

Mari Huff, C.P.A., P.A.
701 S Colorado Avenue, Suite 2
Stuart, FL 34994
772-888-2042

May 24, 2023

CONFIDENTIAL

YOUNG MENS CHRISTIAN ASSOC.
OF THE TREASURE COAST, INC.
1700 S.E. MONTEREY ROAD
STUART, FL 34996-4643

Dear BOARD OF DIRECTORS:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Exempt Organization Business Income Tax Return (Form 990-T)
(3) Florida Tangible Personal Property Tax Return (Form DR-405)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Mari Huff, C.P.A., P.A.

Filing Instructions

**YOUNG MENS CHRISTIAN ASSOC.
OF THE TREASURE COAST, INC.**

Exempt Organization Tax Return

Taxable Year Ended December 31, 2022

- Date Due:** November 15, 2023
- Remittance:** None is required. Your Form 990 for the tax year ended 12/31/22 shows no balance due.
- Signature:** You have previously signed and returned Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization. No further action is required.
- Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE**

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 2022, and ending 20

2022

Department of the Treasury
Internal Revenue Service

**Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

**YOUNG MENS CHRISTIAN ASSOC.
OF THE TREASURE COAST, INC.**

EIN or SSN

59-1911653

Name and title of officer or person subject to tax

**CHARLENE LYONS
PRESIDENT/CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	5,185,994
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **MARI HUFF, C.P.A., P.A.** to enter my PIN **12345** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **05/24/23**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

60017821800

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **MARI HUFF, CPA**

Date **05/24/23**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE**

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 2022, and ending 20

2022

Department of the Treasury
Internal Revenue Service

**Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

**YOUNG MENS CHRISTIAN ASSOC.
OF THE TREASURE COAST, INC.**

EIN or SSN

59-1911653

Name and title of officer or person subject to tax

**CHARLENE LYONS
PRESIDENT/CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **MARI HUFF, C.P.A., P.A.** to enter my PIN **11653** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **05/23/23**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

60017821800

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **MARI HUFF, CPA**

Date **05/23/23**

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2022 calendar year, or tax year beginning _____, **and ending** _____

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

C Name of organization **YOUNG MENS CHRISTIAN ASSOC. OF THE TREASURE COAST, INC.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) **1700 S.E. MONTEREY ROAD** Room/suite _____
 City or town, state or province, country, and ZIP or foreign postal code **STUART FL 34996-4643**

D Employer identification number **59-1911653**

E Telephone number **772-263-6974**

F Name and address of principal officer:
DARREN STEELE
100 EAST OCEAN BOULEVARD
STUART FL 34994

G Gross receipts \$ **5,467,864**

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

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

J Website: **WWW.YMCATREASURECOAST.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1977** **M** State of legal domicile: **FL**

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	264
	6 Total number of volunteers (estimate if necessary)	6	111
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,193
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,602,390	1,684,638
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,135,167	3,148,510
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,229	-31,357
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,950,352	5,185,994
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,151,239	2,718,526
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 402,495		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,846,964	1,975,241	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,998,203	4,693,767	
19 Revenue less expenses. Subtract line 18 from line 12	952,149	492,227	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	6,459,465	7,029,164
	22 Net assets or fund balances. Subtract line 21 from line 20	2,022,686	2,100,158
		4,436,779	4,929,006

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: **CHARLENE LYONS** Date: _____
 Title: **PRESIDENT/CEO**

Paid Preparer Use Only Print/preparer's name: **MARI HUFF, CPA** Preparer's signature: **MARI HUFF, CPA** Date: **05/24/23** Check if PTIN self-employed: **P00761938**
 Firm's name: **MARI HUFF, C.P.A., P.A.** Firm's EIN: **47-2814883**
 Firm's address: **701 S COLORADO AVENUE, SUITE 2** Phone no: **772-888-2042**
STUART, FL 34994

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

Yes No

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

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

Yes No

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

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

4a (Code:) (Expenses \$ **486,531** including grants of \$) (Revenue \$ **487,906**)

SEE SCHEDULE O

4b (Code:) (Expenses \$ **2,794,630** including grants of \$) (Revenue \$ **1,930,738**)

SEE SCHEDULE O

4c (Code:) (Expenses \$ **614,468** including grants of \$) (Revenue \$ **729,866**)

SEE SCHEDULE O

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

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

4e Total program service expenses **3,895,629**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	264
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	15	
1b	Enter the number of voting members included on line 1a, above, who are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NONE
18	Section 6104 requires an organization to make its Forms 1023 (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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 CHARLENE LYONS STUART 1700 SW MONTEREY ROAD FL 34996 772-263-6974	

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) AMY CRARY PHILANTHROPY COMMITTEE	0.50 0.00	X						0	0	0
(2) VICKI DAVIS GOVERNANCE COMMITTEE	0.50 0.00	X						0	0	0
(3) BENJAMIN GASPAR GOVERNANCE COMMITTEE	0.50 0.00	X						0	0	0
(4) ROBERT GLUCKMAN GOVERNANCE COMMITTEE	0.50 0.00	X						0	0	0
(5) NICK GRUBBS FINANCE COMMITTEE	0.50 0.00	X						0	0	0
(6) ROBERT GUEST TREASURER	0.50 0.00	X		X				0	0	0
(7) JOYANIA HAWTHORNE GOVERNANCE COMMITTEE	0.50 0.00	X						0	0	0
(8) RUDY HOWARD GOVERNANCE COMMITTEE	0.50 0.00	X						0	0	0
(9) DAVID LUM PHILANTHROPY COMMITTEE	0.50 0.00	X						0	0	0
(10) MSEBENZI MASANDO GOVERNANCE COMMITTEE	0.50 0.00	X						0	0	0
(11) ALISON PALOMBI SECRETARY	0.50 0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(12) JENNIFER RUSSELL	0.50									
PHILANTHROPY COMMITTEE	0.00	X					0	0	0	
(13) SCOTT SAMPLES	0.50									
BOARD VICE CHAIR	0.00	X		X			0	0	0	
(14) DARREN STEELE	0.50									
BOARD CHAIR	0.00	X		X			0	0	0	
(15) MARISOL ZEQUEIRA	0.50									
GOVERNANCE CHAIR	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	259,035				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,107,517				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	318,086				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f		1,684,638				
Program Service Revenue	2a CHILD CARE & FAMILY LIFE	Business Code 713940	1,930,738	1,930,738			
	b MEMBERSHIPS	624100	897,036	897,036			
	c SPORTS & RECREATION	713990	256,555	256,555			
	d AQUATICS	713940	64,181	64,181			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		3,148,510				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		513			513	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a					
		b Less: cost or other basis and sales exps.	7b	31,870			
	c Gain or (loss)	7c	-31,870				
	d Net gain or (loss)		-31,870	-31,870			
8a Gross income from fundraising events (not including \$ 259,035 of contributions reported on line 1c). See Part IV, line 18							
	8a	612,602					
b Less: direct expenses	8b	250,000					
c Net income or (loss) from fundraising events		362,602					
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a OTHER SALES	Business Code 453000	16,408	16,408			
	b VENDING	453000	5,193		5,193		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		21,601				
12 Total revenue. See instructions		5,185,994	3,133,048	5,193	513		

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	116,577	80,438	33,807	2,332
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	2,173,806	1,583,222	569,565	21,019
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	248,809	143,039	100,668	5,102
10 Payroll taxes	179,334	130,353	46,605	2,376
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	234,123	47,856	186,267	
12 Advertising and promotion	56,633	4,269	19,000	33,364
13 Office expenses	509,138	246,492	188,995	73,651
14 Information technology	114,154		107,140	7,014
15 Royalties				
16 Occupancy	233,194	13,357	218,587	1,250
17 Travel	8,003	1,427	6,576	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,368	17,174	10,194	
20 Interest	4,122		4,122	
21 Payments to affiliates	59,652		59,652	
22 Depreciation, depletion, and amortization	337,989		337,989	
23 Insurance	158,751	9,158	149,593	
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 SCHOLARSHIP	196,814	91,814	102,000	3,000
b DUES, LICENSES AND OTHER	34,347	22,579	10,368	1,400
c BAD DEBT	953		953	
d ALLOCATION OF M&G EXPENSE		1,504,451	-1,756,438	251,987
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,693,767	3,895,629	395,643	402,495
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	1,186,053	1	1,166,124
	2	Savings and temporary cash investments	151,367	2	201,748
	3	Pledges and grants receivable, net	80,720	3	260,989
	4	Accounts receivable, net	44,452	4	128,835
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	1,648,633	7	1,598,252
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	41,373	9	59,940
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,624,327		
	b	Less: accumulated depreciation	10b 7,106,687	10c	3,517,640
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	7,303	15	95,636
16	Total assets. Add lines 1 through 15 (must equal line 33)	6,459,465	16	7,029,164	
Liabilities	17	Accounts payable and accrued expenses	133,671	17	203,565
	18	Grants payable		18	
	19	Deferred revenue	240,382	19	210,383
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,648,633	25	1,686,210
	26	Total liabilities. Add lines 17 through 25	2,022,686	26	2,100,158
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	2,568,709	27	3,076,018
	28	Net assets with donor restrictions	1,868,070	28	1,852,988
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	4,436,779	32	4,929,006	
33	Total liabilities and net assets/fund balances	6,459,465	33	7,029,164	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,185,994
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,693,767
3	Revenue less expenses. Subtract line 2 from line 1	3	492,227
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,436,779
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,929,006

Part XII Financial Statements and Reporting

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

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

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	771,436	695,473	819,206	1,602,390	1,684,638	5,573,143
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	771,436	695,473	819,206	1,602,390	1,684,638	5,573,143
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						168,479
6 Public support. Subtract line 5 from line 4						5,404,664

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	771,436	695,473	819,206	1,602,390	1,684,638	5,573,143
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,476			131	513	2,120
9 Net income from unrelated business activities, whether or not the business is regularly carried on				809		809
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						5,576,072
12 Gross receipts from related activities, etc. (see instructions)					12	14,374,167
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	96.93 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.76 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. 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—2021. 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 on 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1			
2			
3			
a			
b			
c			
d			
e			
f			
g			
h			
i			
j			
4			
a			
b			
c			
5			
6			
7			
8			
a			
b			
c			
d			
e			

**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

2022

Name of the organization YOUNG MENS CHRISTIAN ASSOC. OF THE TREASURE COAST, INC.	Employer identification number 59-1911653
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

YOUNG MENS CHRISTIAN ASSOC.

Employer identification number

59-1911653

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	SAMUEL M AND ALMA CATSMAN FOUNDATION 38 S SEWALLS POINT RD. STUART FL 34996	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

YOUNG MENS CHRISTIAN ASSOC. OF THE TREASURE COAST, INC.

Employer identification number

59-1911653

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number and acreage, and monitoring expenses.

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
1a Beginning of year balance	151,367	101,237	108,890	119,535	344,716
b Contributions	50,000	50,130			
c Net investment earnings, gains, and losses	381		347	1,122	1,661
d Grants or scholarships					
e Other expenditures for facilities and programs			8,000	11,767	226,842
f Administrative expenses					
g End of year balance	201,748	151,367	101,237	108,890	119,535

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment **100.00** %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----------|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		790,614		790,614
b Buildings		8,405,370	5,949,675	2,455,695
c Leasehold improvements				
d Equipment		1,428,343	1,157,012	271,331
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,517,640

Part VII Investments – Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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)	
Total. (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) DUE TO ENDOWMENT	1,598,252
(3) RIGHT OF USE ASSETS	87,958
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,686,210

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.

1	Total revenue, gains, and other support per audited financial statements		1	5,435,994
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	250,000	
	e Add lines 2a through 2d		2e	250,000
3	Subtract line 2e from line 1		3	5,185,994
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,185,994

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

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

1	Total expenses and losses per audited financial statements		1	4,943,767
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	287,025	
	e Add lines 2a through 2d		2e	287,025
3	Subtract line 2e from line 1		3	4,656,742
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	37,025	
	c Add lines 4a and 4b		4c	37,025
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,693,767

Part XIII Supplemental Information.

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

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

EASTER HOUSE REV NETTED WITH SPECIAL EVENT EXPENSE \$ 250,000

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

AMORTIZATION ON ROUA \$ 37,025

EASTER HOUSE SPECIAL EVENT CASH PRIZE NETTED WITH REV \$ 250,000

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE \$ 37,025

Area with horizontal dashed lines for supplemental information.

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

**YOUNG MENS CHRISTIAN ASSOC.
OF THE TREASURE COAST, INC.**

Employer identification number

59-1911653

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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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	
		EASTER HOUSE RA (event type)	OTHER FUNDRAISI (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	612,602	249,885	9,150	871,637
	2	Less: Contributions		249,885	9,150	259,035
	3	Gross income (line 1 minus line 2)	612,602			612,602
Direct Expenses	4	Cash prizes	250,000			250,000
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					362,602

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

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

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

11 Does the organization conduct gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

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

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

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

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

16 Gaming manager information:
Name
Gaming manager compensation \$
Description of services provided
 Director/officer Employee Independent contractor

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

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

Multiple horizontal dotted lines for providing supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	YOUNG MENS CHRISTIAN ASSOC.	Employer identification number
	OF THE TREASURE COAST, INC.	59-1911653

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

STRENGTHENING COMMUNITY THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY. WE PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS TO BUILD HEALTHY SPIRIT, MIND, AND BODY FOR ALL. THE YMCA OF THE TREASURE COAST NURTURES THE POTENTIAL OF EVERY CHILD AND TEEN, IMPROVES THE NATION'S HEALTH AND WELL-BEING, AND PROVIDES OPPORTUNITIES TO GIVE BACK AND SUPPORT NEIGHBORS. WE CHANGE LIVES! WE MAKE SURE THAT EVERYONE, NO MATTER THEIR AGE, GENDER, RACE OR ABILITY, IS WELCOMED AS PART OF THE YMCA FAMILY. YMCA MEMBERS ARE WHAT MAKES THE Y SO SPECIAL. THIS IS WHERE FRIENDS AND FAMILIES COME TOGETHER TO STRENGTHEN SPIRIT, MIND AND BODY.

FORM 990 - ORGANIZATION'S MISSION

COMMUNITY CAN ONLY BE ACHIEVED WHEN WE INVEST IN OUR KIDS, OUR HEALTH AND OUR NEIGHBORS WELL-BEING. FINANCIAL ASSISTANCE IS AVAILABLE TO ANY PERSON WHO CANNOT AFFORD TO PAY THE FULL PRICE FOR ANY YMCA PROGRAM OR MEMBERSHIP. ALL YMCA PROGRAMS ARE AVAILABLE TO MEN, WOMEN AND CHILDREN OF EVERY AGE, RACE, RELIGION, INCOME AND ABILITY. THE YMCA OF THE TREASURE COAST SERVES INDIAN RIVER, MARTIN, OKEECHOBEE AND ST LUCIE COUNTIES. THE PROGRAMS OFFERED IN ALL FOUR COUNTIES PROMOTE THE FOUR CORE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY. THE YMCA OF THE TREASURE COAST STRIVES TO ANSWER THE DIVERSE AND VARIOUS NEEDS OF OUR COMMUNITIES THROUGH CONTINUOUS PROGRAM DEVELOPMENT AND OUTREACH.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

YOUNG MENS CHRISTIAN ASSOC.

59-1911653

YMCA AQUATICS - YMCA AQUATICS PROGRAMS ARE PART OF THE YMCA'S OVERALL GOAL OF BUILDING HEALTHY SPIRIT, MIND, AND BODY. IN ADDITION TO PROVIDING SPECIFIC SWIMMING AND WATER SAFETY SKILLS, THEY PROMOTE GOOD HEALTH THROUGH REGULAR EXERCISE; THEY PROMOTE TEAMWORK; AND THEY PROMOTE SELF-CONFIDENCE AND LEADERSHIP. THESE PROGRAMS ARE OFFERED AT FEES AFFORDABLE TO THE COMMUNITY AT LARGE WITH FINANCIAL ASSISTANCE FOR THOSE WHO CANNOT AFFORD THE FULL FEE. OUR AQUATICS PROGRAMS ARE DESIGNED TO PREVENT DEATHS AND WATER RELATED INJURIES. LAST YEAR, WE PROVIDED AQUATICS PROGRAMS FOR THOUSANDS OF PEOPLE, INFANTS THROUGH SENIORS. APPROXIMATELY 1,536 PERSONS TOOK SWIM LESSONS AT THE YMCA, INCLUDING CHILDREN WITH SPECIAL NEEDS. WE CATERED TO THE NEEDS OF SENIORS IN THE POOL WITH WATER FITNESS CLASSES AND A MASTER SWIM PROGRAM. TEENS LEARNED LIFEGUARDING SKILLS IN OUR LIFE GUARDING CLASSES. OVER 946 CHILDREN WERE ALSO SERVED WITH MINIMAL-COST SWIM LESSONS THROUGH A "Y" SPLASH EVENT IN STUART.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

YMCA CHILD CARE AND FAMILY LIFE PROGRAMS - OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN. WE BELIEVE ALL KIDS HAVE GREAT POTENTIAL AND DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. THAT IS WHY WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENTS. OUR YMCA PROGRAMS, SUCH AS PRESCHOOL CARE, AFTER SCHOOL AND SUMMER CAMP OFFER A RANGE OF EXPERIENCES THAT ENRICH SOCIAL-EMOTIONAL, COGNITIVE, AND PHYSICAL GROWTH. EXPENSES INCLUDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE THAT MAKE PARTICIPATION POSSIBLE FOR SEVERAL OF THE YOUNG PEOPLE WE ENGAGE. OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE, AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES, AND INCOME

Name of the organization

Employer identification number

YOUNG MENS CHRISTIAN ASSOC.

59-1911653

LEVELS. IN 2022 WE PROVIDED OVER \$250,000 IN FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE MAY HAVE NOT BEEN ABLE TO AFFORD TO PARTICIPATE. THE TEACHING CURRICULUMS IN TEDDY BEAR ACADEMY PRESCHOOL AND THE INDIANTOWN PRESCHOOL PREPARE OVER 108 PRESCHOOLERS FOR KINDERGARTEN. PHYSICAL AND SPIRITUAL GROWTH ARE ENCOURAGED IN ALL OF OUR YOUTH PROGRAMS THROUGH SWIMMING, GYMNASTICS, ARTS AND CRAFTS, MUSIC AND THE TEACHING OF THE YMCA CORE VALUES. THE YMCA ALSO PROVIDES A SAFE AND STRUCTURED ENVIRONMENT FOR OVER 500 CHILDREN WITH ITS AFTER SCHOOL PROGRAM IN MULTIPLE LOCATIONS. ASSISTANCE WITH HOMEWORK, SWIMMING AND PHYSICAL FITNESS ARE ALL PART OF THIS PROGRAM. THE YMCA PROVIDED SEVERAL CHILDREN FINANCIAL ASSISTANCE. YMCA SUMMER CAMPS OFFER CHILDREN A HOST OF ACTIVITIES THAT PROVIDE NEW OPPORTUNITIES AND LEARNING EXPERIENCES, FIELD TRIPS, GUEST SPEAKERS AND SOCIALIZING WITH OTHER CHILDREN TO OPEN THEIR MINDS TO NEW INFORMATION AND POSSIBILITIES. CAMP ALSO PROVIDES PARTICIPANTS OPPORTUNITIES TO LEARN THE IMPORTANCE OF TEAMWORK AND STRONG LEADERSHIP SKILLS. EACH WEEK OF CAMP HAS A SET SCHEDULE AND A HOST OF PHYSICAL ACTIVITIES INCLUDING SWIMMING AND SKATING. THE NUMBER OF PAST CAMPERS WHO NOW WISH TO VOLUNTEER THEIR TIME WITH THE PROGRAM HIGHLIGHTS THE POSITIVE IMPACT YMCA CAMP HAS ON THE LIVES OF CHILDREN IN ANY GIVEN SUMMER. ROUGHLY 564 CAMPERS WERE SERVED AT THE MULTIPLE YMCA SUMMER CAMP LOCATIONS. FINANCIAL ASSISTANCE IS AVAILABLE IN ALL CHILD CARE PROGRAMS. THIS MEANS THAT ALL PARENTS REGARDLESS OF THEIR FINANCIAL SITUATION HAVE THE SECURITY OF ACCESSING THE SAME QUALITY OF CHILDCARE FOR THEIR CHILDREN OF ALL AGES. OUR YMCA BELIEVES IN GIVING BACK AND SUPPORTING OUR NEIGHBORS. WE ALSO RECOGNIZE THE IMPORTANCE OF ACTIVITIES THAT INVOLVE THE ENTIRE FAMILY. MANY PROGRAMS ARE SPECIFICALLY DESIGNED TO PROMOTE THIS, SUCH AS HEALTHY KIDS DAY, SPAGHETTI DINNER POOLSIDE, AND PARENT/CHILD SWIM CLASSES. THE YMCA HOSTS HALLOWEEN PARADES

Name of the organization

Employer identification number

YOUNG MENS CHRISTIAN ASSOC.

59-1911653

AND THANKSGIVING STONE SOUP LUNCHEONS THAT PROVIDE OPPORTUNITIES FOR PARENTS AND THEIR CHILDREN TO BE TOGETHER AS A FAMILY.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

YMCA SPORTS & RECREATION - THE YMCA IS COMMITTED TO IMPROVING AMERICA'S HEALTH AND WELL-BEING, COMMUNITY BY COMMUNITY. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN AND SHARED INTERESTS. THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH CHRONIC DISEASE AND OBESITY; FAMILIES WRESTLE WITH WORK/LIFE BALANCE AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT. YMCA SPORTS ARE OPEN TO ALL AGES AND ABILITIES. ADULT SPORTS PROVIDE A PHYSICAL AND SOCIAL OUTLET FOR PARTICIPANTS, WHILE YOUTH SPORTS PROVIDE ALL PARTICIPANTS THE CHANCE TO PLAY, LEARN AND IMPROVE THEIR SKILLS. FAMILY TOGETHERNESS COMES NATURALLY, AS MANY PARENTS BECOME VOLUNTEER COACHES FOR THEIR CHILD'S TEAM. THE YMCA WELLNESS CENTER CARES FOR AND ABOUT MEMBERS OF ALL AGES, SIZES, SHAPES, AND ABILITIES. ROUGHLY 387 PEOPLE RECEIVED FINANCIAL ASSISTANCE FOR YMCA MEMBERSHIP, WHICH ALLOWED THEM TO HELP GAIN A HEALTHIER LIFESTYLE, HAVE FUN, AND MAKE FRIENDS AT THE YMCA. ALL YMCA MEMBERS RECEIVE THE SAME MEMBERSHIP BENEFITS REGARDLESS OF WHETHER OR NOT THEY ARE RECEIVING ASSISTANCE. RECOGNIZING THE NEED TO CHANNEL THE ENERGY OF TEENAGERS AND ALSO TO HELP TACKLE WEIGHT AND HEALTH ISSUES. THE WELLNESS STAFF DEVELOPED THE TEEN FITNESS PROGRAM TO INTRODUCE YOUNG PEOPLE TO GOOD HABITS IN EXERCISE, WELLNESS, AND NUTRITION. IN ORDER TO ASSIST THE SENIOR CITIZENS OF THE COMMUNITY AND THOSE WHO HAVE SPECIAL NEEDS DUE TO PHYSICAL IMPAIRMENTS, THE YMCA ALSO RUNS SPECIALIZED EXERCISE CLASSES, SUCH AS "STRETCH 'N FLEX".

Name of the organization YOUNG MENS CHRISTIAN ASSOC.	Employer identification number 59-1911653
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FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
 THE FORM 990 WILL BE PRESENTED FOR APPROVAL AT A BOARD OF DIRECTORS MEETING
 PRIOR TO FILING; A COPY WILL BE MADE FOR EACH DIRECTOR.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
 ANNUALLY, NEW AND CONTINUING DIRECTORS EACH SIGN A CONFLICT OF INTEREST
 POLICY AFFIRMATION AND PROVIDE A LIST OF PERSONS AND/OR ENTITIES WHICH
 COULD BE POTENTIAL CONFLICTS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
 THE BOARD OF DIRECTORS ELVALUATES THE CEO'S PERFORMANCE AND UTILIZES SALARY
 RANGE DATA PROVIDED BY THE NATIONAL YUSA; MINUTES ARE MAINTAINED FOR THE
 PROCESS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
 OTHER EMPLOYEES ARE EVALUATED BY THEIR SUPERVISORS, ALSO
 UTILIZING PAY RANGE DATA FROM YUSA; THESE EVALUATIONS ARE DOCUMENTED AND
 REVIEWED BY THE HR DEPARTMENT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
 CERTAIN DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

EASTER HOUSE REV NETTED WITH SPECIAL EVENT EXPENSE	\$	250,000
AMORTIZATION ON ROUA	\$	-37,025
EASTER HOUSE SPECIAL EVENT CASH PRIZE NETTED WITH REV	\$	-250,000
BOOK / TAX DEPRECIATION DIFFERENCE	\$	37,025

Filing Instructions

YOUNG MENS CHRISTIAN ASSOC. OF THE TREASURE COAST, INC.

Exempt Organization Business Tax Return

Taxable Year Ended December 31, 2022

Date Due: November 15, 2023

Remittance: None is required. Your Form 990-T for the tax year ended 12/31/22 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Mari Huff, C.P.A., P.A.
701 S Colorado Avenue, Suite 2
Stuart, FL 34994

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning _____, and ending _____
Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection
for 501(c)(3)
Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed.	B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) YOUNG MENS CHRISTIAN ASSOC. OF THE TREASURE COAST, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 1700 S.E. MONTEREY ROAD City or town, state or province, country, and ZIP or foreign postal code STUART FL 34996-4643	D Employer identification number 59-1911653 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year 7,029,164		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university	
H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439		I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>	
J Enter the number of attached Schedules A (Form 990-T) 1		K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation	

L The books are in care of **CHARLENE LYONS** Telephone number **772-263-6974**

Part I Total Unrelated Business Taxable Income	
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	146
2 Reserved	
3 Add lines 1 and 2	146
4 Charitable contributions (see instructions for limitation rules)	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	146
6 Deduction for net operating loss. See instructions	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	146
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	1,000
9 Trusts. Section 199A deduction. See instructions	
10 Total deductions. Add lines 8 and 9	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	0

Part II Tax Computation	
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	0
3 Proxy tax. See instructions	
4 Other tax amounts. See instructions	
5 Alternative minimum tax (trusts only)	
6 Tax on noncompliant facility income. See instructions	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	0

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b Other credits (see instructions)	1b	
c General business credit. Attach Form 3800 (see instructions)	1c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
e Total credits. Add lines 1a through 1d	1e	
2 Subtract line 1e from Part II, line 7	2	
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	
6a Payments: A 2021 overpayment credited to 2022	6a	
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c Tax deposited with Form 8868	6c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e Backup withholding (see instructions)	6e	
f Credit for small employer health insurance premiums (attach Form 8941)	6f	
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total	6g	
7 Total payments. Add lines 6a through 6g	7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4 Enter available pre-2018 NOL carryovers here \$. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
	\$	
	\$	
	\$	
	\$	
6a Did the organization change its method of accounting? (see instructions)		X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer	Date	Title	
			PRESIDENT/CEO	
Paid Preparer Use Only	Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN self-employed <input type="checkbox"/> P00761938
	MARI HUFF, CPA	MARI HUFF, CPA	05/24/23	
	Firm's name	Firm's EIN		
	701 S COLORADO AVENUE, SUITE 2	47-2814883		
	Firm's address	Phone no.		
	STUART, FL 34994	772-888-2042		

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization YOUNG MENS CHRISTIAN ASSOC.	B Employer identification number 59-1911653
C Unrelated business activity code (see instructions) 453000	D Sequence: 1 of 1

E Describe the unrelated trade or business **UNRELATED BUSINESS ACTIVITY**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
1c c Balance			
2 Cost of goods sold (Part III, line 8)			
3 Gross profit. Subtract line 2 from line 1c			
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
4b			
c Capital loss deduction for trusts			
4c			
5 Income (loss) from a partnership or an S corporation (attach statement)			
5			
6 Rent income (Part IV)			
6			
7 Unrelated debt-financed income (Part V)			
7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
9			
10 Exploited exempt activity income (Part VIII)			
10			
11 Advertising income (Part IX)			
11			
12 Other income (see instructions; attach statement) SEE STMT 1	5,193		5,193
12			
13 Total. Combine lines 3 through 12	5,193		5,193
13			

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)		1	
2 Salaries and wages		2	4,581
3 Repairs and maintenance		3	
4 Bad debts		4	
5 Interest (attach statement). See instructions		5	
6 Taxes and licenses		6	
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b	0
9 Depletion		9	
10 Contributions to deferred compensation plans		10	
11 Employee benefit programs		11	
12 Excess exempt expenses (Part VIII)		12	
13 Excess readership costs (Part IX)		13	
14 Other deductions (attach statement) SEE STATEMENT 2		14	466
15 Total deductions. Add lines 1 through 14		15	5,047
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	146
17 Deduction for net operating loss. See instructions		17	
18 Unrelated business taxable income. Subtract line 17 from line 16		18	146

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1
2	Purchases	2
3	Cost of labor	3
4	Additional section 263A costs (attach statement)	4
5	Other costs (attach statement)	5
6	Total. Add lines 1 through 5	6
7	Inventory at end of year	7
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A

B

C

D

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)

4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)

5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A

B

C

D

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

9 Allocable deductions. Multiply line 3c by line 6

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 Total dividends-received deductions included in line 10

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A)

Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2. Enter here and on Part I, line 9, column (A)

Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4
5 Gross income from activity that is not unrelated business income _____	5
6 Expenses attributable to income entered on line 5 _____	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

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Federal Statements

Unrelated Business Activity

Statement 1 - Schedule A (990T), Part I, Line 12 - Other Income

Description	Amount
VENDING	\$ 5,193
TOTAL	\$ 5,193

Unrelated Business Activity

Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions

Deduction Description	Deduction Amount
OCCUPANCY	\$ 466
TOTAL	\$ 466

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.

OMB No. 1545-0172

2022

Attachment Sequence No. **179**

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return YOUNG MENS CHRISTIAN ASSOC. OF THE TREASURE COAST, INC.	Identifying number 59-1911653
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Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,080,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		
9 Tentative deduction. Enter the smaller of line 5 or line 8		
10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		
13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12		

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	300,968

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	300,968
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
567	Sign	11/01/03	3,190		X	1,595	15 HY S/L	3,190	0
568	Security System	11/01/03	2,550		X	1,275	7 HY S/L	2,550	0
	Mass Sale: 12/31/22								
624	Pool Motor	3/15/07	2,548			2,548	5 HY S/L	2,548	0
	Mass Sale: 12/31/22								
			<u>8,288</u>			<u>5,418</u>		<u>8,288</u>	<u>0</u>
Other Depreciation:									
6	AUXILLARY GYM	10/15/87	744,854			744,854	39 MO S/L	724,527	19,099
7	POOL	12/15/87	196,277			196,277	15 MO S/L	196,277	0
9	POOL	6/01/88	8,666			8,666	15 MO S/L	8,666	0
11	GYM PARKING LOT	7/01/90	651,169			651,169	31 MO S/L	651,169	0
12	CHILD CARE CENTER	2/21/91	81,338			81,338	31 MO S/L	79,832	1,506
16	Pilates Equip	3/15/05	23,419			23,419	5 MO S/L	23,419	0
17	GYM FLOOR	6/01/95	1,575			1,575	31 MO S/L	1,329	50
20	GYM EXIT DOOR	12/01/95	927			927	15 MO S/L	927	0
22	FIRE ALARM SYSTEM	4/30/96	7,200			7,200	31 MO S/L	5,886	228
23	SINK AND CABINET	8/30/96	765			765	7 MO S/L	765	0
25	LAND	10/15/87	127,158			127,158	0 -- Land	0	0
26	REPAVE EAST PARKING	11/01/95	3,000			3,000	0 -- Land	0	0
27	PLAYGROUND	11/01/95	3,140			3,140	0 -- Land	0	0
	Mass Sale: 12/31/22								
28	LAND CLEARING	6/30/96	1,425			1,425	0 -- Land	0	0
29	HOCKEY PARKING LOT	12/31/96	450			450	0 -- Land	0	0
66	STAGE	12/07/87	500			500	5 MO S/L	500	0
78	CANOES	6/17/85	900			900	5 MO S/L	900	0
	Mass Sale: 12/31/22								
82	STACK CHAIRS	12/19/84	1,442			1,442	5 MO S/L	1,442	0
83	PICNIC TABLES	12/31/89	2,500			2,500	5 MO S/L	2,500	0
87	CANOES	7/01/89	2,400			2,400	5 MO S/L	2,400	0
	Mass Sale: 12/31/22								
93	H2O WORKOUT	7/01/90	995			995	5 MO S/L	995	0
	Mass Sale: 12/31/22								
94	WEIGHTS	7/01/90	350			350	5 MO S/L	350	0
	Mass Sale: 12/31/22								
98	CANOES	7/01/90	1,000			1,000	5 MO S/L	1,000	0
149	AEROBIC STEPS	4/30/96	1,300			1,300	7 MO S/L	1,300	0
151	TODDLER TABLE	8/30/96	456			456	7 MO S/L	456	0
	Mass Sale: 12/31/22								
160	POOL SIDE	3/01/97	19,900			19,900	7 MO S/L	19,900	0
163	INCLINE BENCH	4/01/97	330			330	7 MO S/L	330	0
	Mass Sale: 12/31/22								
165	WALL MATS	5/01/97	1,224			1,224	7 MO S/L	1,224	0
	Mass Sale: 12/31/22								
167	PAVING RINK	1/01/97	500			500	0 -- Land	0	0
168	IRRIGATION SYSTEM	12/01/97	825			825	0 -- Land	0	0
	Mass Sale: 12/31/22								
169	WELL PHASE II	12/01/97	1,609			1,609	0 -- Land	0	0
170	SODDING	12/01/97	1,566			1,566	0 -- Land	0	0
	Mass Sale: 12/31/22								
171	SOCCER FIELD FILL	12/01/97	678			678	0 -- Land	0	0
172	SODDING	12/01/97	786			786	0 -- Land	0	0
	Mass Sale: 12/31/22								
174	WOOD WORKING	11/01/97	1,575			1,575	7 MO S/L	1,575	0
183	PLASTIC LOCKERS	10/01/97	9,642			9,642	7 MO S/L	9,642	0
190	SECURITY FENCE	12/31/97	1,540			1,540	7 MO S/L	1,540	0
197	TRANSPORT MACHINE	3/01/97	6,480			6,480	7 MO S/L	6,480	0
202	FIRE ALARM	3/01/97	8,220			8,220	7 MO S/L	8,220	0
205	PHASE II BUILDING	3/01/97	1,272,538			1,272,538	31 MO S/L	1,003,218	40,398
206	OFFICE RENOVATION	3/10/98	1,695			1,695	15 MO S/L	1,695	0
207	AEROBIC ROOM DOOR	6/30/98	2,100			2,100	15 MO S/L	2,100	0
211	LOCKER ROOM TILE	12/31/98	6,802			6,802	15 MO S/L	6,802	0
213	DUMBELLS & RACK	3/25/98	1,958			1,958	7 MO S/L	1,958	0
215	EXERCISE WEIGHTS	5/31/98	653			653	7 MO S/L	653	0
217	SIGN	6/30/98	4,307			4,307	15 MO S/L	4,307	0
	Mass Sale: 12/31/22								
220	SIGN	7/31/98	4,307			4,307	15 MO S/L	4,307	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Mass Sale: 12/31/22									
225	OFFICE FURNITURE	10/08/98	580			580	7 MO S/L	580	0
230	LIFEGUARD CHAIR	12/31/98	1,765			1,765	7 MO S/L	1,765	0
236	SOD	7/31/98	1,068			1,068	0 -- Land	0	0
Mass Sale: 12/31/22									
336	OFFICE FURNITURE	3/31/96	800			800	7 MO S/L	800	0
337	30X60 DESK	6/30/96	474			474	7 MO S/L	474	0
339	30in 4 DRAWER FILE	6/30/96	299			299	7 MO S/L	299	0
343	CREDENZA	12/30/96	339			339	7 MO S/L	339	0
344	29X36 BOOKCASE	12/31/96	117			117	7 MO S/L	117	0
345	29X36 BOOKCASE	12/31/96	109			109	7 MO S/L	109	0
346	29X36 BOOKCASE	12/31/96	117			117	7 MO S/L	117	0
347	20X66 STOR CREDENZA	12/31/96	309			309	7 MO S/L	309	0
348	2 DRAWER VERT FILE	12/31/96	113			113	7 MO S/L	113	0
349	20X66 CREDENZA	12/31/96	309			309	7 MO S/L	309	0
350	4 DRAWER 30in LAT FILE	12/31/96	319			319	7 MO S/L	319	0
359	PLOT LIGHTS	12/31/99	5,289			5,289	7 MO S/L	5,289	0
Mass Sale: 12/31/22									
360	SOD - FIELDS	12/31/99	1,915			1,915	0 -- Land	0	0
Mass Sale: 12/31/22									
363	BLEACHERS	1/25/99	795			795	7 MO S/L	795	0
364	ALUM - BLEACHERS	1/25/99	600			600	7 MO S/L	600	0
384	SOCCER LIGHTS	2/26/99	2,419			2,419	7 MO S/L	2,419	0
Mass Sale: 12/31/22									
385	GYMSIGN	3/31/99	635			635	7 MO S/L	635	0
386	SOCCER LIGHTS	3/31/99	51			51	7 MO S/L	51	0
Mass Sale: 12/31/22									
395	DIGIBD AND INSTALL	3/31/99	3,074			3,074	5 MO S/L	3,074	0
402	SOCCER LIGHT	5/31/99	2,539			2,539	7 MO S/L	2,539	0
Mass Sale: 12/31/22									
408	Renovations-new after school/camp room	7/01/17	111,400			111,400	15 MO S/L	33,420	7,427
409	Flooring Pilates room	11/09/17	5,740			5,740	7 MO S/L	3,417	820
410	Front Lobby Doors	11/08/17	17,233			17,233	39 MO S/L	1,841	442
Mass Sale: 12/31/22									
411	Irrigation Pump	7/17/17	2,000			2,000	15 MO S/L	589	133
Mass Sale: 12/31/22									
412	Fire Alarm Panel	10/18/17	3,690			3,690	15 MO S/L	1,025	246
413	Manway Cover	4/26/17	1,058			1,058	15 MO S/L	329	71
414	Gym AC Compressor	6/30/17	1,225			1,225	39 MO S/L	141	32
Mass Sale: 12/31/22									
415	Lifeguard Office split AC unit	6/19/17	2,600			2,600	39 MO S/L	300	67
416	Women's Locker room AC blower	7/13/17	2,890			2,890	39 MO S/L	333	75
Mass Sale: 12/31/22									
417	Indiantown Fire Alarm Panel	12/01/17	2,670			2,670	15 MO S/L	727	178
418	Indiantown Pool Pump	6/01/17	1,953			1,953	7 MO S/L	1,279	279
419	Engine for PSL white bus	3/01/17	8,017			8,017	5 MO S/L	7,750	267
420	Transmission flat nose bus	5/31/17	4,391			4,391	5 MO S/L	4,025	366
421	File Server	2/21/17	8,685			8,685	7 MO S/L	5,997	1,240
422	NEO 240 ice machine	5/17/17	2,580			2,580	7 MO S/L	1,689	369
424	Pool Vacuum	6/22/17	1,762			1,762	7 MO S/L	1,133	251
Mass Sale: 12/31/22									
425	Back up drive/server	5/15/17	2,272			2,272	5 MO S/L	2,120	152
426	2 Marquee Signs	11/01/17	4,050			4,050	5 MO S/L	3,375	675
Mass Sale: 12/31/22									
427	Indiantown Pool Fence	4/01/17	1,048			1,048	7 MO S/L	711	150
429	18x30 tent white	5/01/17	1,086			1,086	7 MO S/L	724	155
430	18x30 tent white	5/01/17	1,086			1,086	7 MO S/L	724	155
431	Leased Equipment - 11 treadmills & 2 Recu	5/01/17	71,782			71,782	7 MO S/L	47,855	10,254
432	Summer Camp Playground Structure	1/31/17	79,820			79,820	7 MO S/L	56,064	11,403
433	Venture Contruction Locker Room	11/14/18	44,325			44,325	39 MO S/L	3,566	1,136
434	GYM PARKING LOT ADDITION	8/31/99	224,640			224,640	21 MO S/L	224,640	0
435	Locker Room Flooring	11/14/18	6,000			6,000	15 MO S/L	1,267	400
436	Toilets and Urinals for Locker Room	11/14/18	4,205			4,205	5 MO S/L	2,663	841
437	Equipment	12/31/18	20,144			20,144	5 MO S/L	12,087	4,028
438	Pool	12/31/18	3,650			3,650	7 MO S/L	1,564	522
439	IT Pool	12/31/18	71,575			71,575	5 MO S/L	42,945	14,315
440	Doors and Contacts	12/31/18	3,103			3,103	5 MO S/L	1,862	621
441	Carpet	12/31/18	4,359			4,359	5 MO S/L	2,615	872
442	Locker Room - Home Depot	12/31/18	1,646			1,646	5 MO S/L	988	329
443	Equipment	12/31/18	11,225			11,225	5 MO S/L	6,735	2,245
444	Pool Computer Equipment	12/31/18	2,439			2,439	5 MO S/L	1,463	488

59-1911653

Federal Asset Report

FYE: 12/31/2022

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
445	Laptops and Signs	12/31/18	5,963			5,963	5 MO S/L	3,578	1,193
446	FENCE	6/30/00	2,225			2,225	7 MO S/L	2,225	0
447	Pool	12/31/18	2,439			2,439	7 MO S/L	1,045	349
448	Compressor	12/31/18	1,806			1,806	7 MO S/L	774	258
449	COMPUTER	10/31/00	1,100			1,100	5 MO S/L	1,100	0
450	COMPUTER 2	10/31/00	2,550			2,550	5 MO S/L	2,550	0
451	Pool Fence	12/31/18	1,000			1,000	15 MO S/L	200	67
452	Vehicle	12/31/18	7,805			7,805	5 MO S/L	4,683	1,561
454	GYMNASIUM CURTAIN	12/31/00	5,496			5,496	7 MO S/L	5,496	0
460	PSL SIGN	12/31/00	1,195			1,195	7 MO S/L	1,195	0
	Mass Sale: 12/31/22								
466	LOCKERS	2/15/00	20,561			20,561	7 MO S/L	20,561	0
467	FIELD SIGN	5/03/00	4,553			4,553	7 MO S/L	4,553	0
	Mass Sale: 12/31/22								
468	SHUTTERS	6/30/00	3,618			3,618	7 MO S/L	3,618	0
471	MISC. FURNITURE & FIXTURES-LR/CC	10/31/00	39,922			39,922	7 MO S/L	39,922	0
472	TABLES/CHILDREN/LOCKER ROOM/CI	8/31/00	2,098			2,098	7 MO S/L	2,098	0
474	BLINDS IN TBA/LOCKER ROOM/CHIL	6/30/00	2,114			2,114	7 MO S/L	2,114	0
476	GOALS-SOCCER	10/31/00	5,679			5,679	7 MO S/L	5,679	0
477	SIGN	11/30/00	14,445			14,445	7 MO S/L	14,445	0
	Mass Sale: 12/31/22								
480	PLAYGROUND/INDIANTOWN	12/31/00	3,871			3,871	7 MO S/L	3,871	0
483	PLAYGROUND	7/31/00	20,873			20,873	7 MO S/L	20,873	0
487	SOCCER PAVILION	6/15/00	98,949			98,949	10 MO S/L	98,949	0
489	PARKING LOT/LANDSCAPE	12/31/00	1,175			1,175	7 MO S/L	1,175	0
491	LOCKER ROOM	5/10/00	431,855			431,855	39 MO S/L	234,475	11,073
492	CHILD CARE	6/05/00	796,013			796,013	39 MO S/L	430,536	20,411
494	SOCCER FIELD	11/20/00	235,070			235,070	0 -- Land	0	0
500	Indiantown Building	11/01/02	1,807,761			1,807,761	39 MO S/L	888,430	46,352
501	Stuart Pool Renovations	1/15/02	279,983			279,983	15 MO S/L	279,983	0
502	IMPROVEMENTS	7/01/65	3,563			3,563	10 MO S/L	3,563	0
	Mass Sale: 12/31/22								
503	Electric - Fitness Floor	5/31/02	1,446			1,446	15 MO S/L	1,446	0
504	PRKNG LOT- DICKERSON	7/01/99	40,000			40,000	20 MO S/L	40,000	0
505	LAND	7/01/65	24,360			24,360	0 -- Land	0	0
507	29 Passanger Bus	8/30/02	44,408			44,408	5 MO S/L	44,408	0
508	SOCCERFIELD SPRINKLER	1/01/00	4,000			4,000	10 MO S/L	4,000	0
	Mass Sale: 12/31/22								
509	GYM FLOOR	5/31/00	55,815			55,815	10 MO S/L	55,815	0
510	STUART FIELD FERTILIZER	4/30/01	1,071			1,071	0 -- Land	0	0
511	ENGINEERING	4/30/01	3,905			3,905	0 -- Land	0	0
512	Classroom Equipment	11/01/02	1,531			1,531	7 MO S/L	1,531	0
513	Classroom Equipment	11/01/02	88,018			88,018	7 MO S/L	88,018	0
516	TEDDY BEAR SOUND PROOFING	4/30/01	1,616			1,616	15 MO S/L	1,616	0
519	Classroom Signs	11/01/02	1,004			1,004	7 MO S/L	1,004	0
521	INDIANTOWN BUS	9/30/01	42,422			42,422	10 MO S/L	42,422	0
522	Renderings	11/01/02	460			460	7 MO S/L	460	0
523	Fitness Equipment	11/01/02	362			362	7 MO S/L	362	0
	Mass Sale: 12/31/22								
526	Wooden Street Sign	11/01/02	625			625	7 MO S/L	625	0
	Mass Sale: 12/31/22								
527	Floor Safe	11/01/02	885			885	7 MO S/L	885	0
532	TWO HUBS	8/31/01	749			749	5 MO S/L	749	0
533	Fitness Equipment	11/01/02	21,366			21,366	7 MO S/L	21,366	0
	Mass Sale: 12/31/22								
534	Fitness Equipment	11/01/02	26,264			26,264	7 MO S/L	26,264	0
538	MISCELLANEOUS EQUIPMENT	8/31/01	347			347	7 MO S/L	347	0
541	Misc. Start Up Furn. & Equip	1/31/03	4,884			4,884	5 MO S/L	4,884	0
546	Classroom Misc	3/31/03	4,203			4,203	7 MO S/L	4,203	0
547	7 Personal Computers	11/30/06	6,129			6,129	5 MO S/L	6,129	0
	Mass Sale: 12/31/22								
549	ITS Router	3/31/03	500			500	5 MO S/L	500	0
550	Buffer	3/31/03	832			832	5 MO S/L	832	0
	Mass Sale: 12/31/22								
555	Saturn Vue 2006	7/01/06	18,887			18,887	5 MO S/L	18,887	0
557	Leg Press	12/01/03	2,389			2,389	5 MO S/L	2,389	0
558	A/C Coils	8/31/03	7,046			7,046	15 MO S/L	7,046	0
559	3 AED's	8/31/03	6,939			6,939	15 MO S/L	6,939	0
561	Building	6/30/03	29,649			29,649	39 MO S/L	14,064	760
563	Pool Fence	5/16/03	7,763			7,763	7 MO S/L	7,763	0
564	Tile floor	5/06/05	22,450			22,450	5 MO S/L	22,450	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	Per Conv Meth	Prior	Current
570	File cabinets	4/21/05	2,208			2,208	5 MO S/L	2,208	0
571	Smith Machine paramount	4/21/05	800			800	5 MO S/L	800	0
575	Amplifier	6/21/05	560			560	5 MO S/L	560	0
577	6 seat kiddie bus	7/05/05	919			919	5 MO S/L	919	0
Mass Sale: 12/31/22									
578	Super stack 3 switch	6/07/05	1,875			1,875	5 MO S/L	1,875	0
Mass Sale: 12/31/22									
591	Hydroforce Pool Pump	3/08/06	546			546	5 MO S/L	546	0
593	Pool Pump for Mushroom Pool	5/19/06	3,824			3,824	5 MO S/L	3,824	0
594	Replace and Refurbish Playground	5/24/06	6,557			6,557	5 MO S/L	6,557	0
Mass Sale: 12/31/22									
596	Mirrored Wall	6/27/06	2,700			2,700	5 MO S/L	2,700	0
601	Cybox Equipment	6/01/06	84,131			84,131	5 MO S/L	84,131	0
611	Canoe Trailer	4/27/07	1,891			1,891	5 MO S/L	1,891	0
616	Sheave Pulley on Air handler	2/02/07	875			875	5 MO S/L	875	0
619	Air Handler	7/13/07	4,610			4,610	5 MO S/L	4,610	0
622	Custom reception Desk	1/03/07	7,028			7,028	5 MO S/L	7,028	0
623	Custom reception Desk	1/03/07	2,304			2,304	5 MO S/L	2,304	0
627	Fire Panel with Sattelite Panel	7/25/07	2,878			2,878	5 MO S/L	2,878	0
632	File Server Switch	4/17/07	814			814	5 MO S/L	814	0
635	Dell PC Processor	8/10/07	1,733			1,733	5 MO S/L	1,733	0
Mass Sale: 12/31/22									
638	6 Lap Top	10/18/07	3,339			3,339	5 MO S/L	3,339	0
641	Weight cubbies for aerobics	5/10/08	1,300			1,300	5 MO S/L	1,300	0
645	Kiddy pool fence	11/03/08	3,375			3,375	5 MO S/L	3,375	0
648	Pool Impeller	2/19/08	2,439			2,439	5 MO S/L	2,439	0
649	remodeling of TBA rooms 1 2 and 3	2/19/08	9,868			9,868	5 MO S/L	9,868	0
650	Bayshore Sidewalk	2/08/08	2,754			2,754	5 MO S/L	2,754	0
653	3 row 30 seat Tip n roll bleachers	4/15/08	1,112			1,112	5 MO S/L	1,112	0
657	Custom Reception Desk	1/01/08	7,028			7,028	5 MO S/L	7,028	0
659	Biodex cycle	3/19/08	4,173			4,173	5 MO S/L	4,173	0
660	(2) 3.5 ton A/Cunits	6/10/09	6,492			6,492	7 MO S/L	6,492	0
661	Heater (classrooms 1 2 & 3)	1/12/09	1,575			1,575	7 MO S/L	1,575	0
662	Hydropower Pool Chairlift	6/11/09	1,478			1,478	5 MO S/L	1,478	0
663	Hydropower Pool Chairlift	6/11/09	1,885			1,885	5 MO S/L	1,885	0
664	Volleyball Standards	6/05/09	1,200			1,200	7 MO S/L	1,200	0
665	Volleyball Standards	6/05/09	4,260			4,260	7 MO S/L	4,260	0
671	Security Camera System	10/29/09	2,662			2,662	5 MO S/L	2,662	0
673	3 ton A/C Condensor	9/27/10	3,450			3,450	7 MO S/L	3,450	0
674	15 ton A/C TBA	5/12/10	13,300			13,300	7 MO S/L	13,300	0
675	4 Ton A/C - Main Building	5/12/10	8,400			8,400	7 MO S/L	8,400	0
676	10 Ton A/C - Men's Locker Room	5/12/10	11,300			11,300	7 MO S/L	11,300	0
677	Front Lobby A/C Condensing Coil	12/02/10	1,450			1,450	7 MO S/L	1,450	0
682	Pool Deck	12/22/10	12,900			12,900	7 MO S/L	12,900	0
683	Fence-VPK playground	4/01/10	3,000			3,000	5 MO S/L	3,000	0
684	Front Overhang/Sofet	10/24/10	1,750			1,750	5 MO S/L	1,750	0
690	Pool Diffuser	6/23/10	885			885	5 MO S/L	885	0
Mass Sale: 12/31/22									
693	Security System/Pool Monitoring system	3/24/10	3,105			3,105	5 MO S/L	3,105	0
695	Free Standing Floor Open Rack	6/30/10	650			650	5 MO S/L	650	0
696	Spin Room Audio Solutions: Bogen Amplif	6/30/10	1,129			1,129	5 MO S/L	1,129	0
698	PA System/Peavey Escort 30	7/23/10	650			650	5 MO S/L	650	0
699	Water Fountain-Aerobics Room	9/23/10	769			769	5 MO S/L	769	0
701	Control Panel-security system	3/02/10	1,418			1,418	5 MO S/L	1,418	0
Mass Sale: 12/31/22									
702	Exterior Window Blinds-Multi Purpose Roc	8/09/10	2,268			2,268	5 MO S/L	2,268	0
703	POOL COMPUTER-CHEMICAL MGMT :	8/01/10	11,377			11,377	5 MO S/L	11,377	0
704	3.5 T A/C Condensor	8/17/11	1,750			1,750	5 MO S/L	1,750	0
705	Pressure Modification System for Pool	8/24/11	1,167			1,167	7 MO S/L	1,167	0
707	Motor Controller	5/02/11	1,782			1,782	5 MO S/L	1,782	0
708	Basketball Winch motors	3/09/11	4,550			4,550	5 MO S/L	4,550	0
711	Pool Renovations	1/05/11	45,128			45,128	15 MO S/L	33,094	3,008
714	Road Sign - SW Farm Road	11/21/12	1,450			1,450	5 MO S/L	1,450	0
715	A/C Compressor	9/13/12	1,650			1,650	5 MO S/L	1,650	0
716	File Server	2/01/12	4,983			4,983	5 MO S/L	4,983	0
719	AED for soccer fields	9/28/12	1,600			1,600	5 MO S/L	1,600	0
721	11 Cybox Treadmills/2 ARC Trainers	4/02/12	63,329			63,329	5 MO S/L	63,329	0
722	3.5T A/C Unit - Gym	5/08/13	3,300			3,300	7 MO S/L	3,300	0
723	Evaporator Coil - A/C Unit - Daycare	6/19/13	2,500			2,500	7 MO S/L	2,500	0
725	2011 Kawasaki KAF400 Mule	10/08/13	7,445			7,445	5 MO S/L	7,445	0
727	Whirlpool 26.4 Cu Ft Side by Side Refriger	7/08/13	1,336			1,336	7 MO S/L	1,336	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
728	(7) Ellipticals & (3) Recumbant Bikes - Jule	8/29/13	47,923			47,923	5 MO S/L	47,923	0
729	625AT Total Body Arc Trainer E3 - Macrol	7/08/13	5,167			5,167	5 MO S/L	5,167	0
	Mass Sale: 12/31/22								
734	Fence - Camp Area	5/23/14	1,800			1,800	5 MO S/L	1,800	0
735	Windows - Lobby	5/28/14	15,965			15,965	15 MO S/L	8,071	1,065
736	Flooring - Multipurpose Room Spin Room	9/01/14	10,884			10,884	5 MO S/L	10,884	0
741	Condenser - Outside Air Unit	5/27/14	2,975			2,975	7 MO S/L	2,975	0
742	Condenser - Fitness Room	7/29/14	2,975			2,975	7 MO S/L	2,975	0
744	Compressor - First Stage Fitness Unit	8/13/14	4,575			4,575	7 MO S/L	4,575	0
745	Blower Wheel - Fresh Air Unit - Gym/Fitne	3/24/14	2,300			2,300	5 MO S/L	2,300	0
750	Camp Tent	5/19/14	2,395			2,395	5 MO S/L	2,395	0
	Mass Sale: 12/31/22								
753	Frosty Fruit Machine	12/31/15	2,225			2,225	5 MO S/L	2,225	0
	Mass Sale: 12/31/22								
754	Treadmills/Stairclimber	3/01/14	22,381			22,381	5 MO S/L	22,381	0
756	Laptop MacBook Pro 2011 model	1/15/15	1,700			1,700	5 MO S/L	1,700	0
759	Bayshore Front Doors	9/29/15	5,430			5,430	15 MO S/L	2,262	362
760	Stepmills (2)	8/01/15	11,429			11,429	5 MO S/L	11,429	0
761	Ultra Elegant Gigabit IP Phone System	3/01/15	17,805			17,805	5 MO S/L	17,805	0
762	A/C Unit - locker rooms	3/31/15	16,300			16,300	7 MO S/L	15,718	582
763	Evaporator Coils (2) - multipurpose room	5/26/15	3,200			3,200	7 MO S/L	3,010	190
765	A/C Unit Teddy Bear 15 ton	12/17/15	8,000			8,000	7 MO S/L	6,857	1,143
767	Pool Lights	12/31/15	7,000			7,000	5 MO S/L	7,000	0
769	Fan Motor and Blower	8/26/15	1,658			1,658	5 MO S/L	1,658	0
770	Condensor	8/17/15	1,800			1,800	7 MO S/L	1,629	171
771	Compressor	7/22/15	1,664			1,664	7 MO S/L	1,525	139
772	200 Amp Electrical meter	12/15/15	1,950			1,950	15 MO S/L	791	130
774	1999 International Bus	4/21/15	7,208			7,208	5 MO S/L	7,208	0
775	1999 Freightliner Bus	12/31/15	4,200			4,200	5 MO S/L	4,200	0
776	Irrigation Pump	12/31/15	4,481			4,481	10 MO S/L	2,689	448
	Mass Sale: 12/31/22								
777	Circulating Pool Pump	6/02/15	7,395			7,395	5 MO S/L	7,395	0
778	Basketball Tork Winch	10/19/15	1,437			1,437	5 MO S/L	1,437	0
779	Elliptical	8/01/15	6,595			6,595	5 MO S/L	6,595	0
780	Barbell Rack	8/01/15	788			788	5 MO S/L	788	0
781	20-65 Weight Bars	8/01/15	1,976			1,976	5 MO S/L	1,976	0
782	Functional Trainer	8/01/15	4,726			4,726	5 MO S/L	4,726	0
783	Jungle Gym	8/01/15	12,289			12,289	5 MO S/L	12,289	0
784	VR 1 Ab/Back Extension Light Wgt Stack	8/01/15	3,028			3,028	5 MO S/L	3,028	0
785	VR 3 Fly/Rear Delt and Tricep Press	8/01/15	6,383			6,383	5 MO S/L	6,383	0
791	AC UNIT #6 5 TON	6/22/16	4,275			4,275	7 MO S/L	3,359	611
792	AC UNIT LOBBY GOODMAN 5 TON	11/08/16	4,375			4,375	7 MO S/L	3,229	625
793	2 AC COILS WO-1977	7/27/16	4,785			4,785	7 MO S/L	3,703	683
795	(4) 5'x12' 1 MULTI COLOR MARQUEE S	8/08/16	7,335			7,335	7 MO S/L	5,676	1,048
796	Boiler Pump	4/14/16	1,384			1,384	5 MO S/L	1,384	0
797	LADIES LOCKER ROOM HOT WATER I	4/14/16	1,666			1,666	5 MO S/L	1,666	0
798	POOL FENCE AND WINDSCREEN	12/14/16	3,400			3,400	5 MO S/L	3,400	0
799	NEW ROOFS - ALL STUART CAMPUS	6/23/16	721,998			721,998	20 MO S/L	177,491	36,100
800	AEROBICS ROOM FLOOR	12/13/16	17,799			17,799	7 MO S/L	12,925	2,543
801	AC UNIT TEDDY BEAR	2/29/16	16,300			16,300	7 MO S/L	13,583	2,329
802	AC HANDLER IN GYM	4/29/16	7,400			7,400	7 MO S/L	5,990	1,058
803	POOL HEATER	1/31/16	2,800			2,800	5 MO S/L	2,800	0
804	Window tinting	12/31/05	4,875			4,875	5 MO S/L	4,875	0
805	POOL TARP	12/21/16	3,699			3,699	5 MO S/L	3,699	0
806	JONTI MOBILE ART AFTER SCHOOL C	2/25/16	1,096			1,096	5 MO S/L	1,096	0
807	6 SEAT STROLLER TODDLERS	11/01/16	1,357			1,357	5 MO S/L	1,357	0
2005	Water/Sewer Lines	1/31/04	11,784			11,784	15 MO S/L	11,784	0
2012	1 Lexmark T630 Laser Printer	2/09/04	775			775	5 MO S/L	775	0
2029	Security System	8/10/04	2,428			2,428	7 MO S/L	2,428	0
	Mass Sale: 12/31/22								
2030	Air Condensor Coil	5/05/04	4,700			4,700	15 MO S/L	4,700	0
2031	IMPRV. O/T BLDG	7/01/99	3,266			3,266	7 MO S/L	3,266	0
2032	BLDG IMPROVEMENTS	7/01/99	67,076			67,076	39 MO S/L	38,698	1,720
2050	Refurbish Men's Room off Gym	6/23/04	1,488			1,488	15 MO S/L	1,488	0
2060	Septic Tank Pump	8/12/04	1,193			1,193	7 MO S/L	1,193	0
2070	Fire Sprinkler System	8/28/04	1,133			1,133	7 MO S/L	1,133	0
2071	SEWER	6/30/00	980			980	0 -- Land	0	0
2072	Electric for Irrigation	5/31/02	900			900	0 -- Land	0	0
2073	29 Passanger Bus	8/30/02	44,408			44,408	5 MO S/L	44,408	0
2074	2 SOCCER GOALS	6/30/99	697			697	7 MO S/L	697	0
2075	BLEACHERS-BASKETBALL	2/27/00	600			600	7 MO S/L	600	0

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FYE: 12/31/2022

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
2077	Lockers	11/01/02	3,665			3,665	7 MO S/L	3,665	0
2078	Pool Furniture	11/01/02	4,590			4,590	7 MO S/L	4,590	0
2079	SAT TV	2/28/03	345			345	5 MO S/L	345	0
	Mass Sale: 12/31/22								
2080	Playground Equipment	2/28/03	50,583			50,583	7 MO S/L	50,583	0
2081	1 Laser Printer	2/01/04	775			775	5 MO S/L	775	0
10100	4 Precor lower body equipment	2/01/04	11,560			11,560	5 MO S/L	11,560	0
10101	TRUE STRETCH STATION	1/27/16	2,099			2,099	5 MO S/L	2,099	0
10102	Pool	12/31/18	9,191			9,191	7 MO S/L	3,939	1,313
10103	A/C in Aerobic and Spin	12/31/18	31,375			31,375	5 MO S/L	18,825	6,275
10104	Fire Alarm Equip	12/31/18	1,475			1,475	31 MO S/L	140	47
10105	Equipment	7/01/19	4,502			4,502	7 MO S/L	1,608	643
10106	EQUIPMENT	3/01/19	5,199			5,199	7 MO S/L	2,104	743
10107	EQUIPMENT	5/01/19	3,081			3,081	7 MO S/L	1,174	440
10108	EQUIPMENT	1/01/19	7,760			7,760	7 MO S/L	3,326	1,108
10109	EQUIPMENT	2/01/19	7,760			7,760	7 MO S/L	3,233	1,109
10110	EQUIPMENT	11/01/19	10,676			10,676	7 MO S/L	3,305	1,525
10111	EQUIPMENT	12/31/19	3,173			3,173	7 MO S/L	907	453
10112	EQUIPMENT	3/01/19	13,700			13,700	7 MO S/L	5,545	1,957
10113	EQUIPMENT	8/01/19	9,875			9,875	7 MO S/L	3,409	1,411
10114	BUILDING IMPROVEMENT	8/01/19	38,886			38,886	7 MO S/L	13,425	5,555
10115	IRRIGATION - OUTDOOR CLASS	3/17/20	1,500			1,500	15 MO S/L	175	100
10116	FENCING	5/28/20	4,350			4,350	15 MO S/L	459	290
10117	PLAYGROUND MULCH	7/06/20	4,300			4,300	5 MO S/L	1,290	860
10118	POOL FENCE	8/04/20	1,800			1,800	15 MO S/L	170	120
10119	CCTV SYSTEM	9/15/20	3,915			3,915	10 MO S/L	522	391
10120	A/C REPLACEMENT - MENS LOCKER F	12/14/20	13,600			13,600	15 MO S/L	982	907
10121	SAVIN B/W BUY OUT	4/29/20	10,377			10,377	5 MO S/L	3,459	2,076
10122	BUSINESS FURNITURE	8/11/20	12,501			12,501	7 MO S/L	2,530	1,786
10123	Business Center Reno	8/11/20	4,900			4,900	15 MO S/L	463	326
10124	HOT WATER HEATER	9/02/20	1,379			1,379	10 MO S/L	184	138
10125	AIR COMPRESSOR	9/02/20	2,395			2,395	10 MO S/L	319	240
10126	A/C Replacement	8/12/20	20,269			20,269	15 MO S/L	1,914	1,352
10127	Bayshore Kitchen Remodel	7/06/20	12,226			12,226	39 MO S/L	470	314
10128	Roof Repair	10/20/20	1,145			1,145	10 MO S/L	134	114
10129	Fire Sprinklers	10/20/20	1,010			1,010	39 MO S/L	30	26
10130	Pool Electric	10/20/20	2,167			2,167	10 MO S/L	253	217
10131	New Gym Floors	2/22/21	17,400			17,400	15 MO S/L	967	1,160
10132	Doors Repaired	10/31/21	1,250			1,250	10 MO S/L	21	125
10133	Levono Thinkbook	11/22/21	1,244			1,244	5 MO S/L	21	249
10134	Pool Side Removal	1/18/21	3,500			3,500	15 MO S/L	214	233
10135	Backwash & Stenner Pump	9/22/21	2,607			2,607	7 MO S/L	93	372
10136	Tent Cover Poles	6/16/21	1,266			1,266	7 MO S/L	90	181
10137	Tent Covers	7/17/21	1,161			1,161	7 MO S/L	69	166
10138	Refrigartor	9/02/21	2,000			2,000	7 MO S/L	95	286
10139	Rubber Hex Dumbbells	6/02/21	1,586			1,586	7 MO S/L	132	227
10140	Field Lift Station Repair	11/04/21	4,302			4,302	7 MO S/L	102	615
10141	Winch Assembly	3/03/21	1,470			1,470	7 MO S/L	175	210
	Mass Sale: 12/31/22								
10142	Gym Wall Padding	6/02/21	10,255			10,255	7 MO S/L	855	1,465
10143	Gym Floor Power Supply	6/15/21	1,300			1,300	7 MO S/L	108	186
10144	2019 Ford T350 Van	7/25/22	45,435			45,435	5 MO S/L	0	3,786
10145	2014 Thomas C2	11/16/22	50,000			50,000	5 MO S/L	0	833
10146	Tables/Charis/Chair Dolly	5/18/22	9,283			9,283	7 MO S/L	0	774
10147	Playground Improvements	12/31/22	16,640			16,640	7 MO S/L	0	0
10148	Soccer Field	12/31/22	158,240			158,240	15 MO S/L	0	0
10149	Field Irrigation System	12/31/22	44,221			44,221	15 MO S/L	0	0
10150	Field Project	12/31/22	164,500			164,500	15 MO S/L	0	0
10151	Outdoor Classroom	12/31/22	15,000			15,000	7 MO S/L	0	0
10152	Flooring	12/31/22	15,909			15,909	15 MO S/L	0	0
10153	Pool Reno	12/31/22	19,047			19,047	15 MO S/L	0	0
10154	Multi-Purpose Room Reno	12/31/22	5,475			5,475	15 MO S/L	0	0
10155	Lift Station	12/31/22	7,159			7,159	10 MO S/L	0	0
	Total Other Depreciation		<u>10,774,129</u>			<u>10,774,129</u>		<u>6,923,656</u>	<u>300,968</u>
	Total ACRS and Other Depreciation		<u>10,774,129</u>			<u>10,774,129</u>		<u>6,923,656</u>	<u>300,968</u>

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		10,782,417		10,779,547		6,931,944	300,968
	Less: Dispositions and Transfers		158,093		156,818		123,958	2,266
	Less: Start-up/Org Expense		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>10,624,324</u>		<u>10,622,729</u>		<u>6,807,986</u>	<u>298,702</u>



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

YMCA of the Treasure Coast (1328)
1700 SE Monterey Rd
Stuart, Florida 34996-4109

Contact: **Charlene Lyons**
 Title: **CEO**
 Email: cl Lyons@ymcatreasurecoast.org

Fair Share Statement: October - 2022

Current Activity - Current year

Prior Statement Balance:	(\$300.00)	Questions: dues@ymca.net
Monthly Fair Share Estimate:	\$3,689.08	Your annual 2022 Fair Share Estimate is: <u>\$44,269.00</u>
Monthly Payment Received:	\$0.00	
Other Monthly Activity:	\$0.00	
Amount Due:	<u>\$3,389.08</u>	

Current Activity - Prior Years

Prior Statement Balance:	\$0.00
Annual Report Submission:	\$0.00
Payments Received:	\$0.00
Other Activity:	\$0.00
Amount Due:	<u>\$0.00</u>

Annual Transaction History

Year	Balance	Estimate	Annual Report	Payments	Adjustments
YTD 2022	\$3,389.08	\$36,890.80		(\$33,501.72)	\$0.00
2021	\$0.00	\$37,121.04	\$30,024.96	(\$67,146.00)	\$0.00
2020	\$0.00	\$30,934.00	\$18,766.00	(\$49,700.00)	\$0.00
2019	\$0.00	\$74,494.00	(\$1,737.00)	(\$74,493.96)	\$1,736.96
2017	\$0.00	\$68,531.00	\$1,687.00	(\$70,218.00)	\$0.00
2015	\$0.00	\$71,549.00	\$10,804.00	(\$82,353.00)	\$0.00
2013	\$0.00	\$66,800.00	(\$24.00)	(\$66,800.00)	\$24.00
2012	\$0.00	\$66,800.00	(\$1,192.00)	(\$61,380.00)	(\$4,228.00)
2011	\$0.00	\$66,800.00	(\$4,847.00)	(\$67,710.00)	\$5,757.00
2010	\$0.00	\$66,800.00	\$0.00	(\$115,200.00)	\$48,400.00
2009	\$0.00	\$66,800.00	(\$1,187.00)	(\$17,400.00)	(\$48,213.00)
Total Due	<u>\$3,389.08</u>				