schools to discuss the availability of vacant property on 62nd Ave. NE in St. Petersburg for the purpose of constructing a new YMCA facility. Seven years later and after much collaboration, a unique campus concept was developed with a YMCA facility and a public middle

school sharing this campus together. While the land remains the property of Pinellas County Schools, YGSP has secured a 99-year lease agreement and importantly, YGSP is 100% owner and operator of the new Speer YMCA facility. The requested funding will support the cost of building of the new Y. The Speer YMCA project is an extension of our nearly 30-year relationship with Pinellas County Schools, a trusted and valued community partner. PCSB has designated the new middle school a "health and wellness leadership magnet" with the feeder elementary school to be Lakewood Elementary located in south St. Petersburg. In this safe, supportive environment, we have an opportunity to shepherd our community's most treasured assets and foster tomorrow's leaders. The 68,643 square foot YMCA facility plan includes the following: Wellness Center, Aquatic Complex with Outdoor Pool/Splash Pad, Kid Zone/Teen Gaming Room, Sports Complex including athletic field and track, Teaching Kitchen, Gymnasium and Family Consumer Science Center.

This new YMCA campus will bring programs and services to the north St. Petersburg community that have had such a positive impact elsewhere in St. Petersburg including neighborhoods in need of revitalization and economic development. There will be unique opportunities for cutting-edge programming as community partners join the Y to bring advantageous experiences to students, parents and school staff as well as the community at large. It will be an accessible resource for people of all ages and backgrounds to learn, play and grow together. The estimated life span of the new Speer YMCA is 75 years. This new facility will help drive continued recovery from the effects of the Covid pandemic and allow the organization to expand revenue opportunities through programming, membership, special events, corporate sponsorship and private philanthropy. The new Speer YMCA will add 200 jobs to the local economy and provide an additional revenue stream for the organization, providing \$1.5 million in revenue in its first operating year and enabling the organization to provide much needed services and assistance to those in need.

## Number Served

How many people will directly benefit from this capital purchase annually?

**This has been copied from your LOI. It cannot be changed.**

4760

## Unduplicated vs. Duplicated

Is the number indicated above duplicated or unduplicated?

**Duplicated:** A client is counted each time they access services

**Unduplicated:** A client is counted once, regardless of the number of times they access services

**Example:** ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

**This has been copied from your LOI and cannot be changed.**

Unduplicated

## Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital project.

**This has been copied from your LOI and cannot be changed.**

## Rent vs. Own

Does your organization rent or own the property for which you are proposing modifications?

Own

## Guiding Principles - Client Impact\*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term “equity” is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

**Will this project benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?**

**This has been copied from your LOI.**

This facility, constructed on currently vacant property on 62nd Ave. NE in St. Petersburg, will be a lifeline in an area that has an underserved population with a high socially vulnerable index within a half mile of the Speer YMCA. Low income and underserved residents will be able to take advantage of free programming offered at this facility. The YMCA has financial assistance available based on need, and no one is turned away for the inability to pay regardless of race, religion, income or ability. Livestrong at the Y is a free program available to all in our community, providing cancer support for those undergoing cancer treatment and recovery. Livestrong also provides much needed support groups, physical and mental health support including membership for a friend or spouse. As part of Y-USA's Safety Around Water and drowning prevention initiative, free swim lessons are offered to the community for children starting at age two. Drowning is the leading cause of death in the State of Florida for children under age four and is a top priority for the YGSP. YReads! will be provided free of charge to students on this new campus. YReads! is a reading intervention program that helps students achieve grade level reading through research based curriculum through sight words, phonics, phonological awareness and reading comprehension. Family engagement nights will be held monthly at the new Speer YMCA and are open and free of charge to the community. Family engagement includes Boo Bash, Healthy Kids Day and many other activities. The YMCA Neighbor to Neighbor Christmas program serves over 400 families and 900 children and will incorporate families from the new Speer YMCA into the program which provides a traditional Christmas which includes a Christmas Tree, toys for each child, a free season of youth sports and a \$50 gift card to Publix. This facility will provide flexible jobs and other opportunities that break down barriers for disproportionately impacted populations.

## Organizational Sustainability\*

How does this purchase contribute to the long-term sustainability of your organization and the work it does? That is, what impact will this project have on your organization and/or its clients over the long-term?



Examples include increased service capacity, reduced cost of delivering services over time, higher-quality or more equitable service delivery, and increased lifespan/quality of property.

Quantifiable numbers will strengthen your answer.

The addition of the Speer YMCA will have a significant impact on the service capacity of our organization and the financial sustainability of the YMCA. The Speer YMCA will bring needed programs and services to the north St. Petersburg community that have had such a positive impact elsewhere in St. Petersburg including neighborhoods seeking revitalization and economic development. There will be unique opportunities for cutting-edge programming as community partners join the Y to bring advantageous experiences to students, parents and school staff as well as the community at large. It will be an accessible resource for people of all ages and backgrounds. Revenue from the new Speer YMCA will contribute \$1.5 million to the YMCA operating budget annually. These additional financial resources will have a lasting positive impact on the organization's sustainability. Community members and participants will have access to unique YMCA programming and events. For example, Parkinson's participants will be able to attend classes at multiple YMCA locations ensuring daily activity is achieved, which is vital to delaying disease progression. This is but one example of the YMCA providing increased service capacity and delivery.

This new facility will help drive continued recovery from the effects of the Covid pandemic and allow the organization to expand revenue opportunities through programming, membership, special events, corporate sponsorship and private philanthropy. The Speer YMCA will add 200 jobs to the local economy and provide additional revenue streams for the organization, adding \$1.5 million in revenue in its first operating year and enabling the organization to provide much needed services and assistance to those in need.

## Permits\*

Please describe any permits necessary for the successful completion of this proposed project. Be sure to include any permits already obtained or in progress, and/or what the timeline is to acquire permits.

April 12, 2022

Building Permit, New Construction, YMCA Partnership Middle School

Date from June 10, 2022-June 9, 2027

Florida Department of Environmental Protection – Use generic permit for storm water discharge from large and small construction activities and dewatering operations.

Date from November 15, 2022

State of Florida, Department of Health Swimming Pool Operating Permit

February 17, 2022-February 17, 2027

Southwest Florida Water Management District, Surface water management system. Authorization of storm water management system.

Due to the nature of this relationship and process of building in collaboration with Pinellas County Schools these are all the required permits mentioned above. Official documents provided upon request. Permits listed above were required for the Speer YMCA building.

## Plan Set\*

Do you have a plan set for this project?

A plan set refers to the "batch" of plans, drawings, prints, files, etc., that you receive from an architect that

explains what needs to be built, how, and where. **Not all qualifying projects in this process require a plan set.**

**If you answer Yes, you will be required to upload the Plan Set later in the application.**

Yes

## Plan Set Upload\*

If you answered "Yes" above, please upload the Plan Set here. If you have trouble with file size limitations, please reach out to Rose Cervantes at rcervantes@pinellascf.org. If you have any narrative to accompany the plan set, you may write it below.

**PDF files are permitted.**

FINAL\_JAN23 ARPA Grant Submission (2).pdf

Attached is a condensed version of the plan set. There is available upon request a full plan set that is over 500 pages and provides unlimited detail regarding the physical YMCA facility. With a limited file size to upload, YMCA will provide this information upon request to interested parties engaged in the ARPA grant process.

## Timeline\*

Given a spending deadline of December 31, 2026, give a detailed **and realistic** timeline as to how this large capital project will be executed and completed. If there are phases to this project, indicate so in the narrative below. If you specified that permits were needed for this project above, ensure you include the acquisition time in the timeline.

**Please include the following:**

1. **How the timeline was developed**
2. **Timeline of planning and execution. Please include start and end dates by month and year. For example, April 2023 - June 2023.**

### Example

Better Tomorrow is proposing the expansion of their counseling center. This requires a 2-month planning phase, one month to obtain all necessary permits, and four months to build. Better Tomorrow would list each phase, a brief description of what takes place in each phase, and an estimated start and completion date for each phase.

The timeline has been in development since October of 2017. Beginning with the writing of the "Joint Development Agreement" which was signed by both Boards in October 2017, both staff teams began work on what the dream facility would look like. The process continued right up to March of 2020 when COVID slowed everything down by 18 months.

As the country began to open back up, the timeline for the construction of the building and grand opening was adjusted. Architectural drawings were completed, selection of the construction manager took place and finishing approval processes with the City of St Petersburg were completed. Ground breaking took place on June 7th and the project is currently going vertical and is set to open on schedule in December of 2023.

A number of permits were secured to comply with Local, County, State, and Federal guidelines. After receiving these approvals, the final construction schedule was drawn and is now in its 8th of 18 months construction timeline.

The timeline was built around the YMCA's desire to open in late December into January which is the busiest time of the year for adults and families to take part in YMCA classes and programs.

January 1, 2021 - June 1, 2022 Architectural and engineering design of the facility  
 June 7, 2022 Ground breaking ceremony  
 June 14, 2022 Construction commences  
 YMCA opens December 15, 2023

## Team Leadership\*

Please describe the following:

1. The team and leaders that will be overseeing this proposed project.
2. Their relationship to your organization
3. Their role in this project
4. Whether or not they have overseen similar projects

The team working on this project have been together for between 3 - 6 years. Beginning with the School District and YMCA, and then adding project partners, the Leadership Team has been carefully selected through a very specific and strategic process.

The lead Project Managers are Clint Herbic, Associate Superintendent of Pinellas County Schools, and Tim Staley, Chief Operating Officer with the YMCA, lead Architect of record is Steve Johnson from Harvard/Jolly Architects, and the building is being built by Creative Contractors, with CEO Josh Bomstein. The YMCA lead legal contact is Craig Tarasky from Johnson, Pope, Bokor, Ruppel & Burns LLC.

Clint Herbic - PCS: Clint has been in his role for over 10 years and has coordinated over \$500M in facility renovations to the district schools.

Tim Staley - YMCA: Tim has coordinated 18 construction projects for YMCAs in 4 states. This is the 4th YMCA that he has been responsible for supervising the construction worth over \$100M.

Harvard/Jolly - An award winning architectural firm with 84 years experience specializes in multi facilitated building and complex design strategies.

Creative Contractors - CC has over 48 years of experience in the Tampa Bay region in building not only schools, but YMCA's and community centers.

Craig Tarasky - Johnson/Pope: Craig is the writer of the three legal contracts that were developed by Clint Herbic and Tim Staley, tying the School District and YMCA together.

David Jezek - President/CEO, YMCA of Greater St. Petersburg: 40 years of professional YMCA service spanning six YMCA associations across the country that included multiple capital campaigns and construction projects. In current role since 2008, having provided visionary leadership that has led to sustainable growth and expansion of services provided by the YMCA, including the development of this joint project with PCSB.

Michelle P. Curtis, CFRE - Chief Development Officer/VP Philanthropy, YMCA of Greater St. Petersburg: 18 years experience as a development professional across a variety of nonprofit organizations to include higher education, performing arts and social service organizations. Experience includes resource development for several successful comprehensive fundraising campaigns. In current role at the YMCA since 2016 and responsible for current capital campaign feasibility, development and implementation. Obtained Certified Fund Raising Executive designation (CFRE) in 2018.

Additional Pinellas County School staff involved include Scott Livernois and Jason Novisk, both Project Managers.

## Cost Difference

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### Estimated Total Project Cost\*

Please specify the total cost of this capital project/purchase.

**Example:** ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$20,000 for certain equipment, and will seek other funding and donations for the remaining \$150,000 of the playground, for a total project cost of \$170,000. ABC Childcare would put \$170,000 below.

**This has been copied from your LOI.**

\$23,922,412.00

### Cost Difference\*

How does your organization plan to cover the cost of this project beyond the amount requested? Please also specify if your organization can carry out the potential ARPA-funded portion of this project without other funding being secured.

**This has been copied from your LOI.**

\$13,100,000 Private Philanthropy - cash and pledges received to date  
 \$10,822,412 Projected Future Resource Development to include private philanthropy and other funding  
 (including this request)

As noted above, more than half of the required funding has been secured through private philanthropy, and we have approached 14 additional funding partners that include private foundations, corporations and donors and will continue with our campaign strategy to secure the remaining financial resources needed to fund building the new Speer YMCA. YGSP's initial fund development strategy did not include acquiring any kind of bridge financing or bank loan. As a direct result of the negative economic impact of the Covid pandemic, and in response to delayed resource development for this project, YGSP was forced to secure \$12,000,000 in bank bridge financing with Hancock Whitney Bank. This bridge loan will be used to "bridge the gap" between fundraising pledges and cash received and current and ongoing project expenses - ensuring that there are sufficient financial resources available to complete the project irrespective of timing of pledge receivables and other funding received. YGSP seeks to ensure that the organization does not incur long-term debt as a part of the process of building this new YMCA facility and will continue to fundraise and seek additional financial resources in order to meet this goal. Debt maintenance could significantly hinder YGSP's ability to deliver critical programs and services to this socially vulnerable population.

In 2023, the cost projections for the project are \$12,964,869. Any funds granted to YGSP from ARPA will be used to cover direct construction costs as we enter into the final building phase of the Speer YMCA, which is slated to open in late 2023. Additionally, YGSP's use of the requested funding is not contingent upon receipt of any other funding from any other source.

## ***Written Justification - \$1m or Greater***

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You have requested more than \$1 million in capital expenditures. In order to comply with regulations and reporting requirements of the U.S. Treasury, the below questions are required as part of a Written Justification for the costs. The character limits in this section are set high, but do not feel you need to reach the character limit.

### **Capital Expenditure Need\***

Please explain the following:

- Why are existing capital equipment, property, or facilities not sufficient to address the harm you explained above under “Negative Economic Impact?”
- Why would additional funding to relevant programs or services be insufficient without the corresponding capital expenditures being proposed by your organization?

As the Covid pandemic affected several key streams of revenue, the addition of this facility is essential to the organization’s recovery and growth. Taking the economic harm of the Covid pandemic into account, and the un-remedied financial impact to the YMCA of over \$11 million, this facility will allow the YMCA to deliver critical services to the community while strengthening the organization’s sustainability. This facility will generate \$1.567 million in earned revenue in its first year of operation through membership and programs, and will also receive the support of contributed revenue through grant-funded programs and private philanthropy. The Speer YMCA will also be a valuable property addition to the YMCA of Greater St. Petersburg facilities portfolio which includes the Jim and Heather Gills YMCA, the Bardmoor YMCA and Preschool Academy, the Childs Park YMCA, Harbordale YMCA and the Speer YMCA Preschool Academy. The addition of the Speer YMCA will increase the value of the properties portfolio of the YMCA of Greater St. Petersburg to over \$50 million. This will provide additional stability to the organization and allow additional resources to be developed for enhanced programming and service delivery,

### **Comparison of Alternatives\***

According to U.S. Treasury guidance, ARPA-funded capital projects must be the most cost-effective and reasonable option to repair COVID-19’s negative economic impact on your organization.

In order to do so, please provide a comparison of the proposed large capital project against two alternative capital projects, and explain why the one you are proposing is superior. When evaluating the superior option, please consider the following:

1. The effectiveness in addressing the harm identified in this application under “Negative Economic Impact” and in the previous question.
2. The total cost of the proposed project vs. the two alternatives

**Alternatives are NOT multiple vendors or bids for this project. Rather, they would be entirely different capital project proposals. For example, rather than expanding a currently owned-property, an alternative could be purchasing a bigger property. This would potentially not be more cost-effective or reasonable due to high property costs and the need for additional construction.**

In response to the organization's desire for continued growth and financial stability, the YMCA Board of Directors began exploration of construction of a new facility in the Greater St. Petersburg service area.

After completion of demographic studies and community focus groups, it was determined that the area of the community with significant unmet needs to include significantly high Social Vulnerability percentages was a corridor in north St. Petersburg. After exploring several alternatives to include minimally available parcels of land sufficient for the YMCA's needs, the YMCA approached the Pinellas County School board about the availability of a unique property at 501 62nd Ave NE. The most cost effective option was a partnership with Pinellas County Schools on a shared site.

The partnership resulted in significant cost savings to the YMCA with Pinellas County Schools agreeing to a long-term lease (99 years) at a cost to the YMCA of \$1 per year. The uniqueness of the property in addition to the partnership agreement with Pinellas County Schools will allow the YMCA to deliver in an area in need of affordable child care and other services. Significant revenue will be added to the budget annually of \$1.5 million. This project is the most effective opportunity for the YMCA of Greater St. Petersburg to address the economic harm created by the Covid-19 pandemic. While the project was conceptualized prior to Covid, the pandemic exacerbated the challenges already faced by a vulnerable population. The YMCA recognized that the harm caused by Covid to this socially vulnerable group could be remedied with the addition of the Speer YMCA facility and the vital programs and services that it would bring to the community.

## *Community Connection*

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The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link:

[https://www.huduser.gov/portal/sadda/sadda\\_qct.html](https://www.huduser.gov/portal/sadda/sadda_qct.html)

In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

Below, please provide the location of your operations and the location of your headquarters, if different.

Enter an Address, city, state or tract    Go    Florida    Pinellas

Map Options : Clear | Reset | Full Screen

QCT Legend:    Tract Outline    LIHTC Project    2022 Qualified Census Tracts

SADDA Legend:    FMR Boundary    2022 Small DDA    Non Metro DDA

Hide the overview

The 2022 Qualified Census Tracts (QCTs) and Difficult Development Areas (DDAs) are effective January 1, 2022. The 2022 designations use data from the 2010 Decennial designation methodology is explained in the federal Register notice published September 9, 2021

Map Options

10 Current Zoom Level

Show Difficult Development Areas (Zoom 7+)

Color QCT Qualified Tracts (Zoom 7+)    ←

Show Tracts Outline (Zoom 11+)

Show FMR Outlines (Zoom 4+)

Show LIHTC Projects (Zoom 11+)

Click here for full screen map

Select Year

2022

2021

Map    Satellite

Clearwater    Tampa    St. Petersburg

Google    Keyboard shortcuts    Map data ©2022 Google, INEGI    Terms of Use

### Headquarters Location

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>

**This has been copied from your LOI and cannot be changed.**

600 1st Ave N. Suite 201 St. Petersburg, FL 33701

## QCT Determination - Headquarters

Is this organization headquartered in a QCT?

No

## Project Location

Please provide the address or intersection where the property being modified is.

**This has been copied from your LOI and cannot be changed.**

Speer YMCA 501 62nd Ave. NE St Petersburg, FL 33702

## QCT Determination - Project

Is this organization's project in a QCT?

No

## QCT Impact\*

PCF understands that just because a project may not be located in a Qualified Census Tract, those who reside in one may access your services and may come to the location where your organization's project will take place.

- If applicable, please describe if you have clients that reside in a QCT as indicated on the map linked above, and the proportion of your clients that come from these areas.
- If your organization does not serve clients from a QCT, you can write "Not Applicable" below.

**This has been copied from your LOI.**

YGSP serves precisely 3,500 individuals that reside in a Qualified Census Tract (QCT) located in the map above. This number reflects 18% of the total population YGSP currently serves. The methodology used to obtain this information can be provided along with data to show how the number was obtained. YGSP utilized the services of a third-party provider to calculate this data. Currently 8 YGSP facilities and school sites are located in a QCT, and YGSP corporate offices are adjacent to a QCT.

## QCT Determination - Clients

Does this organization's project benefit residents of QCTs?

Yes



This section aims to capture general demographic data about your organization and to see how you engage with and represent the community you serve. PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter, and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

## Community Representation and Connection\*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

### **This has been copied from your LOI.**

YGSP staff is very reflective of the communities that we serve, with BIPOC individuals representing 40% of total staff. Additionally, and in keeping with YGSP's commitment to opportunity for all, 13% of Y staff are seniors. YGSP has a physical presence in many underserved low income communities to include: Jim and Heather Gills YMCA, Harbordale YMCA, Lealman Exchange and Lealman YMCA Preschool Academy, Childs Park YMCA, and Speer YMCA Preschool Academy. With childcare locations at: Bay Point, Campbell Park, Bear Creek, Douglas L. Jamerson, Maximo, Melrose, and Perkins Elementary schools and Bay Point Middle School, YGSP provides child care and academic enrichment programming in many low income neighborhoods in south St. Petersburg. YGSP has a long history of listening to and understanding the needs of the community to make investment in facilities and tailored programming to meet those needs.

Partnerships in programming include:

- Seniors in Service - YReads! classroom volunteers
- Baycare - Diabetes Prevention Program and Enhance Fitness as well as healthcare provider referrals
- The Florida Orchestra - toy collection for YMCA Neighbor to Neighbor Christmas Program and Music Summer Camp
- Pinellas County Schools - partnership for nearly 30 years in child care throughout elementary and middle schools in Pinellas County,
  - YMCA Weight Loss Program partnership for staff
- The St. Petersburg Free Clinic - a referring agency for YMCA Neighbor to Neighbor Christmas Program and food insecurity partner supporting Childs Park YMCA
- University of South Florida St. Pete - partnership with the Civic Fellow Scholarship Program and YMCA Youth in Government
- Neuro Challenge Foundation - run a support group for caretakers and spouse of participant programs
- American Heart Association - provide program content and blood pressure monitors
- Florida Cancer Specialists - referrals and financial support for Livestrong at the Y
- City of St. Petersburg - sponsor city employees to attend Diabetes Prevention Program
- All Children's Hospital - sponsors employees to attend the Diabetes Prevention Program and the YMCA is a part of the JHACH Community Connector Group focused on exercise, nutrition and weight loss.

With over one hundred years in the community YGSP has deep roots that continue to add benefits to our already existing programs through collaboration and innovation.

## Leadership Demographics - Executive Level Leadership Team

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC  
LGBTQ+

### Leadership Demographics - CEO/Executive Director

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

None of the above

### Leadership Demographics - Board Membership

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color  
LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)  
Neurodiverse/physically disabled  
BIPOC  
Neurodiverse/physically disabled

## Financial Overview

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**IF A CONTRACTOR HAS NOT BEEN SELECTED, BIDS MUST BE DATED AFTER 8/8/22. If you need assistance compressing files, please email Rose Cervantes at rcervantes@pinellascf.org.**

**The file attached below should contain current, verifiable bids, estimates, or price lists [from your potential vendor(s)]. Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.**

- If your project costs **LESS** than \$75,000, you must upload TWO verifiable bids or estimates for the proposed project.
- If your project is **EQUAL TO** or **MORE THAN** \$75,000, you must upload THREE verifiable bids or estimates for your proposed project.

**If you have already selected a contractor for this process and do not have multiple bids to upload, please ensure you answer the narrative question below thoroughly.**

### **Bid/Estimate #1\***

PDF files are accepted.

Explanation of Bid.pdf

### **Bid/Estimate #2**

PDF files are accepted.

### **Bid/Estimate #3**

PDF files are accepted.

### **Selected Contractor\***

**If you have not yet selected a contractor and have uploaded multiple bids above, please write N/A below or you will not be able to submit your application.**

If your organization has already selected a contractor for this proposed capital project, please describe the process through which this contractor was chosen, and be sure to answer:

1. Was there a competitive bid process? That is, were multiple bids collected in order to evaluate multiple contractors? Describe this process (names of contractors, number of bids collected, prices, and why the contractor was chosen).
2. What personnel members at your organization selected the contractor?
3. Has a contract been executed with this contractor? **If yes, upload the contract here. If no, please describe the status of contract.**

***If a contractor has already been selected AND a competitive bidding process was not used, the project will lose points.***

Due to being 8 months into construction, selection of a contractor took place a couple of years ago. Below are details on how that process took place and why the contractor was chosen.

Both the YMCA and Pinellas County School conducted independent Request for Proposal (RFP) processes for both Architectural services, and Construction Management. After an open invitation, each process interviewed three finalists in each category and as a result of the two processes, both organizations decided to hire the same architect, and contract manager for continuity in the look and feel of the campus.

Both processes used committees made up of staff and volunteers, with a scoring system driving determining which firms would move from the first round to the final round of interviews. The second round of interviews in both processes had a new scoring system which then lead to a finalist being recommended to the Pinellas County School Board and the YMCA Board of Directors for approval. Both the architectural firm and the Construction Manager firm were unanimously approved.

The combination architectural firm of Harvard/Jolly and Wannemacher/Jensen were hired for their long history in designing schools and recreation facilities. Wannamacher/Jensen is a woman-owned business entity.

Creative Contractors was the overwhelming choice to coordinate the project because of experience in building both schools and YMCA's, specifically here in the Tampa Bay area. Both winning firms' credentials were presented to the YMCA Board of Directors by Tim Staley, Chief Operations Officer for approval. All contracts have been executed and in effect.

Minority and women owned businesses were encouraged to apply during the RFP. Creative Contractor employs 8 subcontractors that identify as either woman, minority or both owned businesses.

## Minority/Woman-Owned Business

Is your selected contractor, or the bid you are going to choose if funded, one of the following:

- Small-business enterprise (SBE)
- Disadvantaged business enterprise (DBE)
- Minority and/or woman-owned business (MWBE)

Unknown

## Related Parties\*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

### Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

If **yes**, identify the vendor and describe the relationship.

If **no**, write "No related parties below."

No related parties.

## Budget Detail\*

Please upload a clear, easily readable budget that breaks out costs for this proposed project. Ensure that it is clear what portion would be paid for through this grant funding and what would be paid for from other sources. **Be sure that the budget includes 10-20% for contingencies and any costs related to performance and payment bonds for construction projects.**

If you are going to request the permitted indirect cost of up to 5%, please be sure this is represented in your budget.

An example budget is available here.

If you have additional notes to add to your budget summary, you may do so in the text box below.

**PDF and Excel files are allowed.**

Speer YMCA Budget for ARPA Grant 2.3.23.pdf

Included in the budget detail is the 13,377,000 that has been fundraised through cash and pledges, along with \$12,000,000 that is loan to bridge the gap in financing while still continuing to fundraise. The YMCA of Greater St. Petersburg has every intention to develop resources to pay off the loan for this project. The loan was a temporary solution that was put in place due to the covid-19 pandemic as fundraising slowed in 2020. Below is a list of how the funding will be used:

Steel	\$1,100,000
Contractor fee	\$600,000
Concrete	\$800,000
Parking lot	\$700,000
Plumbing	\$500,000
Electrical	\$800,000
Elevator	\$100,000
Roofing	\$400,000

**Other Funding Sources\***

Please describe any other funding that your organization has applied for or obtained for this project. This includes but is not limited to Community Development Block Grants (CDBG), local government grants (including Tourist Development Council funding), foundation grants, and donors (you do not need to disclose donor identities, simply amount raised that is allocated to this project). This includes any matching grants or in-kind contributions you may have obtained.

If none, please explain why no additional funding sources have been pursued.

**If this answer has changed since submitting your LOI, you may update it below. Please be sure all funding sources below are represented in the budget you have uploaded above.**

\$13,377,000	Total gifts and pledges for the new Speer YMCA from individual donors - Actual to date
\$12,000,000	Bridge Financing from Hancock Whitney Bank
\$ 1,000,000	City of St. Petersburg Allocation Request - under consideration
\$ 2,500,000	Corporate Foundation - under consideration

YGSP is continuing active dialogue and is in varying levels of discussions with 14 additional funding partners that include private foundations, corporations and individual donors. YGSP will continue with our capital campaign fundraising strategy with the goal of securing the remaining financial resources needed to fund building the new Speer YMCA. As a part of this strategy, YGSP made unsuccessful state budget funding requests through State Senator Jeff Brandes' office to the State of Florida in 2020, 2021 and 2022. YGSP also unsuccessfully requested funding from the federal earmarks program through Congressman Charlie Crist's office in 2021 and 2022. YGSP has contracted with a third-party consultant, Corcoran Partners, to assist with 2023 state and federal funding allocation requests.

In 2023, the cost projections for the project is \$12,964,869. Any funds granted to YGSP from ARPA will be used to cover direct construction costs as we enter into the final building phase of the Speer YMCA, which is slated to open in late 2023. Additionally, YGSP's use of the requested funding is not contingent upon receipt of any other funding from any other source.

## Changes in Operating Costs\*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this project **decreases** ongoing operating costs, how will it do so?
- If this project **does not affect** operating costs, please note so below.

**If this answer has changed since submitting your LOI, you may update it below.**

YGSP anticipates operating expenses to increase \$1,479,321 with the opening of the new Speer YMCA in the fall of 2023. Those operational expenses will be offset by \$1,567,663 in revenue generated by the new Speer YMCA to include \$855,663 membership revenue, \$662,000 program revenue, and \$50,000 contributed revenue from donors and grants. These revenues will combine to increase overall operational capacity of YGSP, and be sustainable well into the future. YGSP, as a charitable nonprofit organization, combines earned revenue from membership and programs with contributed revenue from fundraising and grants to sustain non-revenue producing community and public access programming and support.

## Fund Management Capacity\*

Please describe your organization's capacity to manage these potential ARPA funds in terms of fiscal management and financial infrastructure.

**This includes, but is not limited to, the use of accounting software that can track a general ledger and multiple accounts and the ability to work on a reimbursement-basis.**

The inability to handle a reimbursement-based grant does not disqualify your organization from applying.

**This has been copied from your LOI.**

Effectively managing a \$15,293,246 million annual operating budget across eight facilities, 24 school sites, and dozens of programs, YGSP follows generally acceptable accounting principles (GAAP) and has systems in place with centralized and experienced finance staff to accurately and effectively manage multiple funding sources and expense classes. YGSP utilizes SGA Accounting Software and complete yearly independent audits from which we have no findings. Our organization typically accesses over \$5.2 million in reimbursement government grant funding from a variety of organizations to include the Juvenile Welfare Board of Pinellas (JWB), and the Early Learning Coalition of Pinellas (ELC). YGSP has multiple facets of grant compliance process that includes the cooperation of several business units to include executive, finance, operations and development.

## Corrective and Investigative Action/Grant Recall\*

In the past three (3) years, has your organization had any of the following occur:

1. Been under legal investigation by a local, state, or federal institution?
2. Been placed on a corrective action plan by a funder?
3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. If no, write "N/A"

1. No in the past three years the YMCA of Greater St. Petersburg has not been under legal investigation by a local, state or federal institution.

2. Yes, the YMCA of Greater St. Petersburg has been placed on a corrective action plan by a funder. Information provided below with details about the plan.

CAP information listed below is exclusively for the Lealman YMCA Preschool Academy, no other locations have been on a corrective action plan.

5/18/2020 - 12/2021 - CAP items included:

Programmatic Concerns included -

\*Ratios and group sizes

\*Two class 1 violations in a 4 month period for physical discipline

\*No agency policy regarding classroom and play area cameras.

Administrative concerns include - failure to report incidents to Juvenile Welfare Board within one business day and staff turnover.

8/29/22 - 2/28/23 - CAP items include:

Program failed to maintain Good Standing with PCLB due to multiple violations - resulting in a probationary License through 12/16/22

\*Program did not meet JWB quality ratios

\*Staff turnover and closed classrooms

\*Program had no contract with ELC.

Program is now in good standing and has renewed its ELC contract. CAP with JWB is set to expire on 2/28/23

3. No, in the past three years grant funding has never been recalled from the Association, a location or a particular program.

## *Organization Documentation*

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### **Organization Budget\***

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

2022 Budget FINAL (1).pdf

### **Board of Directors List\***

Please upload a current list of members of your organization's Board of Directors. Excel, Word, and PDF formats are acceptable.

YGSP BOD 1.13.23.pdf

### **IRS Form 990\***

Please upload a PDF copy of your most recently submitted IRS Form 990.

**If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type.** You should still

upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

DOC\_990\_2021.pdf

## Most Recent Financial Statements

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

YGSP Financial Statements 6.30.22 (3).pdf

## *Insurance*

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### Evidence of Insurance Coverage\*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this project. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

**If your organization does not have evidence of insurance coverage, please provide an explanation as to why.**

Liability Insurance.pdf

### Insurance Requirement\*

**If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:**

Pinellas Community Foundation  
17755 US Highway 19 N  
Suite 150  
Clearwater, FL 33764  
727-531-0058

**Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.**

**PCF will not ask for a certificate naming us as additional insured until the contracting stage.**

Yes, I understand and will comply with this requirement if awarded a contract.



## *Post-Grant Requirements*

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### **Reporting Requirements Acknowledgment\***

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit monthly expenditure reports until their project is completed and their contract is closed out.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).

Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

## *Additional Information*

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### **Additional Upload**

If you have something to share, you can upload it here in PDF format.

### **Anything else to share?**

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

The quality and quantity of services and programs that the Speer YMCA is able to provide to the community will be entirely dependent upon the YMCA's ability to successfully complete the development of financial resources thereby eliminating \$12 million in bridge loan debt and interest. This will further promote the Speer YMCA as a community driven resource, addressing critical needs of a vulnerable community and meeting the intent ARPA funding and remedying the harm caused by the Covid pandemic.

## File Attachment Summary

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### *Applicant File Uploads*

- ARPA - Revenue and HR Loss - Covid.pdf
- FINAL\_JAN23 ARPA Grant Submission (2).pdf
- Explanation of Bid.pdf
- Speer YMCA Budget for ARPA Grant 2.3.23.pdf
- 2022 Budget FINAL (1).pdf
- YGSP BOD 1.13.23.pdf
- DOC\_990\_2021.pdf
- YGSP Financial Statements 6.30.22 (3).pdf
- Liability Insurance.pdf

**YMCA of Greater St. Petersburg, Inc.**  
**Statement of Activities - Three Year Comparison**

	YTD	YTD	YTD					Cummulative Revenue Reduction 2019 - 2021
	2021	2020	2019	Revenue Reduction		Revenue Reduction		
<b>MEMBERSHIP DUES</b>	Actual	Actual	Actual	2019 - 2020		2020 - 2021		
Gills Branch	2,099,211	2,005,900	3,156,851	(1,150,951)	-36%	(1,057,641)	-34%	(2,208,592)
Bardmoor Branch	752,540	806,727	1,212,364	(405,636)	-33%	(459,824)	-38%	(865,460)
Community Centers - Childs Park	175	917	3,402	(2,486)	-73%	(3,227)	-95%	(5,713)
Community Centers - Harbordale	(20)	705	2,324	(1,619)	-70%	(2,344)	-101%	(3,962)
LEX Branch	5,980	3,107	1,770	1,336	75%	4,210	238%	5,546
	<b>2,857,886</b>	<b>2,817,356</b>	<b>4,376,711</b>	<b>(1,559,355)</b>	<b>-36%</b>	<b>(1,518,825)</b>	<b>-35%</b>	<b>(3,078,180)</b>

	YTD	YTD	YTD	%		%		Cummulative Revenue Reduction 2019 - 2021
	2021	2020	2019	\$ Variance	Variance	\$ Variance	Variance	
<b>PROGRAM REVENUE</b>	Actual	Actual	Actual	2019 vs 2020	vs 2020	2020 vs 2021	vs 2021	
Personal Training - Fitness	130,351	113,963	212,103	(98,140)	-46%	(81,752)	-39%	(179,892)
Active Older Adult/Next Level	19,434	17,110	36,000	(18,890)	-52%	(16,566)	-46%	(35,456)
Kids Night Out - Programs	10,779	7,986	24,902	(16,916)	-68%	(14,123)	-57%	(31,038)
Dance - Offsite/DPCA Reimb	37,358	35,869	14,450	21,419	148%	22,907	159%	44,326
Youth Sports - Fitness	0	0	1,725	(1,725)	-100%	(1,725)	-100%	(3,450)
Dance Classes/Corp Prtnrs/Enhanced Fitness	168,699	121,063	215,657	(94,594)	-44%	(46,958)	-22%	(141,552)
Instructor Cert/Dance Competition	93,687	56,803	56,656	147	0%	37,031	65%	37,177
Misc Fitness/Dance Rec/YDPP	52,489	24,406	83,873	(59,467)	-71%	(31,384)	-37%	(90,851)
Preschool Fees	1,932,404	2,041,689	1,882,841	158,849	8%	49,563	3%	208,412
Preschool Registration	9,520	10,270	17,524	(7,254)	-41%	(8,004)	-46%	(15,257)
Summer Program Fees	359,479	227,815	335,726	(107,911)	-32%	23,753	7%	(84,158)
Summer Registration	7,455	8,387	6,400	1,987	31%	1,055	16%	3,042
Specialty Camp Fees	31,022	0	62,538	(62,538)	-100%	(31,516)	-50%	(94,055)
Specialty Camp Registration	1,285	270	980	(710)	-72%	305	31%	(405)
School Care Fees	2,315,305	2,256,685	2,848,329	(591,644)	-21%	(533,024)	-19%	(1,124,668)
Registration Fees	29,205	18,764	36,263	(17,499)	-48%	(7,058)	-19%	(24,556)
Adult Instr/Group Ex	2,568	2,594	4,524	(1,930)	-43%	(1,956)	-43%	(3,886)
Special Swim (Aqu)	1,200	1,100	1,200	(100)	-8%	0	0%	(100)
Program Revenue	(45)	3,273	8,786	(5,514)	-63%	(8,831)	-101%	(14,345)
Moving Forward (Aqu)	0	830	1,510	(680)	-45%	(1,510)	-100%	(2,190)
Lifeguard Course (Aqu)	3,350	2,980	17,179	(14,199)	-83%	(13,829)	-80%	(28,028)
Sports Camp (Sports)	0	0	(40)	40	-100%	40	-100%	80
Adult Basketball (Sports)	130	824	1,270	(446)	-35%	(1,140)	-90%	(1,586)
Youth Basketball (Sports)	74,823	18,588	70,293	(51,705)	-74%	4,530	6%	(47,175)
Youth Group Instr/Prodigy	74,832	32,926	74,922	(41,996)	-56%	(90)	0%	(42,086)
Football (Sports)	141	576	586	(10)	-2%	(445)	-76%	(455)
Youth Flag Football (Sports)	30,009	10,026	17,208	(7,182)	-42%	12,801	74%	5,619
YIG St. Pete Income	75	7,020	7,429	(409)	-6%	(7,354)	-99%	(7,763)
PE at the Y (Sports)	10,784	9,153	5,286	3,867	73%	5,498	104%	9,365
Soccer (Sports)	50,988	17,312	51,763	(34,451)	-67%	(774)	-1%	(35,225)
T-Ball (Sports)	9,121	2,029	6,179	(4,150)	-67%	2,942	48%	(1,208)
Tae Kwon Do (Sports)	7,134	3,494	6,599	(3,105)	-47%	535	8%	(2,571)
Adult Volleyball (Sports)	3,100	1,660	5,325	(3,665)	-69%	(2,225)	-42%	(5,890)
Youth Volleyball (Sports)	34,242	12,763	32,001	(19,237)	-60%	2,241	7%	(16,996)
	<b>5,500,924</b>	<b>5,068,226</b>	<b>6,147,986</b>	<b>(1,079,760)</b>	<b>-18%</b>	<b>(647,062)</b>	<b>-11%</b>	<b>(1,726,822)</b>

**YMCA of Greater St. Petersburg, Inc.**  
**Statement of Activities - Three Year Comparison**

	YTD 2021 Actual	YTD 2020 Actual	YTD 2019 Actual	Revenue Reduction 2019 - 2020		Revenue Reduction 2020 - 2021		Cummulative Revenue Reduction 2019 - 2021
<b>MEMBERSHIP DUES</b>								
<b>SALE OF SUPPLIES/MERCHANDISE</b>				Revenue Reduction 2019 - 2020		Revenue Reduction 2020 - 2021		Cummulative Revenue Reduction 2019 - 2021
Sales Of Supplies	58,046	36,816	74,505	(37,689)	-51%	(16,460)	-22%	(54,148)
	<b>58,046</b>	<b>36,816</b>	<b>74,505</b>	<b>(37,689)</b>	<b>-51%</b>	<b>(16,460)</b>	<b>-22%</b>	<b>(54,148)</b>
<b>UNITED WAY FUNDING</b>				Revenue Reduction 2019 - 2020		Revenue Reduction 2020 - 2021		Cummulative Revenue Reduction 2019 - 2021
United Way - Other	1,953	27,467	4,744	22,723	479%	(2,791)	-59%	19,933
United Way (CC)	0	0	38,970	(38,970)	-100%	(38,970)	-100%	(77,940)
United Way - CPY Summer	0	16,250	0	16,250		0		16,250
United Way - Childs Pk	0	0	18,480	(18,480)	-100%	(18,480)	-100%	(36,960)
United Way - HY Summer	0	0	32,163	(32,163)	-100%	(32,163)	-100%	(64,326)
United Way - Hdale	0	0	30,240	(30,240)	-100%	(30,240)	-100%	(60,480)
United Way - LEX Summer	0	0	19,490	(19,490)	-100%	(19,490)	-100%	(38,980)
	<b>1,953</b>	<b>43,717</b>	<b>144,087</b>	<b>(100,370)</b>	<b>-70%</b>	<b>(142,134)</b>	<b>-99%</b>	<b>(242,503)</b>
<b>SPECIAL EVENTS REVENUE</b>				Revenue Reduction 2019 - 2020		Revenue Reduction 2020 - 2021		Cummulative Revenue Reduction
Prayer Breakfast Revenue	11,725	53,350	72,000	(18,650)	-26%	(60,275)	-84%	(78,925)
Prayer Brkfst In-Kind	0	0	5,000	(5,000)	-100%	(5,000)	-100%	(10,000)
N'bor to N'bor Revenue	97,958	97,080	64,266	32,814	51%	33,692	52%	66,506
N'bor to N'bor In-Kind	0	0	20,000	(20,000)	-100%	(20,000)	-100%	(40,000)
N'bor to N'bor Revenue GY	0	0	14,833	(14,833)	-100%	(14,833)	-100%	(29,666)
Special Events Sponsorships	0	0	7,500	(7,500)	-100%	(7,500)	-100%	(15,000)
Sports Sponsorships	3,007	1,209	1,607	(398)	-25%	1,400	87%	1,002
Fundraising Revenue (Dance Team)	0	0	600	(600)	-100%	(600)	-100%	(1,200)
N'bor to N'bor Revenue BY	0	0	7,760	(7,760)	-100%	(7,760)	-100%	(15,520)
Special Events Sponsorships	5,000	0	8,750	(8,750)	-100%	(3,750)	-43%	(12,500)
Fundraising Revenue (H'dale)	0	4	4	0	0%	(4)	-100%	(4)
	<b>117,690</b>	<b>151,643</b>	<b>202,320</b>	<b>(50,677)</b>	<b>-25%</b>	<b>(84,630)</b>	<b>-42%</b>	<b>(135,306)</b>
<b>CUMMULATIVE REVENUE REDUCTION 2019-2021</b>								<b><u>\$ (5,236,960)</u></b>

**Job Postings**

	2019	124
	2020	99
	2021	172

**Terminations**

Year	Count	Covid Related	% Covid Related
2020	200	68	34%
2021	143	2	1%

**Staff Count**

	Apr-19	540
	Apr-20	205
	Apr-21	246

**Furlough Staff per Position (April, 2020)**

Bus Driver	3
Corporate or Branch Admin Staff	12
Dance Instructor	9
Director	4
Fitness Staff	136
Kids Zone Attendant	55
Lifeguard	32
Maintenance Technician	2
Member Services	29
School Aged Group Leader	70
Site Coordinator-Child Care	18
Site Facilitator - School Aged	20
Sports Staff	23
Staff Member in Charge - Child Care	7
Y READS	3
Y-Achievers Coordinator	4

Total **427**

**Recruiting efforts as result of loss of staff/labor market**

Increased Employee Referral Bonus

Sign-on bonus

Wage increases

Use of staffing contract services for preschool

Expansion of paid job board advertising



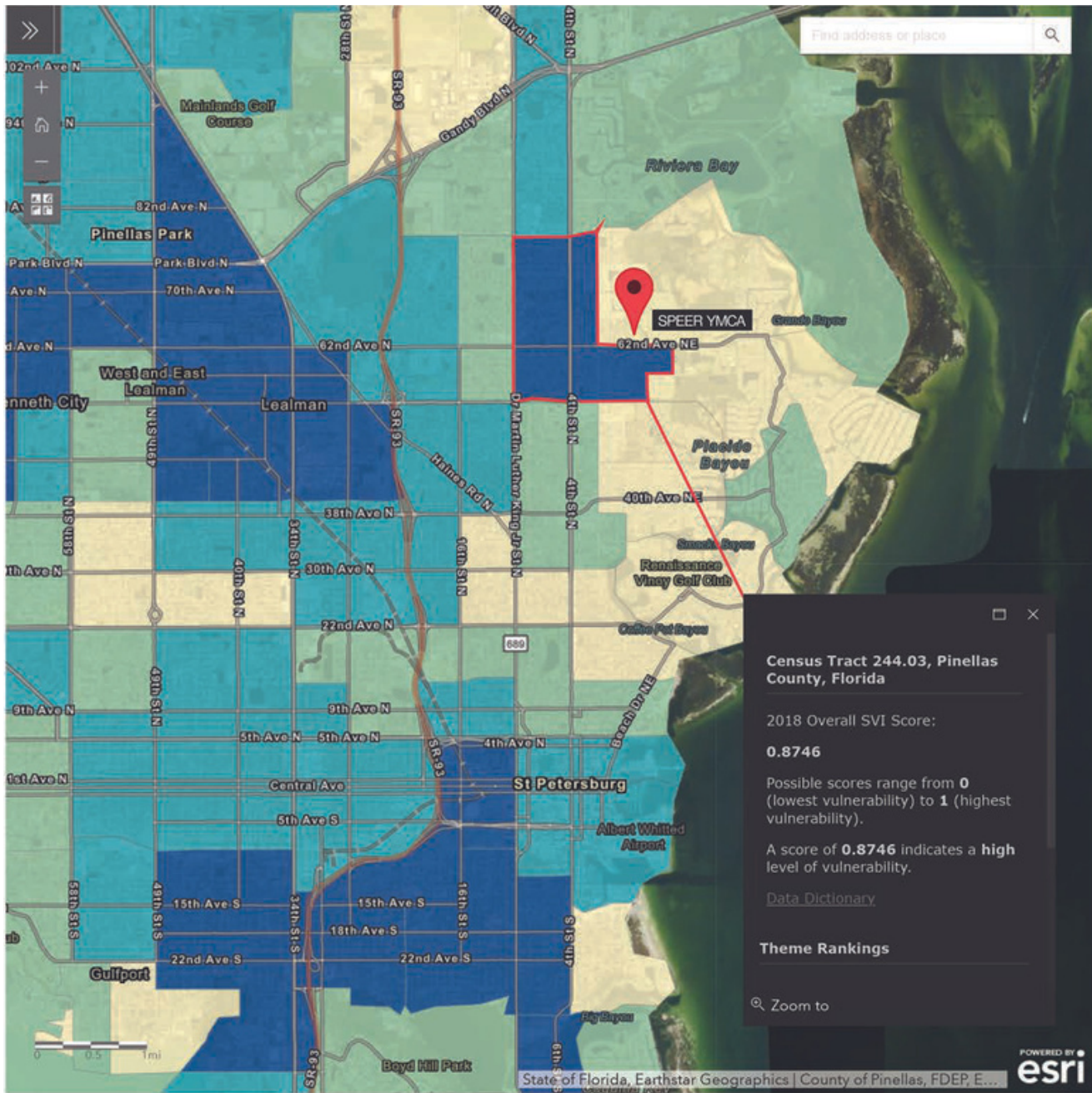
YMCA of Greater St. Petersburg

# American Rescue Plan Act Grant Submission Supporting Documents

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| 2 | Aerial Rendering                             |
| 3 | Site Plan (updated to show new traffic flow) |
| 4 | Recent Still Photograph of Construction Site |
| 5 | First Level Floor Plan                       |
| 6 | Second Level Floor Plan                      |







**SITE PLAN LEGEND**

- NEW FENCE REFER TO CIVIL
- PROPERTY LINE
- SETBACK
- GAS LINE
- EASEMENTS
- EXTERIOR LIGHTING
- OVERHEAD POWER LINES
- CONCRETE PATH
- 25' WETLAND BUFFER
- NEW BUILDING
- WETLAND
- PROPOSED DRY POND REFER TO CIVIL

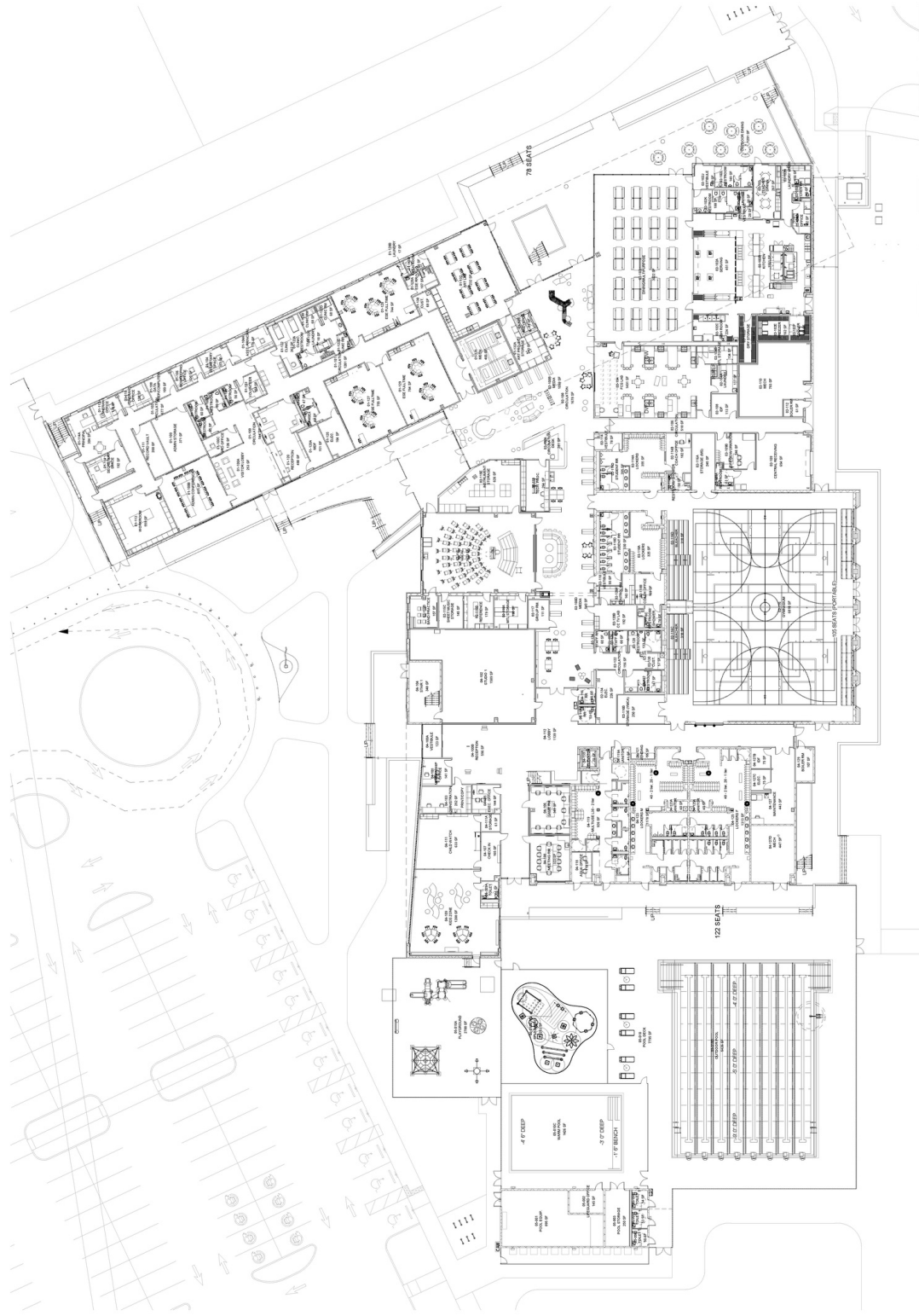


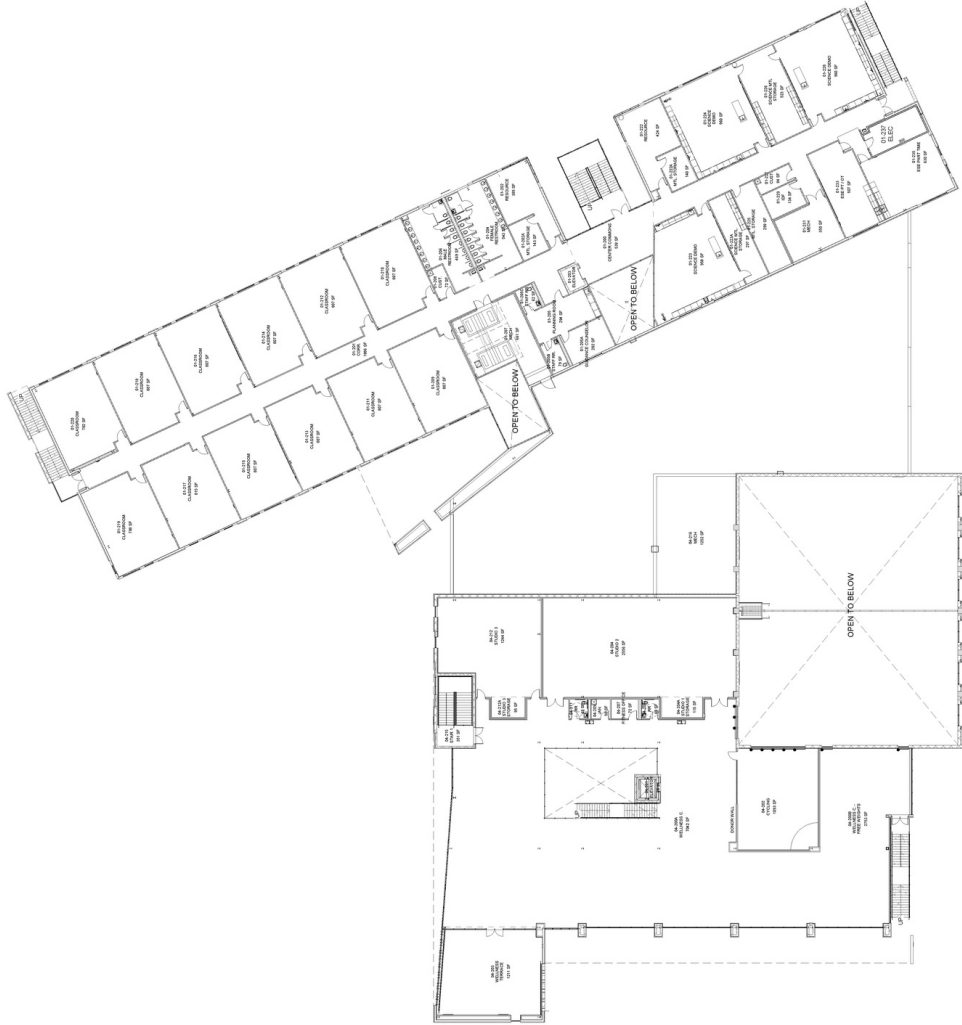
**1 SITE PLAN - OPTION B (CLOSING PERSHING)**

1" = 160'-0"



INVISION ADVISORS





YMCA of Greater St. Petersburg, Speer YMCA Capital ARPA Request – Large Project

During the technical session with the ARPA Grant Officer, Rose Cervantes on January 9<sup>th</sup>, 2023 the YMCA was advised to upload a document for grant submission in place of a bid/estimate. For the Speer YMCA capital request a contractor has been selected and vetted through a process described in the narrative box provided in the application. This process started in 2017 with the selection of a contractor. Current status is the building is under construction and has been since July 2022. Contractor selected. Please see "Selected Contractor" section later in application for more details.

**YMCA of Greater St Petersburg**  
**Speer YMCA Budget**  
as of August 31, 2022

<i>Project Costs</i>	Actual FY16-21	Actual Jan-Aug FY 22	Projected Sept-Dec FY22	Projected FY23	Budget Total
<b>Direct Construction Costs</b>	<b>648,510</b>	<b>1,541,881</b>	<b>8,410,550</b>	<b>12,130,869</b>	<b>22,731,810</b>
Creative Contractors	14,424	30,576			
Construction Costs - Other	37,150	1,054,195	7,866,365	7,054,869	
Construction Costs - Steel (ARPA funded)				1,100,000	
Construction Costs - Contractor Fee (ARPA funded)				600,000	
Construction Costs - Concrete (ARPA funded)				800,000	
Construction Costs - Parking Lot (ARPA funded)				700,000	
Construction Costs - Plumbing (ARPA funded)				500,000	
Construction Costs - Electrical (ARPA funded)				800,000	
Construction Costs - Elevator (ARPA funded)				100,000	
Construction Costs - Roofing (ARPA funded)				400,000	
George F. Young	26,730	-			
SWF Water Mgmt District	1,060	-			
Harvard Jolly	507,547	465,711	364,185		
Zarra Boyd	2,500	-			
Gro Development	48,000	-			
SEER Analytics	2,500	-			
Kimley Horn	8,600	(8,600)			
Permits/Additional Fees	-	-	180,000	76,000	
<b>Other Project Costs</b>	<b>89,620</b>	<b>143,482</b>	<b>123,500</b>	<b>834,000</b>	<b>1,190,602</b>
Johnson Pope	38,870	3,333	-	-	
Invision Advisors	50,750	70,000	110,000	80,000	
FF&E	-		-	700,000	
Donor by Design	-	36,000	13,500	54,000	
Bridge Loan Closing Costs		33,090			
Miscellaneous		1,060			
<b>Total Project Costs</b>	<b>\$ 738,130</b>	<b>\$ 1,685,363</b>	<b>\$ 8,534,050</b>	<b>\$ 12,964,869</b>	<b>\$ 23,922,412</b>

YMCA of Greater St. Petersburg, Inc.  
 Summary Statement of Activity  
 For the month ended February 2022  
 Operating Fund/Budget

	<b>2022 Budget</b>
<b>Revenue</b>	
01 Contributions - Annual Campaign	321,700.00
03 Special Events	245,075.00
05 Legacies and Bequests	22,400.00
07 Contrib by Assoc Orgs (usu. YUSA)	85,480.00
08 United Way	2,000.00
09 Other Non-Govt Funding	99,000.00
10 Fees & Grants - Gov't Agencies	3,738,995.00
11 Membership Dues (incl Joiners Fees)	3,215,554.00
13 Program Service Fees	7,333,340.00
14 Sales Of Supplies & Services	54,200.00
16 Miscellaneous Revenue	8,750.00
19 Other Changes in Fund Balance	166,752.00
<b>Revenue</b>	<b>15,293,246.00</b>
<b>Expense</b>	
21 Salaries and Wages	8,050,705.00
22 Employee Benefits	1,025,933.16
23 Payroll Taxes	769,748.32
24 Contracted Services	605,594.00
25 Supplies (Office, Program)	746,916.00
26 Telephone Expense	41,636.00
27 Postage and Shipping	4,670.00
28 Occupancy (Rent, Insur, Maint, etc)	1,908,741.00
29 Equip - Expendable or Rented	119,360.00
30 Special Events Expense	109,250.00
31 Printing and Promotion	105,070.00
32 Travel and Employee Expenses	26,976.00
33 Conferences, Meetings and Training	61,619.00
35 Mbrshp Dues Other Orgs (YUSA, etc)	221,118.00
36 World Svc Support	2,500.00
37 Financing Costs (Bank fees, Lease Int)	333,910.00
39 Misc - Mdse for Resale	5,820.00
40 Depreciation & Amortization	1,033,680.00
58 Board Appropriations (Maint Reserve)	120,000.00
<b>Expense</b>	<b>15,293,246.48</b>
	<b>-0.48</b>

First Name	Last Name
<b>Madeline</b>	<b>Anderson</b>
Stephenson "Steve"	Anderson
Christopher "Chris"	Bell
<b>Christina</b>	<b>Casadonte - Apostolou</b>
David	Cox
Richard "Dick"	Crippen
<b>Lucas</b>	<b>DeVicente</b>
Alexandra	Feinberg
Harvey	Ford
Raleigh "Billy"	Greene
Jeanice	Harring
James "Jim"	Henderson
<b>Kimberly</b>	<b>Jackson</b>
Joni	James
Jane	Link Ferguson
<b>Christopher "Chris"</b>	<b>Moench</b>
<b>Debora "Debbie"</b>	<b>Moore</b>
David	Neely
Cynthia "Cindy"	Rose
Melissa	Rutland
J. Mark	Rutledge
Mark	Stalker
William "Bill"	Tapp
<b>Kennie</b>	<b>Taylor</b>
Luke	Williams
G. Andrew "Andy"	Williams



PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A** For the **2021** calendar year, or tax year beginning **2021**, and ending **2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER ST. PETERSBURG, INC.**  
 Doing business as **YMCA OF GREATER ST. PETERSBURG**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**600 1ST AVENUE N. 201**  
 City or town, state or province, country, and ZIP or foreign postal code  
**ST. PETERSBURG, FL 33701**

**D** Employer identification number **59-0624468**

**E** Telephone number **(727) 895-9622**

**F** Name and address of principal officer: **DAVID JEZEK**  
**SAME AS C ABOVE**

**G** Gross receipts \$ **24,518,843**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ **WWW.STPETEYMCA.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1921**

**M** State of legal domicile: **FL**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF THE YMCA OF GREATER ST. PETERSBURG IS TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD (CONTINUED ON SCHEDULE O)</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>28</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>28</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>638</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>415</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year 5,467,707	Current Year 11,935,559
	<b>9</b>	Program service revenue (Part VIII, line 2g)	10,000,309	10,775,410
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	282,396	537,591
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,750,412	23,248,560
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,342,996	6,198,970
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	35,305	36,000
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>437,763</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,528,322	5,361,247
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	12,906,623	11,596,217
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	2,843,789	11,652,343	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year 28,695,452	End of Year 39,523,952
	<b>21</b>	Total liabilities (Part X, line 26)	7,465,446	6,400,349
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	21,230,006	33,123,603

**Part II Signature Block**

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

**Sign Here**

Signature of officer: DAVID W JEZEK W JEZEK, PRESIDENT/CEO Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: AMANDA ADAMS Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P00748038  
 Firm's name: CHERRY BEKAERT LLP Firm's EIN: 56-0574444  
 Firm's address: 1075 PEACHTREE ST. NE, SUITE 2200, ATLANTA, GA 30309 Phone no.: (404) 209-0954

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE YMCA OF GREATER ST. PETERSBURG IS TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. THESE PROGRAMS FOCUS ON HELPING PEOPLE IMPROVE THEIR TOTAL WELL-BEING - SPIRITUALLY, INTELLECTUALLY AND PHYSICALLY - (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 3,954,200 including grants of \$ 0 ) (Revenue \$ 5,387,705 ) YOUTH DEVELOPMENT - THE YMCA OF GREATER ST. PETERSBURG (YGSP) BELIEVES ALL CHILDREN DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. AT THE Y, YOUNG PEOPLE HAVE ACCESS TO AN ARRAY OF PROGRAMS THAT SUPPORT THEIR COGNITIVE, PHYSICAL AND SOCIAL-EMOTIONAL DEVELOPMENT. FOR THOSE EXPERIENCING LEARNING GAPS, THE Y ALSO OFFERS EARLY LEARNING INTERVENTION AND EDUCATIONAL SUPPORT TO HELP CLOSE THOSE GAPS. ALL PROGRAMS ARE DESIGNED TO DEVELOP SELF-ESTEEM AND FOSTER TEAMWORK, HELPING KIDS GROW INTO HAPPY, HEALTHY, AND SUCCESSFUL ADULTS. IN 2021, YGSP'S YOUTH INITIATIVES REACHED 6,322 CHILDREN FROM INFANCY TO AGE 18 - MANY OF WHOM WERE FROM LOW-TO-MODERATE INCOME HOUSEHOLDS AND/OR CLASSIFIED AS "AT RISK." YOUTH DEVELOPMENT PROGRAMS INCLUDE: THREE HIGH-QUALITY PRESCHOOLS, BEFORE AND AFTER SCHOOL CHILDCARE OFFERED AT 23 PUBLIC ELEMENTARY AND MIDDLE SCHOOLS ACROSS SOUTH PINELLAS COUNTY, DAY CAMPS AND SPECIALTY CAMPS, SWIM LESSONS, YMCA DANCE ACADEMY, PRODIGY CULTURAL ARTS PROGRAM, "YREADS!" AND YOUTH IN (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 3,860,052 including grants of \$ 0 ) (Revenue \$ 4,094,656 ) HEALTHY LIVING - BEING HEALTHY MEANS MORE THAN SIMPLY BEING PHYSICALLY ACTIVE. IT'S ABOUT FINDING BALANCE, FOSTERING CONNECTION, AND BRINGING LOVED ONES CLOSER TOGETHER. AT THE Y, IT'S ABOUT LIVING HEALTHY ON THE INSIDE AS WELL AS THE OUTSIDE. THE Y IMPROVES THE HEALTH OF COMMUNITIES AND HELPS REDUCE HEALTHCARE COSTS FOR INDIVIDUALS, EMPLOYERS AND INSURERS. YGSP USES A VAST NETWORK OF HEALTH EXPERTS AND PROVIDERS TO HELP BATTLE CHRONIC DISEASE THROUGH EVIDENCE AND RESEARCH BASED PROGRAMS THAT PROMOTE WELLNESS, DISEASE PREVENTION AND HEALTH MANAGEMENT. IN 2021, YGSP HELPED 254 PARTICIPANTS RECLAIM THEIR HEALTH: 101 PARTICIPANTS LOST WEIGHT AND LEARNED SKILLS TO REDUCE THEIR RISK OF DIABETES IN THE YMCA DIABETES PREVENTION PROGRAM 102 PARTICIPANTS REDUCED THEIR RISK OF FALLING THROUGH THE ENHANCE FITNESS PROGRAM; 22 PARTICIPANTS MANAGED THEIR PARKINSON'S SYMPTOMS THROUGH THE DELAY THE DISEASE PROGRAM; 62 PARTICIPANTS (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 1,600,509 including grants of \$ 0 ) (Revenue \$ 1,293,049 ) SOCIAL RESPONSIBILITY - YGSP HAS BEEN LISTENING AND RESPONDING TO OUR COMMUNITY'S MOST CRITICAL SOCIAL NEEDS FOR 101 YEARS. THE Y BELIEVES THAT COMMUNITIES ARE STRONGER WHEN ALL PEOPLE HAVE THE OPPORTUNITY TO LEARN, GROW AND THRIVE. WHETHER HELPING PEOPLE DEVELOP NEW SKILLS THROUGH EDUCATION OR TRAINING OR ADVOCATING FOR THE COMMON GOOD, THE Y FOSTERS THE CARE AND RESPECT ALL PEOPLE NEED AND DESERVE. IN 2021, YGSP PROVIDED \$340,515.42 IN FREE OR SUBSIDIZED MEMBERSHIPS AND PROGRAM FEES FOR 20,490 CHILDREN, FAMILIES, AND INDIVIDUALS. EVERYTHING WE DO AT THE YMCA OF GREATER ST. PETERSBURG IS CENTERED AROUND OUR COMMUNITY. WE HAVE CREATED A ROADMAP TO GUIDE US IN A DIRECTION THAT IS SUSTAINABLE, FLEXIBLE AND ALLOWS US TO MEET OUR COMMUNITY'S NEEDS. OUR PLAN INCLUDES THREE GOALS, EACH WITH THREE STRATEGIES, FOCUSED ON DELIVERING OUR BEST TO THOSE WHOM WE SERVE. (CONTINUED ON SCHEDULE O)

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

4e Total program service expenses 9,414,761

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	638		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			✓
<b>b</b>	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 28		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 28		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► FL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
PATRICIA CLYNES, 600 1ST AVENUE N, SUITE 201, ST. PETERSBURG, FL 33701, (727) 895-9622

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID W JEZEK PRESIDENT/CEO	35.0 10.0			✓			219,707	0	34,764	
(2) TIMOTHY STALEY EVP/COO	35.0 10.0			✓			131,324	0	24,158	
(3) CAROLINE BLOODWORTH, CPA DIRECTOR OF FINANCE JAN-JUL	40.0 5.0			✓			52,436	0	6,292	
(4) MARTHA GOODWILL, CPA DIRECTOR OF FINANCE MAY - DEC	40.0 5.0			✓			46,008	0	3,604	
(5) ELIZABETH S MILLER DIRECTOR OF FINANCE JAN - APR	40.0 5.0			✓			18,572	0	3,259	
(6) G ANDREW WILLIAMS TREASURER	1.0 1.0	✓		✓			0	0	0	
(7) KIMBERLY G JACKSON VICE CHAIR	1.0 1.0	✓		✓			0	0	0	
(8) LUCAS DEVICENTE SECRETARY	1.0 1.0	✓		✓			0	0	0	
(9) RALEIGH GREENE, IV CHAIR	1.0 1.0	✓		✓			0	0	0	
(10) ALEXANDRA FEINBERG, DIRECTOR	1.0 1.0	✓					0	0	0	
(11) CHARMAINE A CARTER, MD, MTH DIRECTOR	1.0 1.0	✓					0	0	0	
(12) CHRISTINE CASADONTE DIRECTOR	1.0 1.0	✓					0	0	0	
(13) CHRISTOPHER BELL DIRECTOR	1.0 1.0	✓					0	0	0	
(14) CHRISTOPHER MOENCH DIRECTOR	1.0 1.0	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CINDY ROSE ----- DIRECTOR	1.0 ----- 1.0	<input checked="" type="checkbox"/>						0	0	0
(16) DAVID L NEELY ----- DIRECTOR	1.0 ----- 1.0	<input checked="" type="checkbox"/>						0	0	0
(17) DAVID S COX ----- DIRECTOR	1.0 ----- 1.0	<input checked="" type="checkbox"/>						0	0	0
(18) DEBORA BRIDGE MOORE ----- DIRECTOR	1.0 ----- 1.0	<input checked="" type="checkbox"/>						0	0	0
(19) HARVEY A FORD ----- DIRECTOR	1.0 ----- 1.0	<input checked="" type="checkbox"/>						0	0	0
(20) J MARK RUTLEDGE ----- DIRECTOR	1.0 ----- 1.0	<input checked="" type="checkbox"/>						0	0	0
(21) JAMES S HENDERSON ----- DIRECTOR	1.0 ----- 1.0	<input checked="" type="checkbox"/>						0	0	0
(22) JANE L FERGUSON ----- PAST CHAIR	1.0 ----- 1.0	<input checked="" type="checkbox"/>						0	0	0
(23) JEANICE HARRING ----- DIRECTOR	1.0 ----- 1.0	<input checked="" type="checkbox"/>						0	0	0
(24) JEFFERY P HOWELLS ----- DIRECTOR	1.0 ----- 1.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b> . . . . .								468,047	0	72,077
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								0	0	0
<b>d Total (add lines 1b and 1c)</b> . . . . .								468,047	0	72,077

**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 **▶** 2

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
YMCA OF GREATER ST. PETERSBURG FACILITY OPERATIONS, INC, 600 1ST AVENUE NORTH, ST. PETERSBURG, FL 33701	FACILITY MANAGEMENT	1,481,099
HARVARD JOLLY, 2714 DR ML KING JR ST, ST PETERSBURG, FL 33704	GENERAL CONTRACTOR	507,547
THE SCHOOL BOARD OF PINELLAS COUNTY, PO BOX 2942, 301 - 4TH STREET SW, LARGO, FL 33770	CLASSROOM RENTAL FOR CHILDCARE SERVICES	363,735
YMCA OF THE SUNCOAST, 2469 ENTERPROSE RD, CLEARWATER, FL 33763	INFORMATION TECHNOLOGY - SERVICES AND HARDWAR	164,993
PRIORITY CARE SERVICES, 3341 118TH AV N, ST PETERSBURG, FL 33716	CLEANING, MAINTENANCE	155,458
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>▶</b>	<b>8</b>	



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 1,953				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 0				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 1,461,559				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 1,855,366				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 8,616,681				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 102,618				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		11,935,559			
	<b>Program Service Revenue</b>	<b>2a</b>	MEMBERSHIP REVENUE Business Code 813410	2,857,885	2,857,885		
<b>b</b>		DAY CAMP REVENUE Business Code 813410	2,743,751	2,743,751			
<b>c</b>		CHILDCARE REVENUE -- SCHOOL AGE Business Code 813410	2,341,359	2,341,359			
<b>d</b>		CHILDCARE REVENUE -- INFANT/TODDLER/PRESCHOOL Business Code 813410	1,941,924	1,941,924			
<b>e</b>		RESIDENT CAMP REVENUE Business Code	0	0			
<b>f</b>		All other program service revenue . . . . . Business Code 813410	890,491	890,491	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶		10,775,410			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		203,398		203,398	
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶					
	<b>5</b>	Royalties . . . . . ▶					
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
			<b>6a</b>				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	0	0		
	<b>d</b>	Net rental income or (loss) . . . . . ▶					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	1,542,380	62,096		
			(ii) Other				
			<b>7a</b>				
			<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	1,270,283	0
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	272,097	62,096		
	<b>d</b>	Net gain or (loss) . . . . . ▶		334,193		334,193	
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
		<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>			
		<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶				
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .		0	0	0	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		0			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		23,248,560	10,775,410	0	537,591	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(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 . . . . .	0	0		
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	536,520		401,510	135,010
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages . . . . .	4,030,200	3,637,515	352,995	39,690
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	466,435	424,006	39,336	3,093
9	Other employee benefits . . . . .	630,203	473,909	117,904	38,390
10	Payroll taxes . . . . .	535,612	438,553	76,798	20,261
11	Fees for services (nonemployees):				
a	Management . . . . .	1,481,099	1,481,099		
b	Legal . . . . .				
c	Accounting . . . . .	29,300	11,777	13,174	4,349
d	Lobbying . . . . .				
e	Professional fundraising services. See Part IV, line 17 . . . . .	36,000			36,000
f	Investment management fees . . . . .	26,253	0	26,253	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	741,704	567,038	163,567	11,099
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	511,497	292,757	143,829	74,911
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	872,621	679,383	168,325	24,913
17	Travel . . . . .				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	17,089	4,056	11,956	1,077
20	Interest . . . . .	228,336	195,647	29,027	3,662
21	Payments to affiliates . . . . .	161,328	64,844	72,538	23,946
22	Depreciation, depletion, and amortization . . . . .	495,817	418,329	68,260	9,228
23	Insurance . . . . .				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
a	<u>PROGRAM COSTS</u> . . . . .	592,967	592,967	0	0
b	<u>EVENTS EXPENSE</u> . . . . .	78,343	78,343	0	0
c	<u>TRAINING</u> . . . . .	24,269	20,113	3,375	781
d	<u>RECRUITMENT AND RELOCATION</u> . . . . .	22,824	19,075	3,044	705
e	All other expenses . . . . .	77,800	15,350	51,802	10,648
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	11,596,217	9,414,761	1,743,693	437,763
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,048,550	<b>1</b>	1,937,472
	<b>2</b> Savings and temporary cash investments . . . . .	1,261,142	<b>2</b>	1,048,280
	<b>3</b> Pledges and grants receivable, net . . . . .	2,725,449	<b>3</b>	10,144,942
	<b>4</b> Accounts receivable, net . . . . .	48,923	<b>4</b>	1,448,312
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	7,791,275	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	153,768	<b>9</b>	174,422
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 29,431,775		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 10,560,690	10,721,026	<b>10c</b> 18,871,085
	<b>11</b> Investments—publicly traded securities . . . . .	4,165,892	<b>11</b>	4,984,734
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	779,427	<b>15</b>	914,705
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	28,695,452	<b>16</b>	39,523,952	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	816,111	<b>17</b>	623,913
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	1,399,620
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	4,304,207	<b>23</b>	3,913,922
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	2,345,128	<b>25</b>	462,894
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	7,465,446	<b>26</b>	6,400,349
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	14,230,232	<b>27</b>	17,943,798
	<b>28</b> Net assets with donor restrictions . . . . .	6,999,774	<b>28</b>	15,179,805
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	21,230,006	<b>32</b>	33,123,603	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	28,695,452	<b>33</b>	39,523,952	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	23,248,560
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	11,596,217
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	11,652,343
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	21,230,006
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	105,976
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	135,278
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	33,123,603

**Part XII Financial Statements and Reporting**

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

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

**Part VII**

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) KENNIE A TAYLOR ----- DIRECTOR	1.0 ----- 1.0	✓						0	0	0
(26) LUKE C WILLIAMS ----- DIRECTOR	1.0 ----- 1.0	✓						0	0	0
(27) MADELINE M ANDERSON ----- DIRECTOR	1.0 ----- 1.0	✓						0	0	0
(28) MARK J STALKER ----- DIRECTOR	1.0 ----- 1.0	✓						0	0	0
(29) MATT FREY ----- DIRECTOR	1.0 ----- 1.0	✓						0	0	0
(30) MELISSA J RUTLAND ----- DIRECTOR	1.0 ----- 1.0	✓						0	0	0
(31) RICHARD CRIPPEN ----- DIRECTOR	1.0 ----- 1.0	✓						0	0	0
(32) STEPHENSON ANDERSON ----- DIRECTOR	1.0 ----- 1.0	✓						0	0	0
(33) WILLIAM G TAPP ----- DIRECTOR	1.0 ----- 1.0	✓						0	0	0

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

<b>Name of the organization</b> YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER ST. PETERSBURG, INC.	<b>Employer identification number</b> 59-0624468
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	1,725,584	1,386,492	1,741,380	5,467,707	11,935,559	22,256,722
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	1,725,584	1,386,492	1,741,380	5,467,707	11,935,559	22,256,722
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						9,336,644
<b>6 Public support.</b> Subtract line 5 from line 4						12,920,078

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	1,725,584	1,386,492	1,741,380	5,467,707	11,935,559	22,256,722
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	183,616	197,856	210,736	186,937	203,398	982,543
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10						23,239,265
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	58,247,678
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	55.60 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	76.74 %
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E—Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 . . . . .			
<b>b</b> From 2017 . . . . .			
<b>c</b> From 2018 . . . . .			
<b>d</b> From 2019 . . . . .			
<b>e</b> From 2020 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 . . .			
<b>b</b> Excess from 2018 . . .			
<b>c</b> Excess from 2019 . . .			
<b>d</b> Excess from 2020 . . .			
<b>e</b> Excess from 2021 . . .			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Table with 2 columns: Name of the organization (YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER ST. PETERSBURG, INC.) and Employer identification number (59-0624468)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [checked] 501(c)( 3 ) (enter number) organization; [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation; [ ] 527 political organization
Form 990-PF: [ ] 501(c)(3) exempt private foundation; [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation; [ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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

Name of organization <b>YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER ST. PETERSBURG, INC.</b>	Employer identification number <b>59-0624468</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 100,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 30,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 77,618	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 25,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 25,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 35,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER ST. PETERSBURG, INC.</b>	Employer identification number <b>59-0624468</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 152,369	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 1,643,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 8,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 1,461,559	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER ST. PETERSBURG, INC.</b>	Employer identification number <b>59-0624468</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization <b>YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER ST. PETERSBURG, INC.</b>	Employer identification number <b>59-0624468</b>
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 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 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 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 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
----- ----- -----	----- ----- -----

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization <b>YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER ST. PETERSBURG, INC.</b>	Employer identification number <b>59-0624468</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		✓	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?	✓		721
<b>j</b> Total. Add lines 1c through 1i			721
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

SEE NEXT PAGE

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Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE YMCA OF GREATER ST. PETERSBURG PAID A TOTAL OF \$2,623 IN DUES IN 2021 TO THE FLORIDA STATE ALLIANCE OF YMCAS. OF THAT, APPROXIMATELY 27.5% OR \$721 WAS SPENT ON LOBBYING ACTIVITIES. THE ALLIANCE REPRESENTS YMCAS IN A NUMBER OF WAYS, ONE OF WHICH IS LEGISLATIVE ADVOCACY. THERE IS NO ENDORSEMENT OR SUPPORT FOR SPECIFIC CANDIDATES. THE ALLIANCE ALSO COORDINATES SOME STATEWIDE PROGRAMS SUCH AS YOUTH IN GOVERNMENT AND Y READS! AND SERVES AS A STATEWIDE RESOURCE FOR INDIVIDUAL Y'S.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

Attach to Form 990.

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER ST. PETERSBURG, INC.

Employer identification number 59-0624468

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Rows 1-9 for various questions and values.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Rows 1a-2 for art and historical treasures reporting.

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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	4,165,892	3,846,645	3,278,348	3,536,416	3,106,927
<b>b</b> Contributions	600,000	20,000	60,000	0	100,000
<b>c</b> Net investment earnings, gains, and losses	431,874	459,062	648,268	(118,237)	599,311
<b>d</b> Grants or scholarships			0	0	0
<b>e</b> Other expenditures for facilities and programs	201,464	159,815	139,971	139,831	269,822
<b>f</b> Administrative expenses				0	0
<b>g</b> End of year balance	4,996,302	4,165,892	3,846,645	3,278,348	3,536,416

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

- a** Board designated or quasi-endowment ▶ 28.50 %
- b** Permanent endowment ▶ 71.50 %
- c** Term endowment ▶ 0.00 %

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

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

	Yes	No
<b>(i)</b> Unrelated organizations		✓
<b>(ii)</b> Related organizations		✓
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		3,491,361		3,491,361
<b>b</b> Buildings		21,832,021	9,331,466	12,500,555
<b>c</b> Leasehold improvements		611,288	256,152	355,136
<b>d</b> Equipment		2,115,685	973,072	1,142,613
<b>e</b> Other		1,381,420	0	1,381,420
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,871,085

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATIONS UNDER CAPITAL LEASE	462,894
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	462,894

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**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.

SEE STATEMENT

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**Part XIII**

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	INCOME FROM ANY AND ALL ENDOWMENTS IS USED TO FURTHER THE YMCA MISSION AND PROGRAMS. THE PERCENTAGE REPORTED FOR PERMANENT ENDOWMENTS INCLUDES AMOUNTS THAT MUST BE MAINTAINED IN PERPETUITY AS WELL AS ACCUMULATED EARNINGS ON SUCH AMOUNTS THAT HAVE NOT YET BEEN APPROPRIATED FOR EXPENDITURE.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization: **YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER ST. PETERSBURG, INC.**  
 Employer identification number: **59-0624468**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 DONOR BY DESIGN GROUP, LLC, P O BOX 7106, CAROL STREAM, IL 60197	CAPITAL CAMPAIGN CONSULTING		✓		36,000	
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				0	36,000	0

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

FL  
 \_\_\_\_\_  
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 \_\_\_\_\_  
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 \_\_\_\_\_

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					

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

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

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

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:
 

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER ST. PETERSBURG, INC.

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Employer identification number

59-0624468

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	<b>1b</b>	
<p><b>2</b> 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? . . . . .</p>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> 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:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	✓
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	✓
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	✓
<p><b>6</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	✓
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>	✓
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>	✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID W JEZEK PRESIDENT/CEO	(i)	219,707	0	0	26,365	8,399	254,471	0
	(ii)	0	0	0	0	0	0	0
2 TIMOTHY STALEY EVP/COO	(i)	131,324	0	0	15,759	8,399	155,482	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 3 - COMPENSATION	THE BOARD OF DIRECTORS' EXECUTIVE COMMITTEE WORKS WITH AN INDEPENDENT CONSULTANT AND SALARY SURVEYS PROVIDED BY THE NATIONAL YMCA ASSOCIATION TO ESTABLISH COMPENSATION LEVELS APPROPRIATE FOR AN ORGANIZATION WITH THIS SIZE AND LOCATION. THE DELIBERATION AND ULTIMATE DECISION OF THE COMMITTEE IS DOCUMENTED IN THE MINUTES OF THE MEETING.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER ST. PETERSBURG, INC.

Employer identification number

59-0624468

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	2	102,618	MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .	29	0
----	---	----	---

	Yes	No
30a		✓
b If "Yes," describe the arrangement in Part II.		
31	✓	
32a		✓
b If "Yes," describe in Part II.		
33		

**SCHEDULE O  
(Form 990)**

Department of Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the Organization

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER ST. PETERSBURG, INC.

Employer Identification Number

59-0624468

Return Reference - Identifier	Explanation				
FORM 990, PART I, LINE 1 - BRIEF MISSION	HEALTHY SPIRIT, MIND AND BODY FOR ALL. THESE PROGRAMS FOCUS ON HELPING PEOPLE IMPROVE THEIR TOTAL WELL-BEING - SPIRITUALLY, INTELLECTUALLY AND PHYSICALLY - AND ULTIMATELY HELP THEM REACH THEIR FULL POTENTIAL. THE Y SERVES MEN, WOMEN AND CHILDREN OF ALL ABILITIES, AGE, CULTURAL BACKGROUND, ETHNICITY, FAITH, GENDER, GENDER IDENTITY, IDEOLOGY, INCOME, NATIONAL ORIGIN, RACE OR SEXUAL ORIENTATION. NO ONE IS TURNED AWAY. FINANCIAL ASSISTANCE IS PROVIDED WHEN THERE IS DEMONSTRATED NEED.				
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	AND ULTIMATELY HELP THEM REACH THEIR FULL POTENTIAL. THE Y SERVES MEN, WOMEN AND CHILDREN OF ALL ABILITIES, AGE, CULTURAL BACKGROUND, ETHNICITY, FAITH, GENDER, GENDER IDENTITY, IDEOLOGY, INCOME, NATIONAL ORIGIN, RACE OR SEXUAL ORIENTATION. NO ONE IS TURNED AWAY. FINANCIAL ASSISTANCE IS PROVIDED WHEN THERE IS A DEMONSTRATED NEED.				
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	GOVERNMENT. SOME PROGRAMS ARE FREE, WHILE OTHERS OFFER SCHOLARSHIP ASSISTANCE, AND MANY PROVIDE A HEALTHY SNACK OR MEAL AT NO ADDITIONAL COST.				
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	LEARNED WAYS TO LOSE WEIGHT, EAT HEALTHIER AND REDUCE CHRONIC DISEASE RISK IN THE YMCA WEIGHT LOSS PROGRAM; AND THE LIVESTRONG AT THE Y PROGRAM PROVIDED 17 CANCER SURVIVORS AND THEIR FAMILIES WITH THE RESOURCES AND KNOWLEDGE TO IMPROVE THEIR HEALTH, WELL-BEING AND SOCIAL CONNECTEDNESS AT PARTIAL COSTS. ADDITIONALLY, SILVER SNEAKERS(R), A PARTNERSHIP WITH TIVITY HEALTH, PROVIDED FREE EXERCISE AND ACTIVITIES FOR 3,201 SENIORS.				
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	YGSP ALSO HOSTS THE YMCA NEIGHBOR TO NEIGHBOR CHRISTMAS PROGRAM, A 31-YEAR-LONG TRADITION THAT PROVIDES APPROXIMATELY 400 FAMILIES INCLUDING MORE THAN 900 CHILDREN FROM LOW INCOME HOUSEHOLDS IN PINELLAS COUNTY WITH A CHRISTMAS TREE, GROCERY GIFT CARD, TOYS, BIKES, AND YEAR MEMBERSHIP FOR CHILDREN TO PARTICIPATE IN YOUTH PROGRAMS AT NO COST TO THE FAMILIES. CHILDS PARK YMCA RESOURCE CENTER PROVIDES UNDERSERVED COMMUNITIES WITH ACCESS TO A LIBRARY, COMPUTER FACILITIES, YOUTH ACADEMIC AND CAREER ASSISTANCE, AND MORE.				
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE 990 IS REVIEWED AND ACCEPTED BY THE MEMBERS OF THE AUDIT/FINANCE COMMITTEE AND THEN MADE AVAILABLE TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING.				
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	DIRECTORS AND KEY EMPLOYEES ANNUALLY FILL OUT A QUESTIONNAIRE REGARDING POSSIBLE CONFLICTS OF INTEREST. IN ADDITION, EACH DIRECTOR SIGNS AN ACKNOWLEDGEMENT OF UNDERSTANDING OF THE POLICY. FOR SITUATIONS IN WHICH A CONFLICT OF INTEREST ARISES, THE AFFECTED BOARD MEMBER WILL PROVIDE FULL INFORMATION TO THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE FOR APPROVAL BY RESOLUTION PRIOR TO ENTERING INTO THE CONTRACT OR ARRANGEMENT. THE AFFECTED BOARD MEMBER RECUSES HER/HIMSELF FROM ANY DISCUSSION AND VOTE ON THE MATTER. EACH NEW DIRECTOR, OFFICER, BOARD MEMBER, OTHER VOLUNTEER OR SELECTED EMPLOYEE SHALL PARTICIPATE IN A SIMILAR PROCEDURE IMMEDIATELY UPON ASSUMPTION OF HER/HIS RESPONSIBILITIES.				
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE BOARD OF DIRECTORS' EXECUTIVE COMMITTEE WORKS WITH AN INDEPENDENT CONSULTANT AND SALARY SURVEYS PROVIDED BY THE NATIONAL YMCA ASSOCIATION TO ESTABLISH COMPENSATION LEVELS APPROPRIATE FOR AN ORGANIZATION WITH THIS SIZE AND LOCATION. THE DELIBERATION AND ULTIMATE DECISION OF THE COMMITTEE IS DOCUMENTED IN THE MINUTES OF THE MEETING.				
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE NATIONAL YMCA ORGANIZATION ANNUALLY PUBLISHES A SURVEY OF YMCAS NATIONWIDE WITH SALARY RANGES BY POSITION AND ORGANIZATION SIZE. ALL LEVELS OF COMPENSATION ARE REVIEWED TO ASSURE CONSISTENCY WITH THOSE STANDARDS.				
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE CONFLICT OF INTEREST POLICY AND OTHER POLICY DOCUMENTS ARE AVAILABLE FOR VIEWING UPON REQUEST.				
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(a) Description</th> <th style="text-align: center;">(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN FMV OF TRUST</td> <td style="text-align: right;">135,278</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN FMV OF TRUST	135,278
(a) Description	(b) Amount				
CHANGE IN FMV OF TRUST	135,278				
FORM 990, PART XII, LINE 2C - FINANCE COMMITTEE	THE FINANCE COMMITTEE ALSO SERVES AS THE AUDIT COMMITTEE, OVERSEEING THE PERIODIC AUDITOR SELECTION PROCESS AND REVIEWING THE AUDIT PRIOR TO THE FULL BOARD PRESENTATION. THE TREASURER AND COMMITTEE MEMBERS ARE AVAILABLE TO ANSWER AUDITORS' QUERIES.				

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER ST. PETERSBURG, INC.

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Employer identification number  
59-0624468

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) YMCA OF GREATER ST PETERSBURG FACILITY OPERATIONS, INC. (47-1104673) 600 1ST AVENUE N., #201, ST. PETERSBURG, FL 33701	HELD CERTAIN YMCAGSP ASSETS AND MANAGES CERTAIN OPERATIONS	FL	501(C)(3)	12 TYPE II			✓
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Cat. No. 50135Y

Schedule R (Form 990) 2021

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s)	✓	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	✓	
<b>d</b> Loans or loan guarantees to or for related organization(s)		✓
<b>e</b> Loans or loan guarantees by related organization(s)		✓
<b>f</b> Dividends from related organization(s)		✓
<b>g</b> Sale of assets to related organization(s)		✓
<b>h</b> Purchase of assets from related organization(s)		✓
<b>i</b> Exchange of assets with related organization(s)	✓	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	✓	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	✓	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	✓	
<b>o</b> Sharing of paid employees with related organization(s)	✓	
<b>p</b> Reimbursement paid to related organization(s) for expenses	✓	
<b>q</b> Reimbursement paid by related organization(s) for expenses	✓	
<b>r</b> Other transfer of cash or property to related organization(s)	✓	
<b>s</b> Other transfer of cash or property from related organization(s)	✓	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
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(13) .....													
(14) .....													
(15) .....													
(16) .....													

**Part VII**

**Supplemental Information.** Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE R, PART V - YMCA OF GREATER ST PETERSBURG FACILITY OPERATIONS, INC. (47-1104673)	RELATED ENTITY HOLDS CERTAIN YMCAGSP ASSETS, MANAGES CERTAIN OPERATIONS AND LEASES EMPLOYEES FROM YMCAGSP. YMCAGSP PAYS MANAGEMENT FEES AND RECEIVES EMPLOYEE LEASING FEES. YMCAGSP ALSO LOANS RELATED ENTITY CASH TO PAY NMTC LOAN INTEREST. ENTITY WAS DISSOLVED IN 2021- ASSETS AND EQUAL LIABILITIES WERE FOLDED BACK INTO THIS ENTITY, YMCAGSP.

YMCA of Greater St. Petersburg  
Summary Statement of Activity  
Operating Fund/Budget  
For the month ended June 2022

	Jun 2022 Actual	Jun 2022 Budget	\$ Var Actual to Budget	YTD Jun 2022 Actual	YTD Jun 2022 Budget	\$ Var YTD Act to Budget
<b>Revenue</b>						
01 Contributions - Annual Campaign	12,962	16,016	(3,054)	181,914	143,800	38,114
03 Special Events	1,134	17,500	(16,366)	6,932	21,475	(14,543)
05 Legacies and Bequests	11,312	1,300	10,012	14,561	3,900	10,661
07 Contrib by Assoc Orgs (usu. YUSA)	5,240	6,749	(1,509)	126,770	44,990	81,780
08 United Way	553	500	53	553	1,000	(447)
09 Other Non-Govt Funding	5,506	26,000	(20,494)	30,556	65,000	(34,444)
10 Fees & Grants - Gov't Agencies	307,822	377,665	(69,843)	1,318,647	1,687,994	(369,347)
11 Membership Dues (incl Joiners Fees)	274,752	280,220	(5,468)	1,696,916	1,622,393	74,523
13 Program Service Fees	553,887	579,553	(25,666)	3,829,435	3,625,846	203,589
14 Sales Of Supplies & Services	4,805	5,438	(633)	30,818	27,160	3,658
16 Miscellaneous Revenue	1,069	725	344	8,389	4,175	4,214
19 Other Changes in Fund Balance	-	-	-	83,376	83,376	-
<b>Revenue</b>	<b>1,179,042</b>	<b>1,311,666</b>	<b>(132,624)</b>	<b>7,328,867</b>	<b>7,331,109</b>	<b>(2,242)</b>
<b>Expense</b>						
21 Salaries and Wages	591,936	684,976	93,040	3,258,396	3,675,809	417,413
22 Employee Benefits	72,362	78,862	6,500	485,195	468,504	(16,691)
23 Payroll Taxes	43,331	65,454	22,123	287,397	352,357	64,960
24 Contracted Services	47,852	53,081	5,229	295,013	327,460	32,447
25 Supplies (Office, Program)	118,283	95,211	(23,072)	364,752	366,195	1,443
26 Telephone Expense	5,115	4,772	(343)	17,440	20,818	3,378
27 Postage and Shipping	756	250	(506)	3,442	2,330	(1,112)
28 Occupancy (Rent, Insur, Maint, etc)	207,065	174,718	(32,347)	1,031,152	941,180	(89,972)
29 Equip - Expendable or Rented	7,354	10,530	3,176	59,294	60,930	1,636
30 Special Events Expense	49	425	376	12,034	18,100	6,066
31 Printing and Promotion	6,822	4,510	(2,312)	65,151	69,460	4,309
32 Travel and Employee Expenses	3,678	1,848	(1,830)	14,944	12,698	(2,246)
33 Conferences, Meetings and Training	7,296	5,017	(2,279)	20,293	25,482	5,189
35 Mbrshp Dues Other Orgs (YUSA, etc)	24,465	13,260	(11,205)	104,249	91,846	(12,403)
36 World Svc Support	-	-	-	1,000	-	(1,000)
37 Financing Costs (Bank fees, Lease Int)	31,649	26,627	(5,022)	175,870	163,433	(12,437)
39 Misc - Mdse for Resale	916	485	(431)	5,493	2,910	(2,583)
<b>Expense</b>	<b>1,168,929</b>	<b>1,220,026</b>	<b>51,097</b>	<b>6,201,115</b>	<b>6,599,512</b>	<b>398,397</b>
<b>Operating Net</b>	<b>10,113</b>	<b>91,640</b>	<b>(81,527)</b>	<b>1,127,752</b>	<b>731,597</b>	<b>396,155</b>
40 Depreciation & Amortization	87,047	87,050	3	522,285	522,300	15
58 Board Appropriations (Maint Reserve)	10,000	10,000	-	60,000	60,000	-
<b>Net</b>	<b>(86,935)</b>	<b>(5,410)</b>	<b>(81,524)</b>	<b>545,467</b>	<b>149,297</b>	<b>396,170</b>



YMCA of Greater St. Petersburg  
Summary Statement of Activity by Branch  
For the month ended June 2022

	Jun 2022 Actual	Jun 2022 Budget	\$ Var Actual to Budget	YTD Jun 2022 Actual	YTD Jun 2022 Budget	\$ Var YTD Act to Budget
<b>10 Corporate/Administrative</b>						
Revenue	31,707	22,533	9,174	174,942	164,302	10,640
Expense	280,184	288,715	8,531	1,750,736	1,793,495	42,759
<b>Change in Net Assets</b>	<b>(248,478)</b>	<b>(266,182)</b>	<b>17,705</b>	<b>(1,575,794)</b>	<b>(1,629,193)</b>	<b>53,400</b>
<b>21 Gills Branch</b>						
Revenue	308,757	361,650	(52,893)	1,729,610	1,745,943	(16,333)
Expense	273,467	266,814	(6,653)	1,381,342	1,349,882	(31,460)
<b>Change in Net Assets</b>	<b>35,290</b>	<b>94,836</b>	<b>(59,546)</b>	<b>348,268</b>	<b>396,061</b>	<b>(47,793)</b>
<b>22 Bardmoor Branch</b>						
Revenue	175,149	149,290	25,859	672,280	617,757	54,523
Expense	100,977	133,923	32,946	561,249	619,014	57,765
<b>Change in Net Assets</b>	<b>74,172</b>	<b>15,367</b>	<b>58,805</b>	<b>111,031</b>	<b>(1,257)</b>	<b>112,288</b>
<b>30 School Age Care - Public Schools</b>						
Revenue	487,979	355,070	132,909	2,763,422	2,478,587	284,835
Expense	238,789	235,974	(2,815)	1,244,770	1,283,188	38,418
<b>Change in Net Assets</b>	<b>249,190</b>	<b>119,096</b>	<b>130,094</b>	<b>1,518,653</b>	<b>1,195,399</b>	<b>323,254</b>
<b>40 Pre-School</b>						
Revenue	136,797	229,035	(92,238)	1,322,714	1,416,169	(93,455)
Expense	219,251	232,907	13,656	1,113,275	1,308,582	195,307
<b>Change in Net Assets</b>	<b>(82,455)</b>	<b>(3,872)</b>	<b>(78,583)</b>	<b>209,440</b>	<b>107,587</b>	<b>101,853</b>
<b>54 Community Centers - Childs Park</b>						
Revenue	29,256	48,541	(19,286)	61,069	92,548	(31,479)
Expense	29,530	48,183	18,653	145,528	172,348	26,820
<b>Change in Net Assets</b>	<b>(275)</b>	<b>358</b>	<b>(633)</b>	<b>(84,459)</b>	<b>(79,800)</b>	<b>(4,659)</b>
<b>55 Community Centers - Harbordale</b>						
Expense	3,921	1,820	(2,101)	20,211	10,920	(9,291)
<b>Change in Net Assets</b>	<b>(3,921)</b>	<b>(1,820)</b>	<b>(2,101)</b>	<b>(20,211)</b>	<b>(10,920)</b>	<b>(9,291)</b>
<b>70 LEX Branch</b>						
Revenue	2,154	15,674	(13,520)	2,154	15,674	(13,520)
Expense	143	0	(143)	956	0	(956)
<b>Change in Net Assets</b>	<b>2,011</b>	<b>15,674</b>	<b>(13,663)</b>	<b>1,198</b>	<b>15,674</b>	<b>(14,476)</b>
<b>80 Grant Programs</b>						
Revenue	9,684	122,696	(113,012)	518,400	761,172	(242,772)
Expense	107,624	96,788	(10,837)	493,515	573,763	80,248
<b>Change in Net Assets</b>	<b>(97,941)</b>	<b>25,908</b>	<b>(123,849)</b>	<b>24,885</b>	<b>187,409</b>	<b>(162,524)</b>
<b>82 Health Education</b>						
Revenue	(2,440)	7,177	(9,617)	84,275	38,957	45,318
Expense	12,089	11,952	(137)	71,819	70,620	(1,199)
<b>Change in Net Assets</b>	<b>(14,529)</b>	<b>(4,775)</b>	<b>(9,754)</b>	<b>12,456</b>	<b>(31,663)</b>	<b>44,119</b>
<b>Total Change in Net</b>	<b>(86,935)</b>	<b>(5,410)</b>	<b>(81,524)</b>	<b>545,467</b>	<b>149,297</b>	<b>396,170</b>

YMCA of Greater St. Petersburg  
Statement of Activity - Preschools  
For the month ended June 2022

	Jun 2022 Actual	Jun 2022 Budget	\$ Var Actual to Budget	YTD Jun 2022 Actual	YTD Jun 2022 Budget	\$ Var YTD Act to Budget	2022 Budget
<b>10 Operating Fund</b>							
<b>41 Childcare Site - Nshore/Speer</b>							
<b>Revenue</b>							
01 Contributions - Annual Campaign	-	550	(550)	3,257	1,750	1,507	2,500
07 Contrib by Assoc Orgs (usu. YUSA)	-	-	-	65,000	-	65,000	-
09 Other Non-Govt Funding	-	-	-	-	6,000	(6,000)	6,000
10 Fees & Grants - Gov't Agencies	(7,000)	8,200	(15,200)	30,000	49,200	(19,200)	98,400
13 Program Service Fees	46,248	55,865	(9,617)	384,517	355,520	28,997	712,750
19 Other Changes in Fund Balance	-	-	-	3,376	3,376	-	6,752
<b>Revenue</b>	<b>39,248</b>	<b>64,615</b>	<b>(25,367)</b>	<b>486,150</b>	<b>415,846</b>	<b>70,304</b>	<b>826,402</b>
<b>Expense</b>							
21 Salaries and Wages	36,635	33,496	(3,139)	198,319	198,670	351	433,142
22 Employee Benefits	9,570	8,064	(1,506)	55,398	48,109	(7,288)	99,975
23 Payroll Taxes	2,511	3,209	698	16,483	19,040	2,557	41,410
24 Contracted Services	827	865	38	4,528	5,190	662	10,380
25 Supplies (Office, Program)	11,358	10,648	(710)	51,356	57,768	6,412	115,022
26 Telephone Expense	119	75	(44)	357	450	93	900
28 Occupancy (Rent, Insur, Maint, etc)	9,508	8,470	(1,038)	50,462	49,168	(1,294)	102,351
29 Equip - Expendable or Rented	431	425	(6)	2,583	2,550	(33)	5,100
30 Special Events Expense	49	200	151	679	825	146	1,525
31 Printing and Promotion	142	-	(142)	142	-	(142)	150
33 Conferences, Meetings and Training	84	100	16	294	900	606	1,750
35 Mbrshp Dues Other Orgs (YUSA, etc)	22	-	(22)	342	200	(142)	500
40 Depreciation & Amortization	6,800	6,800	-	40,800	40,800	-	81,600
48 Intra-YMCA Allocation of Expenses	14,521	14,521	0	87,124	87,126	2	174,248
<b>Expense</b>	<b>92,577</b>	<b>86,873</b>	<b>(5,704)</b>	<b>508,867</b>	<b>510,796</b>	<b>1,929</b>	<b>1,068,053</b>
<b>41 Childcare Site - Nshore/Speer</b>	<b>(53,329)</b>	<b>(22,258)</b>	<b>(31,071)</b>	<b>(22,717)</b>	<b>(94,950)</b>	<b>72,234</b>	<b>(241,651)</b>
<b>42 Childcare Site - Northwest/BdmrPre</b>							
<b>Revenue</b>							
01 Contributions - Annual Campaign	-	-	-	3,331	900	2,431	2,100
13 Program Service Fees	31,178	63,768	(32,590)	278,348	391,390	(113,042)	788,584
<b>Revenue</b>	<b>31,178</b>	<b>63,768</b>	<b>(32,590)</b>	<b>281,679</b>	<b>392,290</b>	<b>(110,611)</b>	<b>790,684</b>
<b>Expense</b>							
21 Salaries and Wages	20,097	35,645	15,548	125,328	184,560	59,232	435,216
22 Employee Benefits	4,264	4,192	(73)	25,354	24,142	(1,212)	50,824
23 Payroll Taxes	1,411	3,405	1,994	11,665	17,704	6,039	41,555
24 Contracted Services	3,733	-	(3,733)	13,168	-	(13,168)	-
25 Supplies (Office, Program)	1,684	2,275	591	8,332	8,225	(107)	16,125
26 Telephone Expense	90	90	-	180	180	-	360
28 Occupancy (Rent, Insur, Maint, etc)	7,269	7,194	(75)	35,859	43,164	7,305	86,328
29 Equip - Expendable or Rented	431	450	19	2,583	2,800	217	5,500
31 Printing and Promotion	142	-	(142)	142	200	58	300
32 Travel and Employee Expenses	-	90	90	-	180	180	360
33 Conferences, Meetings and Training	-	-	-	150	250	100	400
35 Mbrshp Dues Other Orgs (YUSA, etc)	245	200	(45)	245	230	(15)	270
40 Depreciation & Amortization	6,000	6,000	-	36,000	36,000	-	72,000
48 Intra-YMCA Allocation of Expenses	13,916	13,916	0	83,495	83,496	1	166,990
<b>Expense</b>	<b>59,281</b>	<b>73,457</b>	<b>14,176</b>	<b>342,501</b>	<b>401,131</b>	<b>58,630</b>	<b>876,228</b>
<b>42 Childcare Site - Northwest/BdmrPre</b>	<b>(28,103)</b>	<b>(9,689)</b>	<b>(18,414)</b>	<b>(60,822)</b>	<b>(8,841)</b>	<b>(51,981)</b>	<b>(85,544)</b>
<b>43 Childcare Site - Perkins/LYPA</b>							
<b>Revenue</b>							
01 Contributions - Annual Campaign	-	-	-	3,400	1,500	1,900	2,500
10 Fees & Grants - Gov't Agencies	37,000	42,000	(5,000)	259,700	271,000	(11,300)	565,000
13 Program Service Fees	29,371	58,652	(29,281)	291,785	335,533	(43,748)	775,183
<b>Revenue</b>	<b>66,371</b>	<b>100,652</b>	<b>(34,281)</b>	<b>554,885</b>	<b>608,033</b>	<b>(53,148)</b>	<b>1,342,683</b>
<b>Expense</b>							
21 Salaries and Wages	45,010	62,416	17,406	247,938	371,444	123,506	808,818
22 Employee Benefits	5,926	5,722	(204)	35,353	34,206	(1,147)	73,872
23 Payroll Taxes	3,252	6,001	2,749	23,467	35,720	12,253	77,572
24 Contracted Services	545	550	5	4,444	3,300	(1,144)	6,600
25 Supplies (Office, Program)	18,252	11,550	(6,702)	52,822	58,700	5,878	122,400
26 Telephone Expense	119	400	281	357	2,506	2,149	5,012
28 Occupancy (Rent, Insur, Maint, etc)	7,923	8,250	327	23,694	24,500	806	49,000
29 Equip - Expendable or Rented	384	375	(9)	2,373	2,250	(123)	4,500
31 Printing and Promotion	142	50	(92)	142	450	308	750
32 Travel and Employee Expenses	-	50	50	-	300	300	600
33 Conferences, Meetings and Training	-	150	150	-	900	900	1,800
35 Mbrshp Dues Other Orgs (YUSA, etc)	8,185	-	(8,185)	8,345	-	(8,345)	2,500
40 Depreciation & Amortization	5,500	5,500	-	33,000	33,000	-	66,000
48 Intra-YMCA Allocation of Expenses	23,631	23,631	0	141,786	141,786	0	283,571
<b>Expense</b>	<b>118,869</b>	<b>124,645</b>	<b>5,776</b>	<b>573,720</b>	<b>709,062</b>	<b>135,342</b>	<b>1,502,995</b>
<b>43 Childcare Site - Perkins/LYPA</b>	<b>(52,498)</b>	<b>(23,993)</b>	<b>(28,505)</b>	<b>(18,834)</b>	<b>(101,029)</b>	<b>82,195</b>	<b>(160,312)</b>
<b>Change in Net Assets</b>	<b>(133,930)</b>	<b>(55,940)</b>	<b>(77,990)</b>	<b>(102,373)</b>	<b>(204,821)</b>	<b>102,448</b>	<b>(487,507)</b>

YMCA of Greater St. Petersburg  
Statement of Activity - Summer Programs  
For the month ended June 2022

	Jun 2022 Actual	Jun 2022 Budget	\$ Var Actual to Budget	YTD Jun 2022 Actual	YTD Jun 2022 Budget	\$ Var YTD Act to Budget	2022 Budget
<b>10 Operating Fund</b>							
<b>69 Summer Programs</b>							
<b>Expense</b>							
21 Salaries and Wages	2,308	2,092	(216)	14,110	16,716	2,606	31,900
22 Employee Benefits	815	565	(250)	4,925	3,374	(1,551)	7,018
23 Payroll Taxes	171	195	23	1,222	1,555	332	2,967
32 Travel and Employee Expenses	506	75	(431)	506	450	(56)	900
<b>Expense</b>	<b>3,800</b>	<b>2,927</b>	<b>(873)</b>	<b>20,764</b>	<b>22,095</b>	<b>1,331</b>	<b>42,784</b>
<b>69 Summer Programs</b>	<b>(3,800)</b>	<b>(2,927)</b>	<b>(873)</b>	<b>(20,764)</b>	<b>(22,095)</b>	<b>1,331</b>	<b>(42,784)</b>
<b>Revenue</b>							
13 Program Service Fees	60,124	72,895	(12,771)	100,117	101,888	(1,771)	183,803
<b>Revenue</b>	<b>60,124</b>	<b>72,895</b>	<b>(12,771)</b>	<b>100,117</b>	<b>101,888</b>	<b>(1,771)</b>	<b>183,803</b>
<b>Expense</b>							
21 Salaries and Wages	12,736	24,412	11,676	13,613	32,812	19,199	94,162
22 Employee Benefits	-	235	235	-	286	286	693
23 Payroll Taxes	824	2,270	1,446	829	3,052	2,222	8,757
25 Supplies (Office, Program)	4,253	9,400	5,147	7,788	13,050	5,262	26,500
<b>Expense</b>	<b>17,814</b>	<b>36,318</b>	<b>18,504</b>	<b>22,230</b>	<b>49,199</b>	<b>26,969</b>	<b>130,112</b>
<b>69 Summer Programs</b>	<b>42,310</b>	<b>36,577</b>	<b>5,733</b>	<b>77,886</b>	<b>52,689</b>	<b>25,197</b>	<b>53,691</b>
<b>Revenue</b>							
13 Program Service Fees	52,059	57,854	(5,795)	95,696	86,085	9,611	156,080
<b>Revenue</b>	<b>52,059</b>	<b>57,854</b>	<b>(5,795)</b>	<b>95,696</b>	<b>86,085</b>	<b>9,611</b>	<b>156,080</b>
<b>Expense</b>							
21 Salaries and Wages	9,599	19,019	9,420	9,717	24,941	15,224	67,294
23 Payroll Taxes	734	1,769	1,034	743	2,320	1,576	6,258
25 Supplies (Office, Program)	2,643	19,153	16,510	7,843	23,747	15,904	41,626
<b>Expense</b>	<b>12,977</b>	<b>39,941</b>	<b>26,964</b>	<b>18,303</b>	<b>51,008</b>	<b>32,704</b>	<b>115,178</b>
<b>69 Summer Programs</b>	<b>39,082</b>	<b>17,913</b>	<b>21,169</b>	<b>77,393</b>	<b>35,078</b>	<b>42,316</b>	<b>40,902</b>
<b>Revenue</b>							
13 Program Service Fees	35,799	57,920	(22,122)	67,009	71,540	(4,531)	142,690
<b>Revenue</b>	<b>35,799</b>	<b>57,920</b>	<b>(22,122)</b>	<b>67,009</b>	<b>71,540</b>	<b>(4,531)</b>	<b>142,690</b>
<b>Expense</b>							
21 Salaries and Wages	5,660	27,360	21,700	6,019	27,360	21,341	82,680
23 Payroll Taxes	439	2,544	2,106	466	2,544	2,078	7,689
25 Supplies (Office, Program)	9,808	10,400	592	15,332	13,505	(1,827)	28,455
28 Occupancy (Rent, Insur, Maint, etc)	2,920	-	(2,920)	2,920	-	(2,920)	-
<b>Expense</b>	<b>18,827</b>	<b>40,304</b>	<b>21,477</b>	<b>24,738</b>	<b>43,409</b>	<b>18,672</b>	<b>118,824</b>
<b>69 Summer Programs</b>	<b>16,971</b>	<b>17,616</b>	<b>(644)</b>	<b>42,272</b>	<b>28,131</b>	<b>14,141</b>	<b>23,866</b>
<b>Revenue</b>							
13 Program Service Fees	26,816	14,788	12,028	34,227	17,788	16,439	37,313
<b>Revenue</b>	<b>26,816</b>	<b>14,788</b>	<b>12,028</b>	<b>34,227</b>	<b>17,788</b>	<b>16,439</b>	<b>37,313</b>
<b>Expense</b>							
21 Salaries and Wages	3,172	13,084	9,912	3,352	13,084	9,732	35,974
22 Employee Benefits	121	-	(121)	121	-	(121)	-
23 Payroll Taxes	243	1,217	974	243	1,217	974	3,346
25 Supplies (Office, Program)	2,300	7,850	5,550	5,431	9,420	3,989	15,770
<b>Expense</b>	<b>5,836</b>	<b>22,151</b>	<b>16,315</b>	<b>9,146</b>	<b>23,721</b>	<b>14,575</b>	<b>55,090</b>
<b>69 Summer Programs</b>	<b>20,980</b>	<b>(7,363)</b>	<b>28,343</b>	<b>25,080</b>	<b>(5,933)</b>	<b>31,013</b>	<b>(17,777)</b>
<b>Revenue</b>							
13 Program Service Fees	2,154	15,674	(13,520)	2,154	15,674	(13,520)	47,022
<b>Revenue</b>	<b>2,154</b>	<b>15,674</b>	<b>(13,520)</b>	<b>2,154</b>	<b>15,674</b>	<b>(13,520)</b>	<b>47,022</b>
<b>69 Summer Programs</b>	<b>2,154</b>	<b>15,674</b>	<b>(13,520)</b>	<b>2,154</b>	<b>15,674</b>	<b>(13,520)</b>	<b>47,022</b>
<b>Change in Net Assets</b>	<b>117,698</b>	<b>77,490</b>	<b>40,208</b>	<b>204,022</b>	<b>103,544</b>	<b>100,478</b>	<b>104,919</b>

YMCA of Greater St. Petersburg, Inc.  
Statement of Activity - Three Year Comparison

	Jun 2022 Actual	Jun 2021 Actual	Jun 2020 Actual	YTD 2022 Actual	YTD 2021 Actual	YTD 2020 Actual
<b>Revenue</b>						
01 Contributions - Annual Campaign	12,962	16,110	18,417	181,914	160,799	282,378
03 Special Events	1,134	-	-	6,932	18,230	5,628
05 Legacies and Bequests	11,312	1,312	1,312	14,561	3,540	2,626
07 Contrib by Assoc Orgs (usu. YUSA)	5,240	12,342	10,309	126,770	46,056	30,429
08 United Way	553	964	6,826	553	964	32,277
09 Other Non-Govt Funding	5,506	25,350	-	30,556	102,917	152,900
10 Fees & Grants - Gov't Agencies	307,822	813,196	250,870	1,318,647	1,691,143	908,723
11 Membership Dues (incl Joiners Fees)	274,752	248,420	189,718	1,696,916	1,292,877	1,695,114
13 Program Service Fees	553,887	474,590	362,199	3,829,435	2,813,267	2,592,754
14 Sales Of Supplies & Services	4,805	3,694	1,551	30,818	18,210	23,402
16 Miscellaneous Revenue	1,069	(912)	(89)	8,389	4,311	10,013
19 Other Changes in Fund Balance	-	-	-	83,376	82,700	80,000
<b>Revenue</b>	<b>1,179,042</b>	<b>1,595,065</b>	<b>841,112</b>	<b>7,328,867</b>	<b>6,235,014</b>	<b>5,816,243</b>
<b>Expense</b>						
21 Salaries and Wages	591,936	640,720	455,503	3,258,396	3,060,893	3,125,343
22 Employee Benefits	72,362	83,042	75,779	485,195	455,097	469,144
23 Payroll Taxes	43,331	52,884	47,308	287,397	316,971	326,906
24 Contracted Services	47,852	50,250	51,173	295,013	275,375	322,530
25 Supplies (Office, Program)	118,283	73,640	36,728	364,752	262,344	225,226
26 Telephone Expense	5,115	4,447	6,432	17,440	21,615	31,267
27 Postage and Shipping	756	-	1,000	3,442	1,227	2,856
28 Occupancy (Rent, Insur, Maint, etc)	207,065	175,849	166,585	1,031,152	930,798	752,786
29 Equip - Expendable or Rented	7,354	12,064	5,100	59,294	50,087	33,153
30 Special Events Expense	49	2,142	1,092	12,034	13,155	8,690
31 Printing and Promotion	6,822	6,568	2,325	65,151	47,887	33,922
32 Travel and Employee Expenses	3,678	1,383	639	14,944	6,199	8,076
33 Conferences, Meetings and Training	7,296	(356)	2,633	20,293	11,127	13,509
35 Mbrshp Dues Other Orgs (YUSA, etc)	24,465	19,466	5,590	104,249	88,793	99,970
36 World Svc Support	-	5,000	-	1,000	5,000	-
37 Financing Costs (Bank fees, Lease Int)	31,649	29,443	25,405	175,870	171,426	200,007
39 Misc - Mdse for Resale	916	-	2,188	5,493	-	2,861
40 Depreciation & Amortization	87,047	75,012	79,282	522,285	433,235	473,890
58 Board Appropriations (Maint Reserve)	10,000	10,000	20,000	60,000	60,000	120,000
<b>Expense</b>	<b>1,265,977</b>	<b>1,241,556</b>	<b>984,759</b>	<b>6,783,400</b>	<b>6,211,229</b>	<b>6,250,136</b>
<b>10 Operating Fund</b>	<b>(86,935)</b>	<b>353,509</b>	<b>(143,647)</b>	<b>545,467</b>	<b>23,786</b>	<b>(433,892)</b>
<b>20 Audit Adjustment Fund</b>						
<b>Revenue</b>						
09 Other Non-Govt Funding	285	-	-	285	-	-
10 Fees & Grants - Gov't Agencies	-	-	-	-	-	-
14 Sales Of Supplies & Services	285	-	-	285	-	-
<b>Revenue</b>	<b>-</b>	<b>7,461</b>	<b>(2,642)</b>	<b>-</b>	<b>39,202</b>	<b>44,769</b>
<b>Expense</b>						
28 Occupancy (Rent, Insur, Maint, etc)	285	-	-	285	-	-
37 Financing Costs (Bank fees, Lease Int)	-	-	-	-	-	-
<b>Expense</b>	<b>285</b>	<b>-</b>	<b>-</b>	<b>285</b>	<b>-</b>	<b>-</b>
<b>20 Audit Adjustment Fund</b>	<b>(285)</b>	<b>7,461</b>	<b>(2,642)</b>	<b>(285)</b>	<b>39,202</b>	<b>44,769</b>

YMCA of Greater St. Petersburg, Inc.  
Statement of Activity - Three Year Comparison

	Jun 2022 Actual	Jun 2021 Actual	Jun 2020 Actual	YTD 2022 Actual	YTD 2021 Actual	YTD 2020 Actual
<b>80 Capital Campaign</b>						
<b>Revenue</b>						
01 Contributions - Annual Campaign	-	6,449	-	1,020,500	41,449	2,300
15 Investment Income	(0)	27	5	10	131	61
<b>Revenue</b>	<b>(0)</b>	<b>6,476</b>	<b>5</b>	<b>1,020,510</b>	<b>41,580</b>	<b>2,361</b>
<b>Expense</b>						
21 Salaries and Wages	-	-	-	-	35,257	37,276
24 Contracted Services	4,500	5,000	-	28,000	9,500	17,783
25 Supplies (Office, Program)	20	20	20	17,494	16,894	15,507
30 Special Events Expense	30,157	-	255	45,204	-	5,580
31 Printing and Promotion	-	-	-	216	-	3,816
33 Conferences, Meetings and Training	187	-	-	471	92	624
37 Financing Costs (Bank fees, Lease Int)	-	-	-	-	-	-
<b>Expense</b>	<b>34,864</b>	<b>5,020</b>	<b>275</b>	<b>91,385</b>	<b>61,743</b>	<b>80,586</b>
<b>80 Capital Campaign</b>	<b>(34,864)</b>	<b>1,456</b>	<b>(270)</b>	<b>929,125</b>	<b>(20,164)</b>	<b>(78,225)</b>
<b>90 Land, Bldg &amp; Equipment</b>						
<b>Revenue</b>						
15 Investment Income	(265,698)	70,346	110,653	(867,722)	509,036	(103,514)
19 Other Changes in Fund Balance	41,688	-	-	(41,688)	(82,700)	(80,000)
<b>Revenue</b>	<b>(224,010)</b>	<b>70,346</b>	<b>110,653</b>	<b>(909,410)</b>	<b>426,336</b>	<b>(183,514)</b>
<b>Expense</b>						
37 Financing Costs (Bank fees, Lease Int)	15	-	108	16,256	18,277	17,481
58 Board Appropriations (Maint Reserve)	(10,000)	(10,000)	(20,000)	(60,000)	(60,000)	(120,000)
<b>Expense</b>	<b>(214,025)</b>	<b>80,346</b>	<b>130,545</b>	<b>(43,744)</b>	<b>(41,723)</b>	<b>(102,519)</b>
<b>90 Land, Bldg &amp; Equipment</b>	<b>(336,109)</b>	<b>413,370</b>	<b>(52,078)</b>	<b>(865,666)</b>	<b>468,059</b>	<b>(80,995)</b>

YMCA of Greater St. Petersburg, Inc.  
Consolidated Statement of Activity  
For the month ended June 2022  
(Comparable to Consolidated Audit)

	Jun 2022 Actual	YTD Jun 2022 Actual	YTD Jun 2021 Actual	\$ Var
<b>Revenue</b>				
01 Contributions - Annual Campaign	12,962	1,202,414	202,248	1,000,166
03 Special Events	1,134	6,932	18,230	(11,298)
05 Legacies and Bequests	11,312	14,561	3,540	11,021
07 Contrib by Assoc Orgs (usu. YUSA)	5,240	126,770	46,056	80,714
08 United Way	553	553	964	(410)
09 Other Non-Govt Funding	5,506	30,556	97,350	(66,794)
10 Fees & Grants - Gov't Agencies	307,822	1,318,647	1,735,912	(417,265)
11 Membership Dues (incl Joiners Fees)	274,752	1,696,916	1,292,877	404,039
13 Program Service Fees	553,887	3,829,435	2,813,267	1,016,168
14 Sales Of Supplies & Services	4,805	30,818	18,210	12,608
15 Investment Income	(265,698)	(867,713)	509,170	(1,376,883)
16 Miscellaneous Revenue	1,069	8,389	4,311	4,078
19 Other Changes in Fund Balance	41,688	41,688	-	41,688
<b>Revenue</b>	<b>955,032</b>	<b>7,439,966</b>	<b>6,742,135</b>	<b>697,831</b>
<b>Expense</b>				
21 Salaries and Wages	591,936	3,258,396	3,096,150	(162,246)
22 Employee Benefits	72,362	485,195	455,097	(30,098)
23 Payroll Taxes	43,331	287,397	316,971	29,574
24 Contracted Services	52,352	323,013	287,575	(35,438)
25 Supplies (Office, Program)	118,303	382,245	279,238	(103,008)
26 Telephone Expense	5,115	17,440	21,615	4,175
27 Postage and Shipping	756	3,442	1,227	(2,215)
28 Occupancy (Rent, Insur, Maint, etc)	207,350	1,031,437	930,798	(100,638)
29 Equip - Expendable or Rented	7,354	59,294	50,087	(9,207)
30 Special Events Expense	30,206	57,238	13,155	(44,083)
31 Printing and Promotion	6,822	65,367	47,887	(17,480)
32 Travel and Employee Expenses	3,678	14,944	6,199	(8,745)
33 Conferences, Meetings and Training	7,483	20,764	11,219	(9,545)
35 Mbrshp Dues Other Orgs (YUSA, etc)	24,465	104,249	88,863	(15,387)
36 World Svc Support	-	1,000	5,000	4,000
37 Financing Costs (Bank fees, Lease Int)	31,664	192,126	260,323	68,197
39 Misc - Mdse for Resale	916	5,493	-	(5,493)
40 Depreciation & Amortization	87,047	522,285	472,142	(50,143)
58 Board Appropriations (Maint Reserve)	-	-	-	-
<b>Expense</b>	<b>1,291,141</b>	<b>6,831,326</b>	<b>6,343,546</b>	<b>(487,780)</b>
	<b>(336,109)</b>	<b>608,641</b>	<b>398,589</b>	<b>210,051</b>

YMCA of Greater St. Petersburg, Inc.  
Consolidated Statement of Financial Position  
June 2022

	YTD 2022 June	YTD 2021 June	YTD 2020 June	YTD 2019 June
<b>Assets</b>				
60 Change Funds	1,210	1,210	1,210	1,210
61 Bank Accounts	1,593,863	3,479,128	2,041,466	520,375
63 Accounts Receivable	1,480,099	101,568	46,277	37,745
64 Pledges & Grants Receivable	11,368,150	2,798,792	966,095	715,813
66 Prepaid Exp & Deferred Chgs	192,683	153,542	110,032	96,549
67 Long-Term Investments	5,037,541	13,729,813	12,203,025	11,932,988
68 Inter-Fund Receivables	-	(2,198,559)	(2,506,982)	(1,419,968)
69 Fixed Assets - LB & E	19,197,986	10,417,221	10,821,692	11,381,035
<b>Total Assets</b>	<b>38,871,530</b>	<b>28,482,716</b>	<b>23,682,815</b>	<b>23,265,746</b>
<b>Liabilities</b>				
71 Accounts Payable	182,701	231,835	6,933	134,046
72 Accrued Expenses	(53,137)	426,871	470,945	422,487
73 Other Current Liabilities	(16,567)	288,862	50,437	37,030
74 Deferred Support & Revenue	992,512	94,092	162,416	119,312
75 Long-Term Debt	4,203,885	5,762,885	6,149,718	4,913,381
<b>Total Liabilities</b>	<b>5,309,393</b>	<b>6,804,544</b>	<b>6,840,450</b>	<b>5,626,256</b>
<b>Equity</b>				
80 Net Assets	33,562,137	21,678,172	16,842,365	17,639,491
<b>Total Equity</b>	<b>33,914,344</b>	<b>21,254,355</b>	<b>16,842,365</b>	<b>17,572,420</b>
<b>Total Liabilities &amp; Equity</b>	<b>38,871,530</b>	<b>28,482,716</b>	<b>23,682,815</b>	<b>23,265,746</b>

## YMCA of Greater St. Petersburg, Inc.

## Statement of Financial Position

Operating Fund

As of June 2022

	<b>2022</b>	<b>2022</b>	<b>Change</b>
	<b>June</b>	<b>May</b>	<b>This Month</b>
<b>Assets</b>			
6030 Petty Cash	1,210	1,210	-
6110 Checking - Bank of Amer.	19,299	19,358	(60)
6112 Hancock Operating Acct	882,326	1,574,376	(692,050)
6300 Accounts Receivable	1,480,099	1,433,958	46,140
6400 Pledges Rec Cap Campaign	57,675	77,710	(20,034)
6460 Grants Rec - Gov't	1,038,406	950,381	88,025
6499 Discount on Pledges	(3,136)	(3,000)	(136)
6610 Prepaid Insurance	160,362	144,140	16,222
6650 Prepaid Other	9,194	9,194	-
6880 Interfund Cap Cmpgn	402,400	366,338	36,062
6890 Interfund L B & E	322,891	383,011	(60,119)
<b>Total Assets</b>	<b>4,370,725</b>	<b>4,956,675</b>	<b>(585,950)</b>
<b>Liabilities</b>			
7100 Accounts Payable	162,569	11,698	(150,870)
7220 Accrued Salaries & Wages	(300,814)	91,489	392,303
7221 Accrued Expenses	103,442	204,204	100,762
7230 Accrued Paid Time Off	144,234	144,234	-
7310 FICA Taxes Payable	6,541	6,541	-
7312 FL Unemp Tax Payable	16,782	16,782	-
7316 Sales Tax Payable	(4,381)	(4,377)	4
7318 Group Insurance Payable	(3,508)	(5,350)	(1,842)
7320 Retirement Payable	(34,351)	6,520	40,871
7364 United Way Contrib (EE)	42	85	42
7365 Due to Capital Campaign (EE)	2,308	1,923	(385)
7410 Deferred - Prepd Memberships	54,970	54,970	-
7411 Deferred - Prepd Annual Giving	5,200	5,200	-
7420 Deferred Program Fees	37,810	37,810	-
7440 Deferred Grant Revenue - BofA	847,166	966,931	119,765
7441 Deferred ELC Grant Revenue - SPA	30,000	-	(30,000)
7450 Deferred Fees - System Credits	17,366	17,366	-
7550 Capital Lease Liability	378,447	406,812	28,365
<b>Total Liabilities</b>	<b>1,463,823</b>	<b>1,962,839</b>	<b>499,015</b>
<b>Equity</b>			
8000 Fund Balance Closing	1,746,014	1,832,948	(86,935)
8010 Net Assets without Donor Restrictions	2,832,201	2,832,201	-
Net Assets with Donor Restrictions	(1,671,313)	(1,671,313)	-
<b>Total Equity</b>	<b>2,906,902</b>	<b>2,993,837</b>	<b>(86,935)</b>
<b>Total Liabilities &amp; Equity</b>	<b>4,370,725</b>	<b>4,956,675</b>	<b>585,950</b>

Unaudited - For Management Use Only



YMCA of Greater St. Petersburg, Inc.  
Statement of Financial Position  
Capital Campaign Fund  
As of June 2022

	2022 June	2022 May	Change This Month
<b>Assets</b>			
6122 Hancock - Construction Acct	-	173,942	(173,942)
6192 Hancock - Capital Campaign	84,286	85,572	(1,287)
6400 Pledges Rec Cap Campaign	10,625,205	10,625,205	-
6499 Discount on Pledges	(350,000)	(350,000)	-
6650 Prepaid Other	23,127	23,127	-
6720 Long Term Investments 6	48,788	48,790	(2)
6880 Interfund Cap Cmpgn	(402,400)	(366,338)	(36,062)
6990 CIP - Speer YMCA	1,291,998	1,182,348	109,650
6991 CIP - Other	81,825	-	81,825
<b>Total Assets</b>	<b>11,402,828</b>	<b>11,422,645</b>	<b>(19,817)</b>
<b>Liabilities</b>			
7100 Accounts Payable	15,047	-	(15,047)
<b>Total Liabilities</b>	<b>15,047</b>	<b>-</b>	<b>(15,047)</b>
<b>Equity</b>			
8000 Fund Balance Closing	10,883,476	10,918,340	(34,864)
8010 Net Assets without Donor Restrictions	(3,208,856)	(3,208,856)	-
8040 Temporarily Restricted	3,713,162	3,713,162	-
<b>Total Equity</b>	<b>11,387,781</b>	<b>11,422,645</b>	<b>(34,864)</b>
<b>Total Liabilities &amp; Equity</b>	<b>11,402,828</b>	<b>11,422,645</b>	<b>19,817</b>

YMCA of Greater St. Petersburg, Inc.  
Statement of Financial Position  
L B E Fund  
As of June 2022

	2022 June	2022 May	Change This Month	
<b>Assets</b>				
6115	Truist Maint Reserve Acct	607,952	571,950	36,002
6770	RBC Unrestricted	1,352,614	1,440,755	(88,141)
6780	RBC Restricted	2,721,434	2,899,006	(177,572)
6790	Perpetual Trust Interest	914,705	914,705	-
6890	Interfund L B & E	(322,891)	(383,011)	60,119
6900	Land	3,491,361	3,491,361	-
6920	Building	21,852,749	21,852,749	-
6931	Improvements 1	368,752	368,752	-
6933	Leasehold Improvements	250,940	250,940	-
6940	Office Equipment	6,917	6,917	-
6942	Computers & Software	241,925	231,203	10,722
6944	Furniture & Fixtures	669,952	669,571	381
6952	Equipment - Building	479,382	470,029	9,354
6960	Equipment - Other	86,028	86,028	-
6963	Equipment - Fitness	347,067	347,067	-
6980	Equipment - Vehicles	281,929	274,630	7,300
6985	Capital Lease Equip Gills	802,717	802,717	-
6995	Closing Costs - Amortizable	26,384	26,556	(172)
6999	Accumulated Depreciation	(11,081,940)	(10,995,065)	(86,875)
	<b>Total Assets</b>	<b>23,097,976</b>	<b>23,326,859</b>	<b>(228,883)</b>
<b>Liabilities</b>				
7100	Accounts Payable	4,800	-	(4,800)
7580	Bardmoor Mortgage	3,825,438	3,845,095	19,657
	<b>Total Liabilities</b>	<b>3,830,238</b>	<b>3,845,095</b>	<b>14,857</b>
<b>Equity</b>				
8000	Fund Balance Closing	1,014,539	1,228,564	(214,025)
8010	Unrestricted Net Assets	16,366,986	16,366,986	-
	Net Assets with Donor Restrictions	1,886,214	1,886,214	-
	<b>Total Equity</b>	<b>19,267,739</b>	<b>19,481,764</b>	<b>(214,025)</b>
	<b>Total Liabilities &amp; Equity</b>	<b>23,097,976</b>	<b>23,326,859</b>	<b>228,883</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/31/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

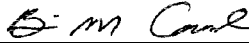
<b>PRODUCER</b> <b>USI Insurance Services, LLC</b> 2502 N Rocky Point Dr Ste 400 Tampa, FL 33607-1421 813 321-7500	<b>CONTACT NAME:</b> Staci Moles	
	<b>PHONE (A/C, No, Ext):</b> 813-639-3000	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b> staci.moles@usi.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> United States Fire Insurance Company		<b>21113</b>
<b>INSURER B :</b> Zenith Insurance Company		<b>13269</b>
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			5068981224	12/31/2019	12/31/2020	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5068981224	12/31/2019	12/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED          RETENTION \$			5821133976	12/31/2019	12/31/2020	EACH OCCURRENCE \$ <b>4,000,000</b> AGGREGATE \$ <b>4,000,000</b> \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / N <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Z126603306	05/01/2019	05/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
A	Abuse			5068981224	12/31/2019	12/31/2020	1,000,000 Occ 2,000,000 Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Proof Of Coverage.**

<b>CERTIFICATE HOLDER</b>  YMCA of the USA Attn: Pam Lebron 101 N Wacker Drive Chicago, IL 60606	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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