

Program Overview & Eligibility

Completed by lgolden@ymcasouthflorida.org on 2/9/2023 12:10 PM

Case Id: 30048

Name: YMCA of South Florida - 2023

Address: 900 SE 3rd Ave. Suite 210

Program Overview & Eligibility

Please review the enclosed program information.



City of Hollywood
Public Services

City of Hollywood
2600 Hollywood Blvd
Hollywood, FL 33022
954.921.3271

DBiederman@hollywoodfl.org

Public Services

Activities (including labor, supplies and material) which are directed toward improving the community's public services and facilities, including but not limited to those concerned with employment, crime prevention, childcare, health, drug abuse, education, fair housing counseling, energy conservation, welfare, or recreational needs. To qualify for this grant, Public Service must be either a new service or a quantifiable increase in the level of an existing service above that which has been provided by or on behalf of the unit of general local government in the 12 calendar months before the submission of the action plan. Awards to Public Service activities are limited to 15% of the City's total annual CDBG allocation. Based on past year allocations, the anticipated amount available for Fiscal Year 2023-2024 is estimated to be \$185,000.00. The actual amount is based on legislative approval and may be subject to change.

The City of Hollywood reserves the right to determine if submitted proposals are eligible, timely and complete; whether funding requests are appropriate, and all considerations relating to the funding application and requirements have been met. In addition to the information requested in this application, each applicant will be subject to a background inquiry that ensures compliance with the following criteria:

- The applicant's services provide a direct benefit to City of Hollywood residents.
- The applicant is fully licensed and insured, if applicable.
- The applicant does not have any outstanding liens or fines from the City.
- The applicant is not involved in any active litigation against the City.
- The applicant does not have any active City Municipal/Fire Code violations.
- The applicant is not engaged in any type of adverse activity against the City.
- The applicant is in compliance with all Florida, Broward County and City statutes, codes, ordinances and all other rules and regulations.

Failure to meet the above criteria will result in the applicant's disqualification from consideration for a Community Development Block Grant (CDBG).

SUBMISSION DEADLINE: FEBRUARY 6, 2023 by 3PM

A. Agency Information

Completed by lgolden@ymcasouthflorida.org on 2/22/2023 12:44 PM

Case Id: 30048

Name: YMCA of South Florida - 2023

Address: 900 SE 3rd Ave. Suite 210

A. Agency Information

Please provide the following information.

ORGANIZATION INFORMATION

A.1. Organization Entity Name (Name listed in [Sunbiz](#))

YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.

A.2. Address

900 SE 3rd Ave. Suite 210 Fort Lauderdale, FL 33316

A.3. Telephone

(954) 334-9622

A.4. Fax

A.5. Date designated as a 501 (c) (3):

02/20/1964

A.6. Legal Status of Entity/Organization:

Non-Profit

A.8. [Federal Tax ID](#)

590,624,464

A.9. [SAM Registration](#)

A.10. [Unique Entity ID \(UEI\)](#)

KB5HZUKF19W7

EXECUTIVE DIRECTOR/CEO/PRESIDENT INFORMATION

A.11. First Name

Sheryl

A.12. Last Name

Woods

A.13. Phone

(954) 334-9622

A.14. Email

swoods@ymcasouthflorida.org

A.15. Date of Birth

08/30/1959

CONTACT PERSON

A.16. First Name

LaResia

A.17. Last Name

Golden

A.18. Email

lgolden@ymcasouthflorida.org

A.19. Telephone

(954) 334-9622

REGISTERED AGENT

A.20. First Name

Sheryl

A.21. Last Name

Woods

A.22. Email

swoods@ymcasouthflorida.org

A.23. Phone

(954) 334-9622

B. Project Description

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Name: YMCA of South Florida - 2023

Address: 900 SE 3rd Ave. Suite 210

B. Project Description

Please provide the following information.

B.1. Name of Activity/ Project

YMCA Employment Navigation Program

B.2. Activity/Project Summary to include program description, clientele to benefit from program, specific use of CDBG funds, etc. (must be 250 words or less):

YMCA Employment Navigation Program supports individuals, residing in the City of Hollywood, in navigating processes and facilitates connections to accomplish equitable access to resources and job opportunities. Its wholistic approach inspires skills development, empowers employability and establishes a foundation for economic resiliency. Program components include referrals to programs that instruct hard and soft skills, resume writing, mentorship and job fairs. The Y may offer services in English and Spanish.

A YMCA Employment Navigator (YEN) assesses individualized situations, identifies client needs and assists in creating plans to pursue job prospects. The Navigator does not replace, conflict with or duplicate the work of employment agencies. On the contrary, YENs alleviate barriers to attaining meaningful employment and inspire the execution of plans.

Modeled after the Y's Health Navigation Program (YHN), a proven community health strategy that employs individuals from the serviced area to connect vulnerable individuals to clinical and non-clinical services, the Employment Navigation Program addresses social determinants of health that impact employment attainment. The innovative project implements strategic practices to impact racial and ethnic unemployment gaps.

The Y has implemented the program in other parts of the county since 2020 and would like to concentrate efforts on supporting Hollywood residents to obtain meaningful employment.

The Y will use CDBG funds for a full-time YMCA Employment Navigator's salary.

B.3. Activity/Project Location (list location of activity to include US Census Tract. If activity is held in multiple locations, list all locations and US Census tract numbers. If the activity is Citywide, indicate as such.):

GREATER HOLLYWOOD YMCA FAMILY CENTER
3161 Taft Street
Hollywood, FL 33021

B.4. Grant Funds Requested

\$63,765.00

B.5. Total number of individuals served at requested funding level:

75

B.6. Lowest funding level acceptable to operate activity:

\$31,882.50

B.7. Total number of individuals served at lowest funding level

37

B.8. Each activity must meet one of the National Objectives of the CDBG Program. Check the correct objective.

Low- and Moderate-Income Benefit (Check the appropriate benefit):

- ☒ **A. Limited Clientele Activity:** The activity benefits a limited clientele, at least 51% of whom are low/moderate income.
- ☐ **B. Area Benefit:** The activity provides a benefit to low/moderate income persons by documenting that 51% or more of the service area of the activity is occupied by low/moderate income households (as per the U.S. Census).

C. Organizational Capacity and Activity Scope

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C. Organizational Capacity and Activity Scope

Please provide the following information.

C.1. Briefly describe your track record and prior experience in the proposed activity, and include the following information:

- Unique qualifications or characteristics of staff, the facility or operations (include specifics that separates your agency from others serving in the same capacity).
- Number of years of related experience of the organization or key staff.
- Specific key staff assignments/tasks.
- Summary of past client outcomes (for the past three (3) years).
- Perceived challenges in meeting the goals of this proposal.
- Illustrate how your agency has the capacity to overcome perceived challenges in meeting the goals of this proposal.
- Provide a Year-End Report of accomplishments from previous funding year.

YMCA Employment Navigation is modeled after the YMCA Health Navigation Program (YHN). A proven intervention, YHN's success is attributed to researched models, lessons learned and client, Health Navigator's and over 50 community partners' feedback. The Y's Navigators team has amassed well over 11 years of experience serving the most vulnerable populations to address specified needs and accomplish improved outcomes.

The team's innovative solutions to critical issues separate the Y from organizations operating in the same capacity. YHN and the Employment Navigation Program employ individuals from the serviced communities to service clients. They are culturally competent and understand the languages and practices of the individuals seeking help.

The qualified personnel are trusted advocates who encourage and inspire clients in their pursuits. Their tasks include enrolling individuals into programs and accessing their needs. Each is responsible for assisting clients in goal setting and agenda planning. YENs assign appropriate interventions based on needs assessments and provide support in accomplishing defined objectives.

YMCA Employment Navigators debuted in 2020, but quickly adjusted plans to accommodate COVID-19 related needs. YENS connected residents to food sources, education and emergency assistance. The Y is confident it will yield favorable results as its parent program has accomplished a substantial impact.

The person-center and place-based YHN Program serviced 75 individuals to accomplish the following in 2022:

- Lowered systolic blood pressure (BP) by 11 units and diastolic BP by 3 units. The average PRE-assessment systolic BP was 139 and diastolic BP was 82. The average POST assessment systolic BP was 129, and diastolic was 80. On average YHN participants were able to drop their BP from stage 1 (hypertension) to elevated-normal range, lowering risk of heart disease.
- 92% of participants lowered or maintained their Body Mass Index (BMI).
- Access to nutritional resources increased from 20% to 75%
- 90% of participants experienced weight loss or maintained weight over the course of the program.
- The average weight loss among participants experiencing weight changes was 5.9 lbs.
- 77% of participants increasingly accessed community and health resources.

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- A four-day reduction in the number of days of feeling physically unwell in a month as indicated the Healthy Days Survey. Participants saw improvement in their mental well-being as measured by the Warwick Edinburg Survey. The average starting score was 30 and the average ending score was 33 (the maximum score is 35).
- YHN tier three participants who utilized the Emergency Room, realized an overall 92% reduction in ER visits after participating in the program.

YHN also connected 500 individuals to health education and other resources.

YMCA of South Florida perceives the following challenges in meeting the Employment Navigation Program goals:

- The time it may take to create a local network within the City of Hollywood to support the program, make referrals, employ candidates, provide resources, identify job skill training locations, etc. The Y already has a network of partners across Broward County.
- Another potential challenge is finding a bi-lingual Hollywood resident for the position of Employment Navigator as the Navigation model calls for hiring people from the community who understand local challenges first hand.

The Y will overcome challenges by:

- Leveraging countywide partnerships while building the local network within the City of Hollywood.
- Leveraging the Greater Hollywood YMCA network to identify the potential Employment Navigator.

Specific key staff assignments/tasks:

- Advocates for, connects, and links employee seekers to resources.
- Helps participants develop job acquirement plans, goals, and follow-ups with participants and providers.
- Provides referrals for services to employment agencies, job trainings and certification courses, as appropriate.
- Helps participants connect with transportation resources. Transporting clients is strictly prohibited, however.
- Conducts field visits and outreach and serves as resource to job seekers.
- Coordinates and participates in community events representing the Y and the Employment Navigation Program.
- Recruits participants, including conducting presentations and distributing printed materials.
- Utilizes motivational interviewing and teaches approaches to ensure participants understand their issues and how to manage them.
- Performs follow-ups with participants including, but not limited to calls and visits to settings where participants may be found.
- Identifies community leaders and resources and maintains a community contact list.
- Keeps records of registered participants.
- Reports to Executive Director or Associate Executive Director on a weekly basis and provides consistent communication and reporting.
- Establishes trusting relationships with participants while providing general support and encouragement.

C.2. Organization Experience

Unique qualifications or characteristics of staff	# of years Organization Staff/Exp	Specific key staff assignments	Summary of past client outcomes	challenges in meeting the goals
The Employment Navigation Program employ individuals from the serviced communities to service clients. They are culturally competent and understand the languages and practices of the individuals seeking help.	11	Advocates for, connects, and links employee seekers to resources.	<ul style="list-style-type: none"> • Access to nutritional resources increased from 20% to 75% • 77% of participants increasingly accessed community and health resources. 	Creating a local network within the City of Hollywood to support the program.

D. Activity Description

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D. Activity Description

Please provide the following information.

ACTIVITY DESCRIPTION

D.1. List the title of the activity:

YMCA Employment Navigation Program

D.2. Check the type of activity

Job Training

D.3. The word "activity" as used in this application denotes the action for which funds are being requested. The word "project" as used in this application denotes all of the activities that constitute the project. In some instances, the activity is the same as the project.

Is the activity for which funds are being requested part of a larger overall project?

No

D.4. Describe the activity, in detail, and be very specific about how the CDBG funds are proposed to be used. Be certain to include the following information:

- Identify and document the need or problem.**
- Document the severity of the problem, clearly describing the need, to include statistics and reliable sources that is quantifiable and supported by appropriate data.**
- Affected population and percentage of low- and moderate-income persons to be benefited (area of service).**
- State whether organization participates directly or indirectly in the proposed activity and document the number of clients served directly and indirectly.**
- If requesting funds for more than one (1) activity, indicate numerically which is priority and, if separate applications are being submitted for each activity, but the activities are interrelated, include agency name, number of interrelated activities, the title and type of activity:**

Though Broward County maintains a 2.2% unemployment rate, historically marginalized ethnic groups disproportionately experience joblessness. According to the Economic Policy Institute, Blacks and Hispanics, constituting 58% of the County's population, maintain rates of 4.2% and 3.1% respectively. The YEN will prioritize zip codes with the highest unemployment rates.

Zip Code City Population % Unemployment Rate

1. 33023 Hollywood, Florida 60,897 7.79%
2. 33020 Hollywood, Florida 40,466 7.37%
3. 33025 Hollywood, Florida 46,392 6.37%
4. 33021 Hollywood, Florida 46,177 4.85%
5. 33024 Hollywood, Florida 58,895 4.43%

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6. 33019 Hollywood, Florida 17,432 4.33%
7. 33027 Hollywood, Florida 25,471 4.33%
8. 33026 Hollywood, Florida 29,582 3.93%
9. 33028 Hollywood, Florida 22,132 3.51%
10. 33029 Hollywood, Florida 35,326 3.06%

The groups require equitable programming that institutes skills training and furnishes access to job opportunities to mitigate employment gaps. YMCA Employment Navigation Program directly services underserved populations to impact employability and achieve economic stability. Its clientele is 100% low-and moderate-income residents of the City of Hollywood. The Greater Hollywood YMCA Family Center purposes to allocate CDBG funds to the YMCA Employment Navigator's salary. The Navigator executes programming and ensures the alignment of services, resources and connections to support client education and advancement.

E. Approach

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E. Approach

Please provide the following information.

E.1. Provide a narrative (250 words or less) that describes how the activity will be completed during this time frame. For programs and services, describe the activity:

The YMCA Employment Navigation Program is set to begin on October 1 and will culminate on September 30. At a client's enrollment, the YEN will evaluate his or her needs, establish goals and determine a plan of action to accomplish outlined objectives. Clients will also complete surveys at enrollment. Results advise essential activities. Per the client's necessity, the YEN will recommend resume writing, skills building, mentorship or participation in jobs fairs. Additionally, the Y Navigator works closely with job seekers to address barriers to success and nurture employment plans. The Y realizes factors, such as reliable transportation, dependable childcare and access to food and healthcare all impact work outcomes, and it is the YENs responsibility to assist clients in surmounting obstacles. He or she connects individuals to appropriate interventions to accomplish positive outcomes. The YEN, for example, connects those experiencing food insecurity to local pantries and other food services. Clients experiencing a lack of access to healthcare are recommended for the Y Health Navigation program. The Y also affords families reasonable afterschool programming and does not deny services due to the inability to pay.

As clients employ resources to accomplish professional development, the YEN will document exposure to services and access to job leads. The YEN accounts for referrals too. The Navigator maintains details of in-person and virtual job fairs and expos and documents each individual who becomes gainfully employed. At the end of the program, post-surveys reveal client satisfaction and indicate success.

E.2. Activity Timeline

Task	Date to be completed
YEN staff is identified, hired and trained	10/15/2023
Marketing materials are ready to use	10/20/2023
Identify at least 5 community partners to be part of the YEN local network	12/31/2023
Identify at least 10 community partners to be part of the YEN local network	09/30/2024
Client enrollment and needs assessment-ongoing	M/d/yyyy
Goal planning and agenda setting. The assignment and attainment of qualifying interventions.-ongoing	M/d/yyyy
Skills training and development-ongoing	M/d/yyyy
Job search and acquisition-ongoing	M/d/yyyy

E.3. Describe outreach and marketing initiatives that will be implemented to inform potential clients about the services to be provided:

YMCA of South Florida intends to begin training and developing marketing materials for an October rollout. Materials include flyers, website displays and posts across the Y's social media channels. The team of YENs will conduct ongoing canvassing outreach and promote employment initiatives. The Y's grassroots marketing approach pushes specific content and messages designed for a target audience and includes:

- One weekly social media post on Facebook, Twitter and Instagram to reach an audience of nearly 22,000 followers. Posts will include a visual element and indicate City of Hollywood support. The Y will also include hashtags on posts and encourage followers to visit the City's channels.
- One informative weekend post encouraging individuals to follow the employment access campaign, seek resources and services and engage with published content to accomplish a widened reach.
- At least one video testimonial each month on every channel. Videos will include resume writing workshop visuals and job fair content.
- City of Hollywood logo on digital materials and print flyers circulated at the Greater Hollywood YMCA Family Center. The Y prints and disperses at least 300 flyers monthly.
- Invitation for company representation at workshops and events.

E.4. Are there other services that address the same need in the area?

No

E.5. Identify any strategies for collaborative approaches, such as volunteer recruitment and training, community building or strategic alliances. (If none, indicate N/A):

The Y's investment in community collaboration strengthens its mission and widens each program's reach.

Partnerships allow the expansion of services and increased engagement:

- Greater Hollywood YMCA advisory board. Volunteer group of local leaders
- City of Hollywood Chamber of Commerce. Leadership Hollywood
- ChenMedical. Strong partner that provides medical services to seniors
- Rotary Club. Supported of the Greater Hollywood YMCA
- Parks and Recreation department City of Hollywood
- City of Hollywood
- Lion Club
- Broward county schools

E.6. Identify any cooperative approaches and describe how they will improve the performance of the activity. (If none, indicate N/A):

The Y will leverage the partners listed above to build, recruit and refer residents of Hollywood in need of employment. Partners may assume direct roles as employers or providers of internships, trainings, etc. or indirectly provide referrals.

F. Outcome Measurement Goals

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F. Outcome Measurement Goals

Please provide the following information.

The City of Hollywood determines actual benefits of funded activities by using Outcome Measurement Goals. The Community Development Advisory Board (CDAB) will review these goals closely in recommending which proposals to fund to the Hollywood City Commission.

The Outcomes Measurement section measures the actual benefits or changes for individuals as a result of participating in program activities. Outcomes may relate to behavior, skills, knowledge, attitudes, values, condition, or other attributes. The purpose of this section of the application is to identify these outcomes in measurable terms.

Table 1 of this section is designed to allow the applicant to briefly describe the proposed activities initial, intermediate, and long-term outcomes.

Table 2 of this section is designed to allow the applicant to declare goals to be measured throughout the contract period.

A copy of this section will be forwarded to the CDAB and to the Hollywood City Commission as back-up material.

Provide an outcome tracking table, using the attached tables as a model, being as brief as possible, using the guidelines below:

Resources – money, staff, staff time, volunteers, volunteer time, facilities, equipment, or supplies.

Inputs – resources dedicated to or used by the program.

Activities – what the program does with the inputs to fulfill its mission.

Outputs – direct products of program activities.

Benefits– new knowledge, increased skill, change in attitudes or values, modified behavior, improved condition, altered status.

Outcomes – benefits or changes for individuals of target populations during or after participating in program activities.

Initial Outcomes – first benefits or changes participants experience.

Longer-term Outcomes – ultimate benefits of the program.

Intermediate Outcomes – benefits that connect initial outcomes and Longer-term Outcomes.

Quantifiable Measurement Goals– a defined goal of measurement per quarter (i.e. proof of academic achievement, proof of new or increased skills- certifications, etc.)

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Longer-term
Staff: 1 Lead Administrator and 4 Instructors who are certified teachers	The activity will provide Hollywood LMI children with tutoring in the areas of Math and Science	4 successive 9-week tutoring sessions. 100 Students each session	Testing of current academic skills (pre-testing)	Improved academic proficiency (monitoring of academic proficiency)	Improved academic proficiency and increased test scores

F.1.

Inputs	Activities	Outputs	Initial	Intermediate	Longer-term
One YMCA Employment Navigator	Community outreach contacting residents and businesses . Community outreach contacting residents and businesses Outreach to local job fairs, health fairs, training sites, etc. Enrolls and follows up with clients via phone, home visit, meeting them where they are (supermarket, park, church) Collects program data for quality assurance and potential program changes	YEN promotes the program for recruitment and enrollment (contacting partners, providing flyers, develops partnerships with potential employers, etc.) Flyers, marketing materials, oral presentations Presentations, conversations and meeting with community leaders Accesses clients, creates action plans,		100 people, every quarter, learn about the YEN program for a total of 400 x year	75 clients (every quarter) for a total of 300 per year are served

		<p>makes referrals, makes 3 ways calls with clients, make sure clients are registered and are attending job skills workshops, trainings, etc.</p> <p>Pre-post surveys, action plans, number of referrals, documents most common obstacles, documents clients participation in workshops and trainings, documents clients obtaining meaningful jobs</p>			
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Quantifiable Goals

First Quarter

Employment Navigator:

- o Enrolls and/or refers 75 clients
- o Supports clients establishing action plans. Action plans define steps to accomplish goals.
- o Conducts Pre and post surveys demonstrating gains in new skills, exposure to new employment resources, access to job leads, etc.

Second Quarter

Employment Navigator:

- o Documents the barriers people experience when pursuing employment

Third Quarter

Employment Navigator:

- o Documents the number of face-to-face job fairs, virtual career fairs, virtual job fairs, job expos, etc.

Fourth Quarter

Employment navigator:

- o Documents the number of referrals to employment resources
- o Documents the number of people becoming gainfully employed

THREE-YEAR PLAN. In order to evaluate the overall sustainability of your program, the CDAB requests each applicant to submit a three-year plan that describes your projected progress over the next three years. It is important to note that the CDAB is paying particular attention to your agency's ability to reduce dependency on City of Hollywood CDBG funds. **Indicate whether your organization received CDBG funds within the past three years. If "Yes," include the initial three-year plan with updated information. If "No," submit a three-year plan. This information may be included within the overall business plan (Attachment D). If so, indicate which pages or sections.**

At a minimum, the three-year plan must also include the following:

Client projection profile, to include the following:

- Number of Clients to be served per year
- Projected improvement in the cost-of-service delivery per client
- Projected client improvement (i.e., test scores, abilities, certifications, etc.).

Service Delivery Profile:

- Staff qualifications and/or certifications
- Changes in staffing levels
- New services or programs
- Identification of additional funding sources
- Uses of additional funding
- Projected improvement in the ratio between CDBG funding and other funding.

G. Budget Justification

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G. Budget Justification

Please provide the following information.

G.1. Is the activity for which CDBG funds are being requested part of an overall project?

Yes

Total Project Cost:

\$72,565.00

Does the total project cost include funds from other federal, state or local programs?

No

G.2. Has this project received City of Hollywood General Funds in the past three (3) years?

No

G.3. Of the total project cost, what percentage has been, or will be financed with CDBG funds?

CDBG Funding	Total Project Cost	Percentage	Unused Funds	Reason for Unused Funds
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G.4. ACTIVITY BUDGET

Attach an itemized activity budget, including any necessary supplemental information. The itemized activity budget must include a detailed, line-item budget, including a description of tasks and implementation costs. NOTE: Salary, fringes and related costs are allowed, as long as the salaries are related to specific activity tasks. Narrative justification for each line item (including each salary item) must be provided. The narrative should justify each salary by describing the activity tasks associated with each salary.



Itemized Activity Budget ***Required**

YMCA of South Florida-Y Employment Navigation Program Budget.docx

G.5. Are CDBG funds being requested for salaries?

Yes

G.6. Are CDBG funds being requested for mileage?

No

G.7. Are CDBG funds being requested for Rent?

No

G.8. Are CDBG funds being requested for Supplies?

No

G.9. Are CDBG funds being requested for Professional Services?

No

G.10. Are CDBG funds being requested for Direct Benefit Reimbursement?

No

G.11. From a financial perspective, explain and justify the reason why CDBG funds are needed (i.e., financing gap, location, etc.)

The YMCA Employment Navigation Program was created in Fort Lauderdale to address the unemployment rates in the Sistrunk community, prior to the COVID pandemic. The Y is always looking to expand its signature programs and since the Y is a non-for-profit it requires community collaboration and support to lessen financial gaps. Over 11 years the Y has implemented the Health Navigation program with tremendous success. Despite of the many resources a community may have, we continue to identify grass roots efforts through program navigation to be the missing link to address access inequalities to services, including employment for underserve residents.

The CDBG funding from the City of Hollywood will provide the Y with the opportunity to expand its navigation services to Hollywood residents.

G.12. Justify and document the reasonableness of cost for the amount of CDBG funds being requested per unit of measurement, as included in the activity description

The proposed program and budget was created with the minimum amount of resources to be able to execute the Y Employment Navigation Program and serve 300 City of Hollywood residents. Currently, the cost per person per month will be 17.75 or \$213 per year. As the Y identify additional funding the use of CDBG funds will be reduced year over year. The Y aims to provide services to those who cannot afford them free of cost. The procurement of funding is of vital importance to instituting equitable programs and services.

G.13. Does the activity and/or project for which CDBG funds are being requested propose to generate program income and/or revenue, either directly or indirectly?

No

H. Matching Contributions

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H. Matching Contributions

Applicants are strongly encouraged to provide matching funds. Matching contributions will positively impact the application. (City Departments are exempt; matching contributions are optional.) Applications that include matching contributions must evidence attached that the matching contribution is available, or will be available, at the beginning of the fiscal year for which CDBG funds are applied.

H.1. Check the appropriate eligible form(s) of matching contribution for the activity:

- ☐ Cash contributions
- ☐ Other federal, state, or local grants or programs
- ☐ Fund-raising monies

H.2. Detail all matching contributions for the activity. Include the source, the type of contribution (i.e., grants, loans, own source of funds, real estate, etc.) and the value:

Source of Contribution	Type of Contribution	Value of Contribution
------------------------	----------------------	-----------------------

H.3. Explain the method utilized to establish the fair market value of land or real estate as a matching contribution:

Not applicable.

H.4. Are the matching contributions selected above available now, or to be made available at the beginning of the fiscal year for which funds are being applied?

No

If "no," explain the availability of the matching contribution:

Not applicable.

H.5. Applicants must describe all steps taken to secure other funding for the activity. *Attach at least one letter demonstrating that the activity or project has been submitted to other agencies for funding within the last 12 months prior to submission to the City of Hollywood Community Development Division. The agencies determination on those submissions must be included. If no other sources of funding have been sought, provide an explanation:*

The Y recently launched its sustainability plan for the program and has just begun seeking funding. It is essential that the Y pursues opportunities that best align with its mission and more importantly, the program's goals. The City of Hollywood's CDBG workforce aim parallels the YMCA Employment Navigation Program's. The Y is committed to enabling job access. Its sustainability plan includes:

- Researching and submitting at least three additional employment equity grant applications.
- Creating snapshot reports that communicate "by the numbers" (progress on established goals) and testimonials for submission to at least 10 donors a year as a solicitation.
- Positioning equitable job access as an additional focus area in future funding proposals to demonstrate the breadth of the Y's programs and increase the odds of securing support. The Y will address employment access services in at

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least five major grants annually.

- Use social media to post, promote and communicate the initiative's impact and elicit donations.

H.6. Agency Accounting Information:

List the name, address, e-mail address and phone number of the Financial Advisor, Accountant, Bookkeeper or Certified Public Accountant who is responsible for financial records:

Jessica Cohen, CPA
Chief Financial Officer
900 SE 3 Avenue, Suite 210, Fort Lauderdale, FL 33316
P 954 334 9622 Ext 1002 C 646 201 0884
E jcohen@ymcasouthflorida.org

H.7. Attach a copy of your most recent Certified Independent Audit and a management letter which expresses the opinion that the agency's or organization's internal controls are adequate to safeguard assets.



Certified Independent Audit

***No files uploaded*

H.8. Will your agency receive and expend \$750,000.00 or more in Federal funds for the program year

Yes

If yes, the organization must submit their audit report in compliance with Title 2 U.S. Code of Federal Regulations Part 200 Uniform Administrative Requirements, Cost Principals, and Audit Requirements for Federal Awards

<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1>



Audit Report

YMCA South Florida_2021 Audit.pdf

I. Required Documents

Completed by lgolden@ymcasouthflorida.org on 2/23/2023 4:38 PM

Case Id: 30048

Name: YMCA of South Florida - 2023

Address: 900 SE 3rd Ave. Suite 210

I. Required Documents

Please provide the following information.

Documentation



Florida Department of Corporations Current Filing [Sunbiz](#) *Required

Florida Department of Corporations.pdf



IRS 990 Forms and Schedules *Required

YMCA of South Florida_990 Form.pdf



Itemized Project Budget *Required

YMCA of South Florida-Y Employment Navigation Program Budget.docx



Letter of Other Sources of Funding Sought *Required

Letter of Other Sources of Funding Sought.docx



Letters of Support *Required

Greater Hollywood Chamber of Commerce Letter of Support.pdf



List of Board of Directors and Position *Required

YMCA of South Florida_Board of Directors.pdf



Matching Contributions *Required

YMCA of South Florida-Matching Contributions.docx



Organizational Business Plan *Required

YMCA of South Florida-Three Year Plan.docx



Organizational Chart *Required

YMCASFL Org Chart Feb 2022.pdf



Positions, Salaries, Job Descriptions and Professional Development Opportunities *Required

Y Employment Navigator Job Description.pdf



Resumes *Required

Y Employment Navigator.pdf

Submit

Completed by lgolden@ymcasouthflorida.org on 2/22/2023 2:53 PM

Case Id: 30048

Name: YMCA of South Florida - 2023

Address: 900 SE 3rd Ave. Suite 210

Submit

Once an application is submitted, it can only be "Re-opened" by an Administrator. Also note: please check your Spam email folder if you have not received any emails from Neighborly.

☒ I certify to the best of my knowledge, that the information provided in this application reflects accurate data regarding need and estimates of planned services.

☒ By signing this application, the undersigned certifies that they have read the Conditions Precedent to City's Disbursements [Grant Opportunities](#) and agrees that if the application is accepted, items or services for which prices are quoted will be provided, subject to final negotiation and acceptance by City of Hollywood, and subsequent contract award.

☒ By signing this application, the undersigned certifies that they have read the City's Insurance requirements and agrees that if awarded funding, will comply with all requirements [Grant Opportunities](#)

☒ I certify that services provide a direct benefit to City of Hollywood residents or citizens who have been referred by a continuum of care agency of Broward County; is fully licensed and insured (if applicable); does not have any outstanding liens or fines from the City; is not involved in any active litigation against the City; does not have any active City Municipal/Fire Code violations; is not engaged in any type of adverse activity against the City; is in compliance with all Florida, Broward County and City statutes, codes, ordinances and all other rules and regulations.

Signature of Authorized Representative

LaResia Golden

Electronically signed by lgolden@ymcasouthflorida.org on 2/22/2023 2:53 PM



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation

YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.

Filing Information

Document Number	706855
FEI/EIN Number	59-0624464
Date Filed	02/20/1964
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	10/31/2016
Event Effective Date	NONE

Principal Address

900 SE 3 Avenue
Ft. Lauderdale, FL 33316

Changed: 09/18/2015

Mailing Address

900 SE 3 Avenue
Ft. Lauderdale, FL 33316

Changed: 09/18/2015

Registered Agent Name & Address

Woods, Sheryl
900 SE 3RD AVENUE
FORT LAUDERDALE, FL 33316

Name Changed: 07/30/2014

Address Changed: 02/11/2022

Officer/Director Detail

Name & Address

Title SECRETARY

MCCAFFERTY-FERNANDEZ, JENNIFER
 900 SE 3 Avenue
 Ft. Lauderdale, FL 33316

Title CEO

WOODS, SHERYL
 900 SE 3RD AVE STE 300
 FT. LAUDERDALE, FL 33316

Title TREASURER

ERRAZQUIN, CARIDAD
 900 SE 3 Avenue
 Ft. Lauderdale, FL 33316

Title CFO

COHEN, JESSICA
 900 SE 3RD AVE, STE 300
 FT. LAUDERDALE, FL 33316

Title CHAIRMAN

MCMAHON, TOM
 900 SE 3 Avenue
 Ft. Lauderdale, FL 33316

Annual Reports

Report Year	Filed Date
2021	02/01/2021
2022	02/10/2022
2022	02/11/2022

Document Images

02/11/2022 -- AMENDED ANNUAL REPORT	View image in PDF format
02/10/2022 -- ANNUAL REPORT	View image in PDF format
08/05/2021 -- AMENDED ANNUAL REPORT	View image in PDF format
02/01/2021 -- ANNUAL REPORT	View image in PDF format
05/15/2020 -- ANNUAL REPORT	View image in PDF format
08/14/2019 -- AMENDED ANNUAL REPORT	View image in PDF format
03/13/2019 -- ANNUAL REPORT	View image in PDF format
03/06/2018 -- ANNUAL REPORT	View image in PDF format
04/04/2017 -- ANNUAL REPORT	View image in PDF format
10/31/2016 -- Amendment	View image in PDF format

BDO USA, LLP
301 E LAS OLAS BLVD, 4TH FLOOR
FORT LAUDERDALE, FL 33301

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.
900 SE 3RD AVENUE, NO. 300
FORT LAUDERDALE, FL 33316

|||||

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



August 31, 2021

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.
900 SE 3RD AVENUE No. 300
FORT LAUDERDALE, FL 33316

YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2021.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

BDO USA, LLP

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20____

2020▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.**

Taxpayer identification number

59-0624464

Name and title of officer or person subject to tax

**MARK RUSSELL
CFO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** 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, or 7b**, 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 32,705,161.
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 VI, 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

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 organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 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 **BDO USA, LLP** to enter my PIN **24463**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 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 organization, I will enter my PIN as my signature on the tax year 2020 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 ▶

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.

65584520052

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 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 ▶ _____ Date ▶ _____

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.	Taxpayer identification number (TIN) 59-0624464
	Number, street, and room or suite no. If a P.O. box, see instructions. 900 SE 3RD AVENUE, NO. 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT LAUDERDALE, FL 33316	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
---	---

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MARK RUSSELL

- The books are in the care of ► **900 SE 3RD AVENUE - FORT LAUDERDALE, FL 33316**
Telephone No. ► **954-357-0273** Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2020** or
► ☐ tax year beginning _____, and ending _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

2020Open to Public
Inspection**A For the 2020 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 MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

900 SE 3RD AVENUE

Room/suite

300

City or town, state or province, country, and ZIP or foreign postal code

FORT LAUDERDALE, FL 33316**F** Name and address of principal officer: **MARK RUSSELL****SAME AS C ABOVE****D** Employer identification number**59-0624464****E** Telephone number**954-357-0273****G** Gross receipts \$**34,176,162.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.YMCASOUTHFLORIDA.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1916****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)	26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	26
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	2171
	6	Total number of volunteers (estimate if necessary)	401
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	19,583,159.
	9	Program service revenue (Part VIII, line 2g)	30,925,614.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	175,325.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-18,704.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,665,394.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
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)	31,703,804.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 438,354.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,669,406.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	50,373,210.
19		Revenue less expenses. Subtract line 18 from line 12	292,184.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	59,665,037.
	21	Total liabilities (Part X, line 26)	37,162,648.
	22	Net assets or fund balances. Subtract line 21 from line 20	22,502,389.

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		Date		
	MARK RUSSELL, CFO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	DAVID HOLLANDER, CPA				P00646430
Preparer Use Only	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590			
	Firm's address ▶ 301 E LAS OLAS BLVD, 4TH FLOOR FORT LAUDERDALE, FL 33301	Phone no. (954) 760-9000			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****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 \$ **19,639,927.** including grants of \$) (Revenue \$ **12,795,029.**)**SEE SCHEDULE O****4b** (Code:) (Expenses \$ **1,431,670.** including grants of \$) (Revenue \$ **819,956.**)**SEE SCHEDULE O****4c** (Code:) (Expenses \$ **8,160,972.** including grants of \$) (Revenue \$ **2,365,405.**)**SEE SCHEDULE O****4d** Other program services (Describe on Schedule O.)(Expenses \$ including grants of \$) (Revenue \$ **108,263.**)**4e** Total program service expenses **29,232,569.**

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.**

Form 990 (2020)

59-0624464 Page **3**

Part IV Checklist of Required Schedules

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

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.**

Form 990 (2020)

59-0624464 Page **4**

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25b	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? <i>If "Yes," complete Schedule L, Part II</i>	26	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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	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	1a	55
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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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 2171		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
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?	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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?		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
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?		
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.		
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?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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.		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.		X

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

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

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.	1a	26	
b Enter the number of voting members included on line 1a, above, who are independent	1b	26	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		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?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	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	9		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?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14		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?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► FL**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **►**
MARK RUSSELL - 954-357-0273
900 SE 3RD AVENUE, FORT LAUDERDALE, FL 33316

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHERYL A. WOODS CEO - PRESIDENT	40.00			X				312,306.	0.	18,434.
(2) MARK RUSSELL CHIEF FINANCIAL OFFICER	40.00			X				217,957.	0.	13,301.
(3) JACOB STEGER CHIEF OPERATING OFFICER	40.00			X				204,413.	0.	12,408.
(4) DANENE JAFFE CHIEF STRATEGY OFFICER	40.00			X				174,730.	0.	10,743.
(5) RYAN SMITH VICE PRESIDENT	40.00					X		148,445.	0.	8,562.
(6) ANDREA TOWNSEND VICE PRESIDENT	40.00					X		120,444.	0.	288.
(7) JACQUELINE ROCA VICE PRESIDENT OF HR	40.00					X		109,552.	0.	6,425.
(8) WILLIAM ARTERBURN VICE PRESIDENT OF FINANCIAL OPERATIO	40.00					X		104,007.	0.	6,425.
(9) GABRIEL OCHOA VICE PRESIDENT OF COMMUNITY HEALTH S	40.00					X		100,515.	0.	5,872.
(10) JAY ANDERSON VICE CHAIR AND TREASURER	2.00	X						0.	0.	0.
(11) TOM MCMAHON DIRECTOR	2.00	X						0.	0.	0.
(12) CARIDAD ERRAZQUIN DIRECTOR	2.00	X						0.	0.	0.
(13) JENNIFER MCCAFFERTY-FERNANDEZ DIRECTOR	2.00	X						0.	0.	0.
(14) ALVIN LODISH DIRECTOR	2.00	X						0.	0.	0.
(15) DENNIS GIORDANO DIRECTOR	2.00	X						0.	0.	0.
(16) DON WEIHER DIRECTOR	2.00	X						0.	0.	0.
(17) DOUG BARTEL DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) IDALBERTO BERT DE ARMAS DIRECTOR	2.00	X						0.	0.	0.
(19) IWAN MOHAMED DIRECTOR	2.00	X						0.	0.	0.
(20) JEFF WATTS DIRECTOR	2.00	X						0.	0.	0.
(21) JOHN SCHERER DIRECTOR	2.00	X						0.	0.	0.
(22) LINDSEY PAYNE DIRECTOR	2.00	X						0.	0.	0.
(23) LUIS GAMONEDA DIRECTOR	2.00	X						0.	0.	0.
(24) MARK KRILL DIRECTOR	2.00	X						0.	0.	0.
(25) MILDRED COYNE DIRECTOR	2.00	X						0.	0.	0.
(26) (COLONEL)NICHOLE ANDERSON DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								1,492,369.	0.	82,458.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,492,369.	0.	82,458.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

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*

	Yes	No
3		X
4	X	
5		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*

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*

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
24 HOURS INC., 4251 SW HIGH MEADOW AVE, PALM CITY, FL 34990	JANITORIAL SERVICE	908,047.
MACROLEASE CORPORATION, 185 EXPRESS STREET, SUITE 100, PLAIN VIEW, NY 11803	EQUIPMENT LEASING	474,787.
MILNER INC. P.O. BOX 41602, PHILADELPHIA, PA 19101-1602	EQUIPMENT LEASING	425,553.
DAXKO LLC, 600 UNIVERSITY PARK PLACE, SUITE 500, BIRMINGHAM, AL 35209	ACCOUNTING AND OPERATIONS SOFTWARE	309,121.
UKG INC. (ULTIMATE) P.O BOX 930953, ATLANTA, GA 31193-0953	PAYROLL SOFTWARE PROVIDER	273,187.

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 **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RANDALL WOOD DIRECTOR	2.00	X						0.	0.	0.
(28) SCOTT WAGNER DIRECTOR	2.00	X						0.	0.	0.
(29) STEVE STOWE DIRECTOR	2.00	X						0.	0.	0.
(30) ARLENE COKE DIRECTOR	2.00	X						0.	0.	0.
(31) DEREK KOGER DIRECTOR	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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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	1 a Federated campaigns	1a	298,894.				
	b Membership dues	1b					
	c Fundraising events	1c	493,566.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	13,348,732.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,780,778.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a MEMBERSHIP SERVICES		713940	9,130,940.	9,130,940.		
	b PROGRAM SERVICES		713990	6,646,003.	6,646,003.		
	c						
	d						
	e						
	f All other program service revenue		900099	203,447.	203,447.		
	g Total. Add lines 2a-2f				15,980,390.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			244,041.			244,041.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			108,263.				
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	108,263.				
	d Net rental income or (loss)				108,263.	108,263.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			921,498.				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	946,529.	443,390.			
	c Gain or (loss)	7c	-25,031.	-443,390.			
	d Net gain or (loss)				-468,421.		-468,421.
8 a Gross income from fundraising events (not including \$ 493,566. of contributions reported on line 1c). See Part IV, line 18	8a						
		0.					
b Less: direct expenses	8b	81,082.					
c Net income or (loss) from fundraising events				-81,082.		-81,082.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a 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			Business Code				
	11 a						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions				32,705,161.	16,088,653.	0.	-305,462.

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	1,574,826.	1,345,563.	216,225.	13,038.
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	16,045,569.	13,709,658.	2,203,073.	132,838.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	549,477.	429,802.	115,576.	4,099.
9 Other employee benefits	1,421,298.	1,200,040.	211,702.	9,556.
10 Payroll taxes	2,094,377.	1,873,961.	209,631.	10,785.
11 Fees for services (nonemployees):				
a Management				
b Legal	122,788.	44,547.	74,099.	4,142.
c Accounting	87,068.	16,295.	67,027.	3,746.
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 Sch. O.)	859,697.	311,894.	518,806.	28,997.
12 Advertising and promotion	406,535.	59,681.	343,404.	3,450.
13 Office expenses	12,800.	1,871.	8,831.	2,098.
14 Information technology	1,083,032.	847,053.	234,695.	1,284.
15 Royalties				
16 Occupancy	3,561,306.	3,064,365.	496,872.	69.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	10,493.	10,271.	172.	50.
20 Interest	464,649.	464,649.		
21 Payments to affiliates	317,793.	310,204.	7,589.	
22 Depreciation, depletion, and amortization	2,469,283.	2,356,843.	112,440.	
23 Insurance	1,032,353.	967,819.	64,534.	
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 SUPPLIES	1,329,599.	1,085,181.	36,645.	207,773.
b BANK CHARGES	402,541.	323,997.	76,209.	2,335.
c EQUIPMENT RENTAL AND RE	394,999.	339,505.	55,494.	
d BAD DEBT EXPENSE	228,031.	227,197.	834.	
e All other expenses	281,878.	242,173.	25,611.	14,094.
25 Total functional expenses. Add lines 1 through 24e	34,750,392.	29,232,569.	5,079,469.	438,354.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.**

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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	3,895,912.	1	9,490,889.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	3,161,702.	3	2,864,848.
	4 Accounts receivable, net	180,044.	4	130,307.
	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	14,202,300.	7	14,202,300.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	914,312.	9	673,481.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	49,309,605.		
	b Less: accumulated depreciation	19,556,105.		
		32,690,945.	10c	29,753,500.
	11 Investments - publicly traded securities	4,174,049.	11	4,477,834.
	12 Investments - other securities. See Part IV, line 11	445,773.	12	487,240.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	0.	15	216,707.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	59,665,037.	16	62,297,106.	
Liabilities	17 Accounts payable and accrued expenses	3,027,733.	17	2,500,871.
	18 Grants payable		18	
	19 Deferred revenue	7,576,693.	19	7,431,642.
	20 Tax-exempt bond liabilities	6,967,649.	20	6,576,272.
	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	19,590,573.	23	18,762,762.
	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	0.	25	6,257,257.
	26 Total liabilities. Add lines 17 through 25	37,162,648.	26	41,528,804.
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	17,078,573.	27	14,624,865.
	28 Net assets with donor restrictions	5,423,816.	28	6,143,437.
	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	22,502,389.	32	20,768,302.
	33 Total liabilities and net assets/fund balances	59,665,037.	33	62,297,106.

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**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
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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	32,705,161.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,750,392.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,045,231.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,502,389.
5	Net unrealized gains (losses) on investments	5	311,144.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	20,768,302.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	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.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	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 _____	3b	X

Form **990** (2020)

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2020

SOUTH FLORIDA, INC.

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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17842652.	21387059.	18877264.	19583159.	16921970.	94612104.
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	17842652.	21387059.	18877264.	19583159.	16921970.	94612104.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						94612104.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	17842652.	21387059.	18877264.	19583159.	16921970.	94612104.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	265,202.	216,112.	212,631.	268,411.	352,304.	1314660.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						95926764.
12 Gross receipts from related activities, etc. (see instructions)					12	118,104,434.
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 2020 (line 6, column (f), divided by line 11, column (f))	14	98.63 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	98.77 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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"/>

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

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.		
1		
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.		
2		

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).		
1		

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?		
1		
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).		
2		
3 By reason of the relationship described in 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.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
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.		
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.		
2a		
b Did the activities described in 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.		
2b		
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 .		
3a		
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.		
3b		

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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 (<i>explain in detail in Part VI</i>):		
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).		

Schedule A (Form 990 or 990-EZ) 2020

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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 - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 **SOUTH FLORIDA, INC.**

Part VI

[illegible]

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2020

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.

Employer identification number

59-0624464

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

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.	Employer identification number 59-0624464
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHILDREN SERVICES COUNCIL OF BROWARD COUNTY 6600 WEST COMMERCIAL BOULEVARD LAUDERHILL, FL 33319	\$ 8,748,668.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE CHILDREN'S TRUST OF MIAMI-DADE 3150 SW 3RD AVENUE, 8TH FLOOR MIAMI, FL 33129	\$ 781,212.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	EARLY LEARNING COALITION - AGENCY FOR WORKPLACE INNOVATION 1515 NW 167TH STREET MIAMI, FL 33169	\$ 950,462.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	21ST CENTURY COMMUNITY LEARNING CENTER 325 WEST GAINES STREET, SUITE 1444 TALAHASSEE, FL 32399	\$ 723,710.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE FREDERICK A. DELUCA FOUNDATION 114 WEST 47TH STREET NEW YORK, NY 10036	\$ 884,000.	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.)

Employer identification number

59-0624464

Part II

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

Name of organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.

Employer identification number

59-0624464

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2020**Open to Public Inspection****Name of the organization** YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.**Employer identification number**
59-0624464**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.**

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 **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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	66,794.	68,154.	68,154.	68,154.	68,154.
b Contributions					
c Net investment earnings, gains, and losses	1,038.	-1,360.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	67,832.	66,794.	68,154.	68,154.	68,154.

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 %
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:

- (i)** Unrelated organizations _____
(ii) Related organizations _____

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,909,378.		2,909,378.
b Buildings		37,048,280.	15,588,253.	21,460,027.
c Leasehold improvements		3,013,009.	2,195,985.	817,024.
d Equipment		3,364,533.	1,741,526.	1,623,007.
e Other		2,974,405.	30,341.	2,944,064.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				29,753,500.

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.**

Schedule D (Form 990) 2020

59-0624464 Page **3**

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. (Col. (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. (Col. (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) PAYCHECK PROTECTION PROGRAM	6,257,257.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,257,257.

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 ... ☒

Schedule D (Form 990) 2020

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.**

Schedule D (Form 990) 2020

59-0624464 Page **4**

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	35,037,868.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	311,144.
b	Donated services and use of facilities	2b	1,940,480.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	81,083.
e	Add lines 2a through 2d	2e	2,332,707.
3	Subtract line 2e from line 1	3	32,705,161.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	32,705,161.

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	36,771,955.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,940,480.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	81,083.
e	Add lines 2a through 2d	2e	2,021,563.
3	Subtract line 2e from line 1	3	34,750,392.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	34,750,392.

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 X, LINE 2:

THE ASSOCIATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CHAPTER 220.13 OF THE FLORIDA STATUTES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

THE ASSOCIATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENALTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTEREST EXPENSE, RESPECTIVELY.

Part XIII Supplemental Information *(continued)*

THE U.S. FEDERAL JURISDICTION IS THE MAJOR TAX JURISDICTION WHERE THE ASSOCIATION FILES INCOME TAX RETURNS. THE ASSOCIATION IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule G (Form 990 or 990-EZ) 2020

SOUTH FLORIDA, INC.

59-0624464 Page 2

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 (add col. (a) through col. (c))
		MLK EVENT (event type)	BEACH BALL (event type)	NONE (total number)	
Revenue	1 Gross receipts	211,698.	281,868.		493,566.
	2 Less: Contributions	211,698.	281,868.		493,566.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	10,000.	31,400.		41,400.
	9 Other direct expenses	26,691.	12,991.		39,682.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				81,082.
11 Net income summary. Subtract line 10 from line 3, column (d)				-81,082.	

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

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

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule G (Form 990 or 990-EZ) 2020 **SOUTH FLORIDA, INC.**

59-0624464 Page **3**

- 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.

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.** Employer identification number **59-0624464**

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2020

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.**

Schedule J (Form 990) 2020

59-0624464

Page **2**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHERYL A. WOODS	(i)	312,306.	0.	0.	18,434.	0.	330,740.	0.
CEO - PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK RUSSELL	(i)	217,957.	0.	0.	13,301.	0.	231,258.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JACOB STEGER	(i)	204,413.	0.	0.	12,408.	0.	216,821.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DANENE JAFFE	(i)	174,730.	0.	0.	10,743.	0.	185,473.	0.
CHIEF STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RYAN SMITH	(i)	148,445.	0.	0.	8,562.	0.	157,007.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

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

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020
Open to Public Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.** Employer identification number **59-0624464**

Part I	SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS											
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
MIAMI-DADE COUNTY A INDUSTRIAL DEVELOPMENT A		59-1662816	NONE	12/15/10	9,350,000.	TO FUND CONSTRUCTION OF F		X		X		X
B												
C												
D												

Part II Proceeds									
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	9,350,000.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	9,350,000.							
7	Issuance costs from proceeds	327,000.							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2020

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.**

Schedule K (Form 990) 2020

59-0624464

Page 2

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.

59-0624464

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider	BB&T							
c Term of hedge	7.0000000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: MIAMI-DADE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE: TO FUND CONSTRUCTION OF FACILITIES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.

Employer identification number
59-0624464

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE YMCA OF SOUTH FLORIDA IS THE LEADING NONPROFIT COMMITTED TO
STRENGTHENING COMMUNITY THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING AND
SOCIAL RESPONSIBILITY. EVERY DAY, WE PUT JUDEO-CHRISTIAN PRINCIPLES
INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY
FOR ALL.

FORM 990, PART III, LINE 1

THE Y IS A LEADING NONPROFIT COMMITTED TO STRENGTHENING COMMUNITIES
THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY.

OUR MISSION IS TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH
PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. WE CHERISH
AND INSTILL OUR CORE VALUES OF CARING, HONESTY, RESPECT AND
RESPONSIBILITY.

AT THE Y, STRENGTHENING COMMUNITY IS OUR CAUSE. EVERY DAY, WE WORK
SIDE-BY-SIDE WITH OUR NEIGHBORS TO MAKE SURE THAT EVERYONE, REGARDLESS
OF AGE, INCOME OR BACKGROUND, HAS THE OPPORTUNITY TO LEARN GROW AND
THRIVE.

FORM 990, PART III, LINE 4A

FAMILY TIME - THE YMCA BRINGS PARENTS AND CHILDREN TOGETHER FOR LIFE
ENRICHING EXPERIENCES. WE BELIEVE THE YMCA CAN HELP IN STRENGTHENING
RELATIONSHIPS IN FAMILIES BY PROVIDING FUN AND MEANINGFUL PROGRAMS AND

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.

Employer identification number
59-0624464

ACTIVITIES. TIME TOGETHER AS A FAMILY IS VALUABLE; THE YMCA PROVIDES
QUALITY PHYSICAL AND SOCIAL PROGRAMS AND ACTIVITIES, DESIGNED
SPECIFICALLY FOR FAMILIES.

ALL YMCA PROGRAMS PLACE A STRONG EMPHASIS ON FAMILY. ACTIVITIES ARE
PLANNED THAT FOSTER UNDERSTANDING AND COMPANIONSHIP. GROUPS OF FAMILIES
BECOME SUPPORT SYSTEMS FOR ONE ANOTHER, LEARNING FROM EACH OTHER AND
FROM THEIR CHILDREN IN AN ENJOYABLE WAY. PROGRAMS SUCH AS MOMMY & ME
AND Y-ADVENTURE GUIDES PROVIDE OPPORTUNITIES FOR PARENTS TO ENJOY
QUALITY TIME WITH THEIR CHILDREN. ADDITIONALLY, PARENT EDUCATION
CLASSES ARE OFFERED PERIODICALLY TO PROVIDE INSTRUCTION IN PARENTING,
GUIDANCE, DISCIPLINE, AND MONEY MANAGEMENT. APPROXIMATELY 3,000
FAMILIES PARTICIPATE IN THESE PROGRAMS ANNUALLY.

IN ORDER TO PROVIDE THE MOST NEEDY FAMILIES WITH ADDITIONAL SUPPORT,
THE YMCA CONDUCTED FOOD AND TOY DRIVES. APPROXIMATELY 6,000 FAMILIES
ARE RECIPIENTS OF FOOD, TOYS, AND BACK-TO-SCHOOL SUPPLIES FOR THEIR
CHILDREN DURING THE HOLIDAYS AND SCHOOL YEAR.

FORM 990, PART III, LINE 4B

CHILD CARE - THE YMCA HAS BEEN AND CONTINUES TO BE ONE OF THE LARGEST
PROVIDERS OF CHILD CARE IN OUR AREA FOR OVER 21 YEARS. CURRENTLY, WE
PROVIDE HIGH QUALITY OUT OF SCHOOL TIME PROGRAMS (AFTER SCHOOL, HOLIDAY
CARE, ETC.) TO APPROXIMATELY 8,000 CHILDREN ANNUALLY. OF THESE
CHILDREN, OVER 80% RECEIVE SCHOLARSHIPS DUE TO FINANCIAL HARDSHIPS.

THE YMCA IS COMMITTED TO ASSURING THAT CHILDREN FROM ALL BACKGROUNDS

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.	Employer identification number 59-0624464
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RECEIVE THE SAME SERVICES. AN INCREASED NUMBER OF CHILDREN WHO ARE HOMELESS OR IN THE FOSTER CARE SYSTEM ARE BEING INCLUDED AT NO CHARGE TO THE FAMILY. ADDITIONALLY, THE YMCA OPERATES THE BROWARD INCLUSION CHILD CARE PROGRAM THAT IS DESIGNED TO INCREASE THE AVAILABILITY OF CHILDCARE FOR CHILDREN WITH DISABILITIES. THERE ARE OVER 480 CHILDREN BEING SERVED IN THIS PROGRAM ON A DAILY BASIS. A FULL DAY CHILDCARE PROGRAM IS ALSO AVAILABLE FOR YOUNG CHILDREN WITH SCHOLARSHIPS AVAILABLE TO THOSE REQUIRING FINANCIAL ASSISTANCE. OUR PROGRAMS ARE BASED UPON YEARS OF RESEARCH IN THE FIELD OF CHILD DEVELOPMENT AND ARE DESIGNED TO MEET THE INDIVIDUAL NEEDS OF THE CHILD AND THE FAMILY AS A WHOLE. PROVIDING HIGH QUALITY CHILD CARE IS CENTRAL TO THE Y'S MISSION. WOVEN INTO THE FABRIC OF OUR MISSION AND HIGH QUALITY CHILDCARE IS A COMMITMENT TO STRENGTHENING FAMILIES. WE RECOGNIZE AN ALL TOO GROWING NUMBER OF FAMILIES FROM EVERY SOCIOECONOMIC LEVEL ARE NEGLECTED, ADRIFT AND IN TROUBLE. THE STRESS AND STRAIN OF BALANCING WORK AND FAMILY IS BECOMING MORE DIFFICULT TO BEAR. THE YMCA ASSISTS IN REDUCING THIS BURDEN THROUGH THE PROVISION OF TUITION ASSISTANCE FOR CHILDCARE SERVICES. APPROXIMATELY \$103,000 THIS PAST PERIOD WAS AWARDED TO FAMILIES TO DEFRAY THEIR FEES. ADDITIONALLY, WE AID FAMILIES WHO MIGHT NEED OTHER FORMS OF HELP DUE TO FAMILY VIOLENCE, LOSS OF A JOB, SUBSTANCE ABUSE, ETC. BY COLLABORATING WITH OTHER SOCIAL SERVICE AGENCIES. OUR THIRD AREA OF EMPHASIS IS ON PARENT EDUCATION. THROUGH A VARIETY OF ACTIVITIES, WHICH BRING TEACHERS AND PARENTS TOGETHER, WE FOCUS ON HELPING PARENTS LEARN MORE ABOUT HOW TO RAISE HEALTHY, HAPPY CHILDREN WHO CAN GROW INTO RESPONSIBLE CARING ADULTS.

CAMP THE DAY CAMP THE YMCA OFFERS IS BOTH A RECREATIONAL AND LASTING EXPERIENCE OF PERSONAL ENRICHMENT. THE PROGRAM IS DESIGNED TO HELP

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.	Employer identification number 59-0624464
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CAMPERS BE AWARE OF THEIR BODIES AND FITNESS. THEY ARE ALSO STRUCTURED TO HELP YOUTH LEARN THE VALUE OF COOPERATION AND GAIN CONFIDENCE TO CHALLENGE THEMSELVES TO ACHIEVE PERSONAL GROWTH. THE YMCA PROVIDES A SAFE, CLEAN ENVIRONMENT AND A QUALITY PROGRAM IN WHICH THEIR CHILDREN CAN SPEND THEIR SUMMER AND SCHOOL DAYS OFF. WE OFFER A VALUABLE ALTERNATIVE TO CHILDREN STAYING HOME ALONE. OUR HOURS ARE FLEXIBLE (7:30 AM 6:00 PM). SUMMER CAMPS ARE OPEN FOR TEN WEEKS AND HOLIDAY CAMPS ARE AVAILABLE 22 DAYS DURING THE SCHOOL YEAR. SCHOLARSHIPS ARE PROVIDED FOR APPROXIMATELY 85% OF THE CHILDREN AND A CONTINUUM OF CARE IS AVAILABLE FOR CHILDREN WITH DISABILITIES AS WELL. A STRONG COLLABORATION WITH OUTSIDE SERVICE-ORIENTED ORGANIZATIONS PROVIDES FOR ADDITIONAL SERVICES TO HELP MEET THE NEEDS OF THE CHILDREN AND FAMILIES WE SERVE. IN 2020 THE ASSOCIATION SERVED APPROXIMATELY 2,000 CLIENTS IN THE SUMMER CAMP (GENERAL POPULATION AND CHILDREN WITH DISABILITIES).

EDUCATION & LEADERSHIP THE YMCA IS COMMITTED TO PROVIDING A CONTINUUM OF CARE FOR INDIVIDUALS WITH DISABILITIES. IN ADDITION TO CHILDREN WHO ARE SERVED IN THE AFTER-SCHOOL PROGRAMS, A RESPITE PROGRAM FOR ADULTS WITH DEVELOPMENTAL DISABILITIES IS OFFERED EACH AFTERNOON THROUGH THE TYPICAL SCHOOL YEAR. THE ADULTS WHO ARE UNABLE TO BE LEFT UNSUPERVISED, THEN ATTEND A FULL DAY TRAINING PROGRAM DURING THE SUMMER MONTHS WHEN THEIR EDUCATIONAL PROGRAMS ARE CLOSED. THIS ALLOWS FOR THEIR PARENTS/GUARDIANS TO CONTINUE EMPLOYMENT AS THEY STRIVE TO MAINTAIN SELF-SUFFICIENCY. APPROXIMATELY 400 ADULTS PARTICIPATE ANNUALLY IN THESE PROGRAMS AND ALL RECEIVE FINANCIAL ASSISTANCE IN ORDER TO ATTEND.

FORM 990, PART III, LINE 4C

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA, INC.	Employer identification number 59-0624464
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SPORTS & RECREATION THESE PROGRAMS ARE DESIGNED TO PROVIDE YOUTH THE OPPORTUNITY TO GROW IN SPIRIT, MIND AND BODY. THE PHILOSOPHY "EVERYONE PLAYS EVERYONE WINS" IS COMMON GROUND FOR ALL SPORTS AND RECREATION PROGRAMS. APPROXIMATELY 15,000 CHILDREN PARTICIPATE ANNUALLY IN THESE PROGRAMS AND IN KEEPING WITH THE YMCA'S MISSION; SCHOLARSHIPS ARE MADE AVAILABLE TO CHILDREN WHO REQUIRE FINANCIAL ASSISTANCE.

I. HEALTH, WELL-BEING & FITNESS

THE YMCA, THROUGH ITS VARIOUS FAMILY CENTERS, HAS A NETWORK OF PROGRAMS THAT FULFILL THE Y'S MISSION OF MIND, BODY, AND SPIRIT. PROGRAMS ARE DESIGNED TO IMPACT WELLNESS OF THE COMMUNITY AND INCLUDE FREE SEMINARS AND FITNESS EVALUATIONS. THE Y CONDUCTS HUNDREDS OF FREE HEALTH SCREENINGS YEARLY. EMPHASIS IS ON FAMILY WITH A FULL COMPLEMENT OF PROGRAMS FOR INDIVIDUALS SIX MONTHS TO SENIOR CITIZEN. MANY PARTICIPANTS ARE GIVEN THE OPPORTUNITY TO PARTICIPATE FREE OF CHARGE THROUGH FINANCIAL ASSISTANCE. THEY LOOK TO OTHER COMMUNITY AGENCIES FOR REFERRALS TO PROVIDE MUCH NEEDED HEALTH AND PHYSICAL EDUCATIONS PROGRAMS. THE ASSOCIATION PARTICIPATES IN THE YMCA OF THE USA ANNUAL EVENT, HEALTHY KIDS DAY, TO BRING COMMUNITY HEALTH PARTNERS TOGETHER TO PROMOTE HEALTH, WELLNESS, AND FITNESS TO CHILDREN.

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

FORM 990 IS FIRST REVIEWED BY THE ORGANIZATION'S CFO AND AUDIT COMMITTEE. FORM 990 IS THEN SUBMITTED TO THE ORGANIZATION'S BOARD FOR REVIEW AND APPROVAL BEFORE IT IS FILED WITH THE IRS.

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

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.

Employer identification number
59-0624464

ANNUAL CONFLICT OF INTEREST FORMS ARE COMPLETED IN ACCORDANCE WITH THE
YMCA-USA NATIONAL POLICY.

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

THE BOARD'S EXECUTIVE COMMITTEE SETS AND REVIEWS THE PERFORMANCE OF THE CEO
AND DOES A SALARY SURVEY OF NATIONAL ENTITIES CEO SALARIES ON AN ANNUAL
BASIS.

FORM 990, PART VI, SECTION C, LINE 18:

THE ASSOCIATION PROVIDES COPIES OF FORM 990 AND FORM 1023 UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY
ARE AVAILABLE UPON REQUEST

FORM 990, PART XII, LINE 2C

NO CHANGES IN THE CURRENT YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.** Employer identification number
59-0624464

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
YMCA OF THE USA - 36-3258696 101 NORTH WACKER DRIVE CHICAGO, IL 60606	NATIONAL RESOURCE OFFICE	ILLINOIS	501(C)(3)	LINE 7	N/A		X
YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA SUPPORT ORGANIZATION, INC, 900 SE 3RD AVE STE 300, FORT LAUDERDALE, FL 33316	SUPPORT ORGANIZATION	FLORIDA	501(C)(3)	LINE 12A, I	YOUNG MEN'S CHRISTIAN ASSOCIATION OF	X	

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

Schedule R (Form 990) 2020

SEE PART VII FOR CONTINUATIONS

Part III

Part III

Part IV

Part IV

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
SOUTH FLORIDA, INC.**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) YMCA OF USA	L	317,793.	BASED UPON AFFILIATION AGREEMENT
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2020

Page 4

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

[illegible]

Schedule R (Form 990) 2020

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA SUPPORT
ORGANIZATION, INC

DIRECT CONTROLLING ENTITY: YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH
FLORIDA, INC.

• Y Employment Navigation Program Budget			
•	• CDBG Funds	• YMCA	• Total
• Program Oversight by Associate Executive Director	• \$ -	• \$ 8,000	• \$ 8,000
• FT Y Employment Navigator	• \$ 45,000	• \$ -	• \$ 45,000
• Benefits @ 25%	• \$ 11,250	• \$ -	• \$ 11,250
• Phone @ \$45 x 12 months	• \$ 540	• \$ -	• \$ 540
• Mileage 50 miles x 12 months x \$0.63	• \$ 378	• \$ -	• \$ 378
• Marketing Materials and Office Supplies	• \$ 800	• \$ -	• \$ 800
• Indirect costs @ 10%	• \$ 5,797	• \$ 800	• \$ 6,597
• Total	• \$ 63,765	• \$ 8,800	• \$ 72,565

The organization has not yet sought funding from other sources.



February 26, 2023

Dear Mayor and Commissioners,

I am writing to express my strong support for the Hollywood Florida YMCA's request for a block grant funding. The YMCA has been serving the community of Hollywood for many years and has had a profound impact on the lives of local residents.

The programs and services offered by the YMCA, such as youth sports, after-school programs, and fitness classes, provide opportunities for community members to lead healthier, more active lifestyles. Additionally, the YMCA's commitment to providing affordable access to these programs has made a significant difference in the lives of those who may not otherwise have had access to similar resources.

I believe that a block grant funding would greatly benefit the Hollywood Florida YMCA and allow it to continue its important work in the community. With additional resources, the YMCA could expand its programs and services to reach even more individuals, making a lasting impact on the health and well-being of our community.

Thank you for your consideration of this request. I am confident that the Hollywood Florida YMCA will continue to be a valuable asset to the community with your support.

Sincerely,

A handwritten signature in blue ink, appearing to read "Marie Suarez", written over a large, stylized blue circular flourish that extends across the signature line.

Marie Suarez, CEO / Executive Director

Greater Hollywood Chamber of Commerce



**YMCA of South Florida
2022 Board of Directors**

Tom McMahon, Chairman (7 yrs)

Milner, Inc.
700 S Military Trail
Deerfield Beach, FL 33442
954-312-1500 office
954-649-0585 mobile
tmcMahon@milner.com

Jay Anderson, Past Chair (10 yrs)

Ryder System, Inc.
11690 NW 105th Street
Miami, FL 33178
305-500-3457 office
954-243-1974 mobile
jay_anderson@ryder.com

Alvin Lodish (9 yrs)

Duane Morris
201 S Biscayne Blvd, Suite 3400
Miami, FL 33131-2318
305-960-2239 office
305-972-6033 mobile
alodish@duanemorris.com

Andre Hall (7 yrs)

JM Family Enterprises, Inc.
190 Jim Moran Boulevard
Deerfield Beach, FL 33442
954-949-4958 office
andre.hall@jmfamilys.com

Arlene Coke (11 mths)

Club Med
6505 Blue Lagoon Drive, Suite 225
Miami, FL 33126
305-925-9174 office
305-495-5579 mobile
arlene.coke@clubmed.com

Caridad Errazquin, Treasurer (24 yrs)

Bank Hapoalim
1221 Brickell Avenue, Suite 2470
Miami, FL 33131
305-466-7662 office
305-786-9852 mobile
cerrazquin@bhiosa.com

Colonel Nichole Anderson (3 yrs)

Broward Sheriff's Office
2601 W. Broward Blvd
Fort Lauderdale, FL 33312
954-831-8139 office
954-498-1985 mobile
nichole_Anderson@sheriff.org

Dennis Giordano

~~Calvin, Giordano & Associates~~
~~1800 Eller Drive, Suite 600~~
~~Fort Lauderdale, FL 33316~~
~~954-921-7781 office~~
954-445-8166 mobile
dgiordano@calvin-giordano.com

Derek L. Koger (9 mths)

Seminole Tribe of Florida
5700 Griffin Road
Davie, FL 33314
954-966-6300 office
954-347-0633 mobile
DerekKoger@semtribe.com

Don Weiher (8 yrs)

Private Bank/Bank of America
401 East Las Olas Blvd, Suite 2100
Ft. Lauderdale, FL 33301
954-438-7403 mobile
don.weiher@bofa.com

Doug Bartel (7 yrs)

Florida Blue
8600 N.W. 36th Street, Suite #800
Doral, FL 33166
305-921-7007 office
954-806-1520 mobile
doug.bartel@floridablue.com

Idalberto "Bert" de Armas (13 yrs)

Iberia Bank
1111 Brickell Avenue, 30th Floor
Miami, FL 33131
305-376-2461 office
305-613-4792 mobile
Idalberto.DeArmas@iberiabank.com

Jacqueline Howe (11 yrs)

Howe Real Estate, Inc.
1007 N. Federal Highway, #311
954-294-3469 mobile
jhowe@abode-us.com
Jfh0204@icloud.com

Jeff Watts (8 yrs)

Bank Leumi
19495 Biscayne Boulevard
Aventura, FL 33180
305-918-6307 office
305-766-2749 mobile
Jeff.Watts@leumi-usa.com

**Jennifer McCafferty-
Fernandez/Secretary (4 yrs)**

Nicklaus Children's Hospital
3100 SW 62 Avenue
Miami, FL 33155
786-624-3540 office
305-323-0156 mobile
Jennifer.mccafferty@nicklaushealth.org

John Scherer (3 yrs)

Gulf Building
633 S. Federal Highway, Suite 500
Fort Lauderdale, FL 33301
954-492-9191 office
johns@gulfbuilding.com

Lindsey Payne (28 yrs)

Attorney at Law
2309 NE 20th Street
Fort Lauderdale, FL 33305
954-383-9200 mobile
durdeng@bellsouth.net

Marilyn Pascual, 1st Vice Chair (8 yrs)

TRG Management Company LP
2200 North Commerce Parkway, Suite 100
Weston, FL 33326
305-442-8628 office
954-243-0602 mobile
mpascual@relatedgroup.com

Mark Krill (10 yrs)

Ocean Bank
200 NE 3rd Avenue
Ft. Lauderdale, FL 33301
305-815-2092 mobile
mkrill@oceanbank.com

Mildred Coyne (3 yrs)

Broward College
111 East Las Olas Blvd
Fort Lauderdale, FL 33301
954-201-7811 office
321-543-0720 mobile
mcoyne@broward.edu

Randall Wood (31 yrs)

Coneca Properties
210 N University Drive, Suite 212
Coral Springs, FL 33071
954-340-5594 office
954-263-4150 mobile
rlwood@coneca.com



**YMCA of South Florida
2022 Board of Directors**

**Steve Cooney, at Large EC Member
(26 yrs)**

Wells Fargo Bank
350 East Las Olas, Suite 1900
Fort Lauderdale, FL 33301
954-765-3841 office
954-646-3160 mobile
steve.cooney@wellsfargo.com

Scott Wagner (7 yrs)
Bilzin Sumberg Baena Price & Axelrod
LLP
1450 Brickell Avenue, 23rd Floor
Miami, FL 33131
305-350-7386 office
305-710-4700 mobile
swagner@bilzin.com

Steve Stowe (4 yrs)
Miami Heat
America Airlines Arena
601 Biscayne Blvd.
Miami, FL 33132
786-777-4141 office
786-252-5302 mobile
sstowe@heat.com

*** Officers**

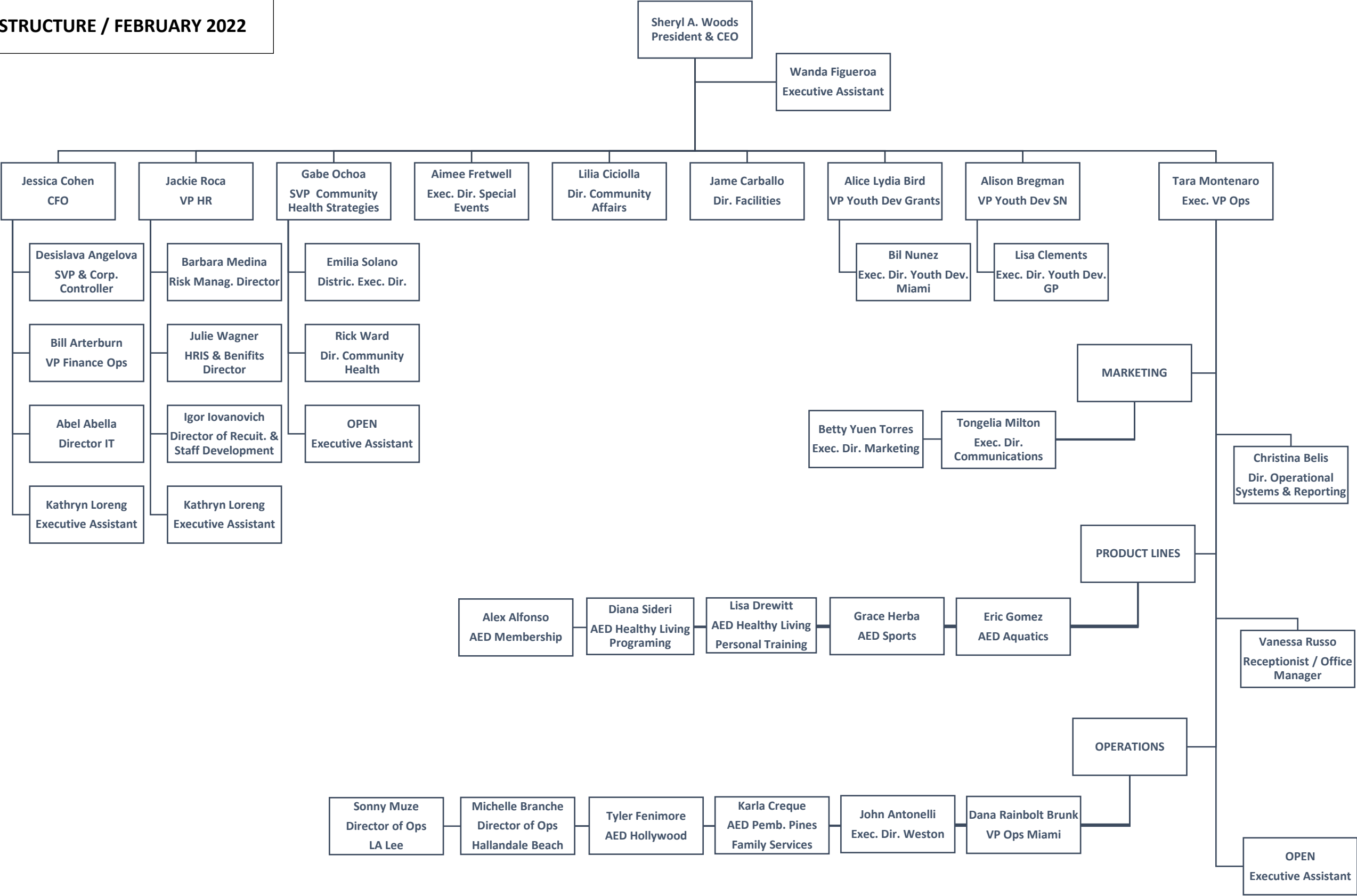
***At Large EC Member**

3/1/22

	Year 1	Year 2	Year 3
Number of Clients	300	300	300
Cost per client	\$213 x year or \$17.75 x month	\$177 x year or \$14.75 x month	\$143 x year or \$12 x month
Obtaining additional funding to reduce cost per client		\$10,000	\$20,000
Document defined outcomes and improve them by 10% YOY (from prior year)	Documenting defined outcomes as a baseline	Increasing 10% YOY (year over year)	Increasing 10% YOY (year over year)
Staff structure	One FT staff	One FT staff	One FT Staff & one PT staff
Employment Navigator	Attends at least three (3) professional development opportunities	Attends at least four (4) professional development opportunities	Attends at least four (4) professional development opportunities
Reduction on CDBG funding for the YEN program	\$0	Reduction by 16%	Reduction by 31%
YEN program network partners will expand	5 new partners	10 partners	15 partners

YMCA OF SOUTH FLORIDA

ORGANIZATIONAL STRUCTURE / FEBRUARY 2022





YMCA of South Florida

Job Title:	Employment Navigator	FLSA Status	Exempt
Department/Group:	Community Health	Job Code	
Location:	Greater Hollywood YMCA	Travel Required:	Yes
Salary:	\$45,000 per year	Position Type:	Full Time
Position Summary:			
<p>Full-time Employment Navigator seeks to coordinate employment-related opportunities to job seekers by identifying individual needs, vocational strengths, barriers, and developing employment plans based on client's goals and aspirations.</p> <p>Employment Navigator primary responsibility is to assist in the planning and coordination of support in order to help jobseekers gain meaningful employment, as well as sustain those jobs, and to increase the likelihood of career advancement. This position reports to the Executive Director or the Associate Executive Director</p>			
YMCA COMPETENCIES (Leader)			
<p><u>Mission Advancement:</u> Reinforces the Y's values within the organization and the community. Effectively communicates the benefits and impact of the YMCA's efforts for all stakeholders. Support all philanthropic endeavors.</p> <ul style="list-style-type: none"> • <u>Values:</u> Demonstrates in word and action the Y's core values of caring, honesty, respect, and the responsibility and a commitment to the Y's mission, in all matters at all times. • <u>Collaboration:</u> Builds and nurtures strategic relationships to enhance support for the YMCA. Serves as a leader building collaborations based on trust and credibility to advance YMCA mission and goals. Communicates for influence to attain buy-in and support of goals. Provides tools and resources for the development of others. • <u>Relationships:</u> Build authentic relationships in the service of enhancing individual and team performance to support the Y's work. • <u>Developing Others:</u> Recognizes and acts on the need to continually develop others capability to attain the highest level of performance possible. <p><u>Personal Growth:</u> Fosters a learning environment embracing diverse abilities and approaches. Creates a sense of urgency and positive tension to support change. Anticipates challenges that can sidetrack or derail growth and personal learning. Has the functional and technical knowledge and skills required to perform well; uses best practices and demonstrates up-to-date knowledge and skills in technology.</p> <ul style="list-style-type: none"> • <u>Functional Expertise:</u> Has the functional and the technical knowledge and skills to do the job at a high level of accomplishment. • <u>Change Capacity:</u> <i>Leads self and others through change by navigating ambiguity appropriately and adapting well to new situations, obstacles, and opportunities.</i> 			
Description (Duties and Responsibilities)			
<ul style="list-style-type: none"> • Advocate, connect, and link employee seekers with resources. • Helps participants develop job acquirement plans, goals, and follow-ups with participants and providers. • Provide referrals for services to employment agencies, job trainings, certification classes, as appropriate. • Help participants connect with transportation resources however transporting clients is strictly prohibited. • Be knowledgeable about community resources. • Provide appropriate referrals to employment resources. • Conduct field visits, outreach and serve as resource to job seekers. • Coordinate and participate in community events representing the Y and the Employment Navigation Program. • Recruit participants, including conducting presentations and distributing printed materials. • Utilizes motivational interviewing and teach back approaches to ensure that participants understand their issues and how to manage them. • May need to follow-up with participants with calls, and visits to other settings where participants can be found. 			



YMCA of South Florida

- Identify community leaders, resources, and maintain a community contact list.
- Keep records of registered participants.
- Reports to Executive Director or Associate Executive Director on a weekly basis. Responsible for providing consistent communication and reporting.
- Responsible for establishing trusting relationships with participants while providing general support and encouragement.
- Engages and motivates participants to be active participants in the job seeking process.
- Providing ongoing follow-up, motivational interviewing and goal setting with participants.
- Participates in ongoing related trainings.
- Attend quarterly staff meetings.
- Maintain professional conduct is required at all times with participants and staff.
- Consistently complete assignments professionally and on time.
- Take professional development trainings to keep abreast of employment opportunities and resources for participants.
- Develop working understanding of health inequities and resources to overcome.
- Adhere to the program dress code.
- Report for work as assigned.
- Comply with all policies and procedure of the YMCA of South Florida.
- Adhere to all risk management and safety protocols.
- Assume other duties and projects as needed and as assigned.
- Certification as a Certified Community Health Worker is highly desirable.
- Other duties as assigned.

Position Requirements

Education and Experience:

- Bachelor's Degree in Social Work, Public Health, or other similar degree preferred.
- Minimum 1 year of experience as an Outreach Coordinator, Community Health Worker, or similar position

Certificates and Licenses:

- Current CPR/FA/AED certifications
- YMCA Healthy Lifestyles Principles (within first 90 days of start date)
- OSHA Training for hazardous materials

Other skills and abilities:

- Teaching, training and public speaking experience preferred.
- Possesses great communication and interpersonal skills, is non-judgmental.
- Exhibits enthusiasm.
- Optimistic about a person's ability to make changes.
- Ability to connect with people of diverse backgrounds. Respect for diversity and always maintain high level of cultural sensitivity.
- Ability to work well with others, understanding and use of Motivational Interviewing skills.
- Read, write and speak the language of the targeted audience (at about 10th grade level).
- Willing to work nights and weekends.
- Model healthy behavior for participants.
- Is dependable, consistent and on time, has reliable transportation.
- Ability to establish and maintain positive and collaborative working relationships with participants, staff and community partners.
- Possesses life experience resulting in empathy to the needs and abilities of persons with chronic health conditions or other health issues.
- Critical thinking and evaluative skills.
- Knowledge of basic health information, interventions and resources.
- Ideally comes from the community being served or has an unusually close understanding of the community served.
- Bilingual preferred.

Machines, Tools, Equipment and/or Software used

Computer/Lap Top, Cell Phone as well as all site equipment including but not limited to cameras, telephones, computers and time clocks. Also included are use of books, flip charts, easels and all materials for delivery of workshops.

Environment/atmospheric working conditions



YMCA of South Florida

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

- While performing the duties of this job, the employee works indoors and outdoors.
- The noise level in the work environment is usually loud, but could also be quiet.

Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- The usual and customary methods of performing the job's functions require the following physical demands: some lifting, carrying, pushing, and/or pulling; some stooping, kneeling, crouching, and/or crawling; and significant fine finger dexterity.
- Generally the job requires 10% sitting, 20% walking, and 70% standing.
- Specific vision abilities required by this position include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.
- Intermittent physical activity including walking, standing, sitting, lifting and supporting participants.
- Incumbent will be required to work at any facility and be responsible for own transportation.
- Required to transport program materials to and from program site in a timely fashion.

OSHA Category

- Exposure to blood borne pathogens that requires use of personal protective equipment.

THE STATEMENTS HEREIN ARE INTENDED TO DESCRIBE THE GENERAL NATURE AND LEVEL OF WORK BEING PERFORMED BY EMPLOYEES, AND ARE NOT TO BE CONSTRUED AS AN EXHAUSTIVE LIST OF RESPONSIBILITIES, DUTIES AND SKILLS REQUIRED BY PERSONNEL SO CLASSIFIED. FURTHERMORE, THEY DO NOT ESTABLISH A CONTRACT FOR EMPLOYMENT AND ARE SUBJECT TO CHANGE AT THE DISCRETION OF THE ASSOCIATION. INCUMBENTS MAY BE REQUIRED TO PERFORM OTHER JOB-RELATED TASKS OTHER THAN THOSE SPECIFICALLY PRESENTED IN THIS DESCRIPTION.

Employee Name (Print):		Date:	
Employee Signature:		Date:	
Last updated:			



YMCA of South Florida

Job Title:	Employment Navigator	FLSA Status	Exempt
Department/Group:	Community Health	Job Code	
Location:	Greater Hollywood YMCA	Travel Required:	Yes
Salary:	\$45,000 per year	Position Type:	Full Time
Position Summary:			
<p>Full-time Employment Navigator seeks to coordinate employment-related opportunities to job seekers by identifying individual needs, vocational strengths, barriers, and developing employment plans based on client's goals and aspirations.</p> <p>Employment Navigator primary responsibility is to assist in the planning and coordination of support in order to help jobseekers gain meaningful employment, as well as sustain those jobs, and to increase the likelihood of career advancement. This position reports to the Executive Director or the Associate Executive Director</p>			
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YMCA of South Florida

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OSHA Category

- Exposure to blood borne pathogens that requires use of personal protective equipment.

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Employee Name (Print):		Date:	
Employee Signature:		Date:	
Last updated:			