

PUBLIC DISCLOSURE COPY

September 11, 2019

Central Florida Young Men's Christian
Association
433 N Mills Ave
Orlando, FL 32803

Central Florida Young Men's Christian Association:

Enclosed are the original and one copy of the 2018 Exempt Organization return, as follows...

2018 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Regards,

Juliana Kreul

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2018

Prepared For:

Central Florida Young Men's Christian
Association
433 N Mills Ave
Orlando, FL 32803

Prepared By:

RSM US LLP
7351 Office Park Pl.
Melbourne, FL 32940-8229

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Return Must be Mailed On or Before:

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
Association
433 N MILLS AVE
ORLANDO, FL 32803

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027



Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2018 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 CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | | D Employer identification number 59-0624430 | | |
| | Doing business as YMCA OF CENTRAL FLORIDA, INC. | | | | |
| | Number and street (or P.O. box if mail is not delivered to street address) 433 N MILLS AVE | | Room/suite | E Telephone number 4079869220 | |
| | City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32803 | | G Gross receipts \$ 54,336,176. | | |
| F Name and address of principal officer: DANIEL WILCOX SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 | | | | | |
| J Website: ▶ WWW.YMCACENTRALFLORIDA.COM | | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶ | | | L Year of formation: 1942 | M State of legal domicile: FL | |

Part I Summary

| | | | |
|---|---|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE YMCA OF CENTRAL FLORIDA SUPPORTS ITS COMMUNITIES WITH NEIGHBORHOOD-BASED SERVICES, WHICH | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 58 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 58 |
| | 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 3061 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 5858 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 38 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 7,518,747. | 5,436,294. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 49,215,675. | 47,408,618. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -342,418. | 119,268. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 897,364. | 1,126,542. |
| | | 57,289,368. | 54,090,722. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 32,811,130. | 29,392,713. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 25,080. | 187,638. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,507,279. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 26,751,884. | 25,144,095. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 59,588,094. | 54,724,446. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -2,298,726. | -633,724. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 114,018,544. | 110,966,532. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 38,991,212. | 36,626,669. |
| | 75,027,332. | 74,339,863. | |

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 | | |
| | COLLEEN MANAHAN, CHIEF FINANCIAL OFFICER Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name JULIANA KREUL | Preparer's signature <i>Juliana Kreul</i> | Date 9/13/2019 | Check if self-employed <input type="checkbox"/> | PTIN P01204534 |
| | Firm's name ▶ RSM US LLP | Firm's EIN ▶ 42-0714325 | Phone no. 321-751-6200 | | |
| | Firm's address ▶ 7351 OFFICE PARK PL. MELBOURNE, FL 32940-8229 | | | | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE PURPOSE OF THIS ASSOCIATION IS TO IMPROVE THE LIVES OF ALL IN CENTRAL FLORIDA BY CONNECTING INDIVIDUALS, FAMILIES AND COMMUNITIES WITH OPPORTUNITIES BASED ON CHRISTIAN VALUES THAT STRENGTHEN SPIRIT, MIND AND BODY.

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

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

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

4a (Code:) (Expenses \$ 33,113,944. including grants of \$) (Revenue \$ 33,121,483.) HEALTHY LIVING PROGRAMS AND INITIATIVES:

THE YMCA OF CENTRAL FLORIDA IS COMMITTED NOT ONLY TO STRENGTHENING COMMUNITIES, BUT ALSO IN STRENGTHENING FAMILIES AND INDIVIDUALS. USING OUR FAMILY CENTERS AS A SPRINGBOARD FOR HEALTHY LIVING, THE Y OFFERS A PLETHORA OF PROGRAMS FROM YOUTH FITNESS PROGRAMS TO PERSONAL TRAINING FOR ADULTS AND GROUP EXERCISE PROGRAMS FOR SENIORS, ALL FOCUSED TO ENCOURAGE HEALTHY LIVING HABITS. WITH FAMILIES MAKING UP 55% OF Y MEMBERSHIPS, THE Y WORKS TO CONNECT FAMILIES THROUGH FITNESS AND WEEKLY ACTIVITIES, INCLUDING NUTRITION EDUCATION AND CLASSES.

ACROSS OUR 18 FAMILY CENTERS IN 2018, THE Y OFFERED OVER 5,000 GROUP

4b (Code:) (Expenses \$ 10,029,559. including grants of \$) (Revenue \$ 10,031,842.) YOUTH DEVELOPMENT PROGRAMS AND INITIATIVES:

YOUTH DEVELOPMENT IS A KEY PILLAR OF THE YMCA OF CENTRAL FLORIDA AND FOCUSES ON NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN THROUGH PROGRAMS FOCUSED ON VALUES, READING/ACHIEVEMENT, WELLNESS AND STRENGTHENING FAMILIES. THE Y'S EDUCATION INITIATIVE OBJECTIVE IS TO SUBSTANTIALLY INCREASE THE Y'S CAPACITY TO SUPPORT THE SCHOOL READINESS AND SCHOOL SUCCESS OF CHILDREN.

IN 2018, THE Y CARED FOR HUNDREDS OF CHILDREN DAILY IN THEIR CHILD DEVELOPMENT CENTERS AND USED EVIDENCE-BASED EARLY LEARNING IN ITS TWO YMCA CHILD DEVELOPMENT CENTERS AT WALT DISNEY WORLD, WHICH SERVED 600

4c (Code:) (Expenses \$ 1,827,264. including grants of \$) (Revenue \$ 1,827,680.) AQUATICS:

WITH WATER EVERYWHERE IN FLORIDA, THE Y KNOWS THAT SWIMMING IS A LIFE SKILL THAT EVERY CHILD MUST LEARN TO STAY SAFE, SECURE AND ENJOY THE WATER. AND TO MEET THE NEEDS OF EVERYONE FROM INFANTS TO SENIORS, THE YMCA OF CENTRAL FLORIDA HAS INVESTED IN AN AQUATICS PROGRAM THAT RANGES FROM DROWNING PREVENTION (SAFE START) TO INTRODUCTORY SWIMMING (SAFETY AROUND WATER WEEK) AND SWIM LESSONS FOR YOUTH AND ADULTS. TO MEET THESE DEMANDS, THE Y OF CENTRAL FLORIDA IS HOME TO AN OLYMPIC-SIZE POOL AND DIVING TOWER AT THE ROSEN YMCA AQUATIC CENTER AS WELL AS EASY ACCESS POOLS THAT PROVIDE DIGNITY AND MOBILITY ACROSS OUR ASSOCIATION. ADDITIONALLY, THESE POOLS ARE HOME TO OUR YCF AQUATICS SPORTS PROGRAMS:

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,905,959. including grants of \$) (Revenue \$ 2,906,621.)

4e Total program service expenses 47,876,726.

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 temporarily restricted endowments, permanent endowments, or 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 |

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> | | 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> | 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> | X | |
| 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | X |
| 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | X |
| 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | 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> | | X |
| 25b 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> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | 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): | | |
| 28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | X | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 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> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | 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> | | 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> | | 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> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| 35b 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> | | 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> | 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> | | 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 | 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 | | |
| 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

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

| | | Yes | No |
|--|--|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3061 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b | X | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a | | X |
| b | If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? 13a | | |
| Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 | | X |
| If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 | | X |
| If "Yes," complete Form 4720, Schedule O. | | | |

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 58 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 58 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | X | |
| 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? | X | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | X |
| 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 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 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 | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | 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? | | 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? | | |

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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
 COLLEEN MANAHAN - 407-895-8658
 433 N MILLS AVENUE, ORLANDO, FL 32803-0433

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.

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

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) ARRINGTON, MARY JANE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (2) BAILES, CHARLES DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (3) BARNES, WILLIE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (4) BARR, PETER DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (5) BLOXOM, CLAY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (6) BROWN, KAREN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (7) CARNEVALE-HENDERSON, MARISA DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (8) CARPENTER, D.R. DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (9) CARRION, LOU DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (10) CAVALIERE, PAUL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (11) COHEN, BEN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (12) DAVIS, GLEN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) DEMINGS, ANTOINE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) DEMINGS, JERRY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (15) D'ORSO, CHRIS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (16) EGERTON, CHARLES DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (17) FISHER, ROBIN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below 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) FLOYD, KEVIN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (19) FREID, MARK DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (20) GARDINER, ANDREW DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (21) GIACALONE, MARGARET DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (22) GOODWIN, MARCIA HOPE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (23) HOSTETTER, SANDY DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (24) HUBBARD, EVANS DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (25) KLEFFEL, JULIE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (26) KRZYZAK, PETE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| 1b Sub-total | | | | | | | 0. | 0. | 0. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 1,575,791. | 0. | 281,994. | |
| d Total (add lines 1b and 1c) | | | | | | | 1,575,791. | 0. | 281,994. | |

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 **16**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | 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? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| ZUORA, INC., 3050 SOUTH DELAWARE STREET, SAN MATEO, CA 94403 | COMPUTER SERVICES | 522,181. |
| CLEAN DOCTOR, LLC, 3956 TOWN CENTER BLVD PMB 193, ORLANDO, FL 32837 | CLEANING SERVICES | 518,851. |
| RUGBY COMMERCIAL CLEANING, LLC PO BOX 540810, ORLANDO, FL 32854 | CLEANING SERVICES | 516,007. |
| KELSEY CONSTRUCTION INC 306 E PRINCETON ST, ORLANDO, FL 32804 | CONSTRUCTION CONTRACTORS | 450,048. |
| SHAW MECHANICAL SERVICES, LLC., 997 W KENNEDY BLVD, STE 14A, ORLANDO, FL 32810 | MAINTENANCE & REPAIR | 361,157. |

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 **20**

SEE PART VII, SECTION A CONTINUATION SHEETS

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i> | | | | | | | | | | |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (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) LEWIS, DEREK DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (28) LINE CLARY, SHARON DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (29) MANUEL, MICHAEL DIRECTOR, BOARD CHAIR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (30) MARTINEZ, JOHN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (31) MARTINEZ, RALPH DIRECTOR, SECRETARY | 1.00 | X | | | | | 0. | 0. | 0. | |
| (32) MASSEY-FARRELL, ANDREA DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (33) MILLER, STEVE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (34) MINA, JOHN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (35) NELSON, GREG DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (36) NICHOLSON, SONJA DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (37) OTIS, CLARENCE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (38) PICCOLO, RON (THRU 05/2018) DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (39) PIERCE, CHARLES DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (40) PUCKETT, CHARLES DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (41) RILEY, KRAN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (42) ROBINSON, KEN DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (43) ROLDAN, PAUL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (44) ROLON, ORLANDO DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (45) ROPER, CHARLIE DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (46) ROPER, BARBARA DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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 | | | | |
| (47) RYAN, HELENA DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (48) SORENSEN, SCOTT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (49) STAHL, DAVID DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (50) THOMAS, KEITH DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (51) VAN DER RIET, RENAUT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (52) VAZQUEZ, MARIA DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (53) WARLICK, THOMAS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (54) WEBB, CHIP DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (55) WILDE, MICHAEL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (56) WILLIAMS, THOMAS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (57) WITSELL, TYRA DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (58) WYANT, EVAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (59) TURNBULL, ALLISON (THRU 5/2018) DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (60) LAPCHICK, RICHARD (THRU 05/2018) DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (61) WILCOX, DANIEL CEO PRESIDENT | 60.00 | | | X | | | | 324,267. | 0. | 89,107. | |
| (62) ICKES, DANIEL K CHIEF OPER OFFICER | 60.00 | | | X | | | | 234,197. | 0. | 38,905. | |
| (63) MANAHAN, COLLEEN K CHIEF FINANCIAL OFFICER | 60.00 | | | X | | | | 232,184. | 0. | 55,809. | |
| (64) GAINES, AMBROSE VP OF AQUATICS | 60.00 | | | | | X | | 175,947. | 0. | 30,628. | |
| (65) JONES, PAMELA J VP LEADERSHIP HR | 60.00 | | | | | X | | 164,941. | 0. | 22,331. | |
| (66) SAGINARIO, DANIEL VP MARKETING | 60.00 | | | | | X | | 153,728. | 0. | 13,155. | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | | |

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 | | | |
| (67) METZGER, DEBRA L DISTRICT VICE PRESIDENT | 60.00 | | | | X | | 150,698. | 0. | 20,184. | |
| (68) DEMSKY, HOWARD J VP OF FINANCIAL PLANNING | 60.00 | | | | X | | 139,829. | 0. | 11,875. | |
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| Total to Part VII, Section A, line 1c | | | | | | | 1,575,791. | | 281,994. | |

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|--|--|---------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 236,847. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 5,199,447. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 1,163,962. | | | | |
| | h Total. Add lines 1a-1f | | 5,436,294. | | | | |
| Program Service Revenue | 2 a MEMBERSHIP FEES | Business Code | 813410 | 28,810,108. | 28,810,108. | | |
| | b PROGRAM FEES | | 813410 | 16,139,766. | 16,139,766. | | |
| | c GOVERNMENT CONTRACTS | | 624410 | 2,458,744. | 2,458,744. | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 47,408,618. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 187,054. | | 187,054. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | 513,078. | | | | |
| | | (ii) Personal | | | | | |
| | | Less: rental expenses | 0. | | | | |
| | | c Rental income or (loss) | 513,078. | | | | |
| | d Net rental income or (loss) | | | 513,078. | | 513,078. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | 32,250. | | | | |
| | | (ii) Other | 4,000. | | | | |
| | | Less: cost or other basis and sales expenses | 31,698. | 72,338. | | | |
| | | c Gain or (loss) | 552. | -68,338. | | | |
| | d Net gain or (loss) | | | -67,786. | -67,786. | | |
| | 8 a Gross income from fundraising events (not including \$ 236,847. of contributions reported on line 1c). See Part IV, line 18 | a | 186,171. | | | | |
| | | b Less: direct expenses | 141,418. | | | | |
| c Net income or (loss) from fundraising events | | | | 44,753. | | 44,753. | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | b Less: direct expenses | | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | 21,917. | | | | | |
| | b Less: cost of goods sold | 0. | | | | | |
| | c Net income or (loss) from sales of inventory | | | 21,917. | | 21,917. | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a MISCELLANEOUS INCOME | | 900099 | 546,794. | 546,794. | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | 546,794. | | | | |
| 12 Total revenue. See instructions | | | 54,090,722. | 47,887,626. | 0. | 766,802. | |

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 | 698,217. | | 698,217. | |
| 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 | 23,933,222. | 21,879,904. | 1,777,102. | 276,216. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 1,575,584. | 1,260,906. | 285,356. | 29,322. |
| 9 Other employee benefits | 1,345,437. | 894,256. | 414,263. | 36,918. |
| 10 Payroll taxes | 1,840,253. | 1,575,180. | 238,142. | 26,931. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 54,247. | 9,362. | 39,519. | 5,366. |
| c Accounting | 97,202. | | 97,202. | |
| d Lobbying | 76,299. | | | 76,299. |
| e Professional fundraising services. See Part IV, line 17 | 187,638. | | | 187,638. |
| 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.) | 1,784,944. | 1,350,137. | 264,959. | 169,848. |
| 12 Advertising and promotion | 1,062,649. | 993,441. | 47,883. | 21,325. |
| 13 Office expenses | 3,015,821. | 2,958,224. | 46,999. | 10,598. |
| 14 Information technology | 1,393,627. | 1,351,422. | 42,205. | |
| 15 Royalties | | | | |
| 16 Occupancy | 7,446,011. | 7,330,008. | 115,211. | 792. |
| 17 Travel | 480,623. | 443,055. | 31,546. | 6,022. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 315,327. | 207,450. | 100,237. | 7,640. |
| 20 Interest | 847,561. | 714,317. | 133,244. | |
| 21 Payments to affiliates | 386,523. | 386,523. | | |
| 22 Depreciation, depletion, and amortization | 4,576,821. | 4,370,919. | 205,902. | |
| 23 Insurance | 215,140. | 187,297. | 27,843. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a EQUIPMENT | 701,864. | 664,137. | 36,407. | 1,320. |
| b TELECOMMUNICATIONS | 650,106. | 597,009. | 53,012. | 85. |
| c POSTAGE | 148,813. | 120,830. | 25,288. | 2,695. |
| d _____ | | | | |
| e All other expenses _____ | 1,890,517. | 582,349. | 659,904. | 648,264. |
| 25 Total functional expenses. Add lines 1 through 24e | 54,724,446. | 47,876,726. | 5,340,441. | 1,507,279. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|--------------|------------------------|
| Assets | 1 Cash - non-interest-bearing | 81,536. | 1 | 24,188. |
| | 2 Savings and temporary cash investments | 16,269,687. | 2 | 16,386,072. |
| | 3 Pledges and grants receivable, net | 5,448,515. | 3 | 3,471,504. |
| | 4 Accounts receivable, net | 705,007. | 4 | 420,834. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 961,652. | 9 | 936,489. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 146,941,880. | | |
| | b Less: accumulated depreciation | 10b 69,048,263. | 79,213,938. | 10c 77,893,617. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 4,303,248. | 12 | 4,213,002. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 7,034,961. | 15 | 7,620,826. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 114,018,544. | 16 | 110,966,532. | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,878,826. | 17 | 4,743,876. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 2,904,482. | 19 | 2,281,568. |
| | 20 Tax-exempt bond liabilities | 30,254,582. | 20 | 29,185,857. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 847,632. | 23 | 274,121. |
| | 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 | 105,690. | 25 | 141,247. |
| | 26 Total liabilities. Add lines 17 through 25 | 38,991,212. | 26 | 36,626,669. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 63,985,593. | 27 | 63,948,995. |
| | 28 Temporarily restricted net assets | 11,041,739. | 28 | 10,390,868. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 75,027,332. | 33 | 74,339,863. | |
| 34 Total liabilities and net assets/fund balances | 114,018,544. | 34 | 110,966,532. | |

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 | 54,090,722. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 54,724,446. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -633,724. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 75,027,332. |
| 5 | Net unrealized gains (losses) on investments | 5 | -393,919. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 340,174. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 74,339,863. |

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 | | 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 | 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 in Schedule O. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | | 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 in Schedule O and describe any steps taken to undergo such audits _____ | | |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

| | | | |
|---------------------------------|---|---------------------------------------|------------|
| Name of the organization | CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number | 59-0624430 |
|---------------------------------|---|---------------------------------------|------------|

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

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

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2018. 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 type="checkbox"/> |
| b 33 1/3% support test - 2017. 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 - 2018. 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 - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 10,303,047. | 8,223,384. | 6,436,121. | 7,518,747. | 5,436,294. | 37,917,593. |
| 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 | 47,242,967. | 48,209,465. | 50,901,990. | 49,370,044. | 47,594,789. | 243,319,255. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | 20,210. | 15,636. | 13,120. | 20,938. | 21,917. | 91,821. |
| 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 | 57,566,224. | 56,448,485. | 57,351,231. | 56,909,729. | 53,053,000. | 281,328,669. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 20,000. | 21,100. | 20,000. | 23,000. | 21,000. | 105,100. |
| 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 | 1,041,480. | 887,125. | 1,409,154. | 1,811,929. | 1,221,082. | 6,370,770. |
| c Add lines 7a and 7b | 1,061,480. | 908,225. | 1,429,154. | 1,834,929. | 1,242,082. | 6,475,870. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 274,852,799. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| 9 Amounts from line 6 | 57,566,224. | 56,448,485. | 57,351,231. | 56,909,729. | 53,053,000. | 281,328,669. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 790,905. | 935,552. | 786,674. | 809,450. | 700,132. | 4,022,713. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 790,905. | 935,552. | 786,674. | 809,450. | 700,132. | 4,022,713. |
| 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.) | 202,403. | 219,746. | 191,700. | 178,523. | 546,794. | 1,339,166. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 58,559,532. | 57,603,783. | 58,329,605. | 57,897,702. | 54,299,926. | 286,690,548. |

14 First five 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 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | 95.87 % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | 96.06 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--------|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 | 1.40 % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | 1.43 % |

19a 33 1/3% support tests - 2018. 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 - 2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 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 (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 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? <i>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.</i> | | |

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)? <i>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).</i> | | |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) 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? <i>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.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 | | | |
| b Excess from 2015 | | | |
| c Excess from 2016 | | | |
| d Excess from 2017 | | | |
| e Excess from 2018 | | | |

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

2018

| | |
|---|--|
| Name of the organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|---|--|

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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).

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|---|--|
| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|---|--|

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 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 11,900. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 9,717. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ 7,844. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | <hr/> <hr/> <hr/> | \$ 7,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | <hr/> <hr/> <hr/> | \$ 9,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | <hr/> <hr/> <hr/> | \$ 12,800. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 13 | _____ _____ _____ | \$ _____ 15,454. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | _____ _____ _____ | \$ _____ 38,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | _____ _____ _____ | \$ _____ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | _____ _____ _____ | \$ _____ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | _____ _____ _____ | \$ _____ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | _____ _____ _____ | \$ _____ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 19 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | <hr/> <hr/> <hr/> | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | <hr/> <hr/> <hr/> | \$ 6,288. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 22 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 23 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 24 | <hr/> <hr/> <hr/> | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 25 | _____ _____ _____ | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 26 | _____ _____ _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 27 | _____ _____ _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 28 | _____ _____ _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 29 | _____ _____ _____ | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 30 | _____ _____ _____ | \$ 7,350. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
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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 |
|------------|-----------------------------------|----------------------------|--|
| 31 | <hr/> <hr/> <hr/> | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 32 | <hr/> <hr/> <hr/> | \$ 1,017,800. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 33 | <hr/> <hr/> <hr/> | \$ 5,400. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 34 | <hr/> <hr/> <hr/> | \$ 6,700. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 35 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 36 | <hr/> <hr/> <hr/> | \$ 9,340. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
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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 |
|------------|-----------------------------------|----------------------------|---|
| 37 | _____ _____ _____ | \$ _____ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 38 | _____ _____ _____ | \$ _____ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 39 | _____ _____ _____ | \$ _____ 5,055. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 40 | _____ _____ _____ | \$ _____ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 41 | _____ _____ _____ | \$ _____ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 42 | _____ _____ _____ | \$ _____ 62,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|---|
| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 43 | _____ _____ _____ | \$ _____ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 44 | _____ _____ _____ | \$ _____ 37,327. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 45 | _____ _____ _____ | \$ _____ 12,850. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 46 | _____ _____ _____ | \$ _____ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 47 | _____ _____ _____ | \$ _____ 5,003. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 48 | _____ _____ _____ | \$ _____ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|--|
| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|---|--|

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 |
|------------|-----------------------------------|----------------------------|---|
| 49 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 50 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 51 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 52 | <hr/> <hr/> <hr/> | \$ 9,520. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 53 | <hr/> <hr/> <hr/> | \$ 8,400. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 54 | <hr/> <hr/> <hr/> | \$ 9,520. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 55 | _____ _____ _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 56 | _____ _____ _____ | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 57 | _____ _____ _____ | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 58 | _____ _____ _____ | \$ 10,020. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 59 | _____ _____ _____ | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 60 | _____ _____ _____ | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|--|
| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|---|--|

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 |
|------------|-----------------------------------|----------------------------|---|
| 61 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 62 | <hr/> <hr/> <hr/> | \$ 16,420. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 63 | <hr/> <hr/> <hr/> | \$ 5,400. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 64 | <hr/> <hr/> <hr/> | \$ 14,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 65 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 66 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 67 | _____ _____ _____ | \$ _____ 17,900. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 68 | _____ _____ _____ | \$ _____ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 69 | _____ _____ _____ | \$ _____ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 70 | _____ _____ _____ | \$ _____ 37,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 71 | _____ _____ _____ | \$ _____ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 72 | _____ _____ _____ | \$ _____ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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|---|--|
| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|---|--|

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 |
|------------|-----------------------------------|----------------------------|---|
| 73 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 74 | <hr/> <hr/> <hr/> | \$ 5,035. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 75 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 76 | <hr/> <hr/> <hr/> | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 77 | <hr/> <hr/> <hr/> | \$ 10,900. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 78 | <hr/> <hr/> <hr/> | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 79 | _____ _____ _____ | \$ _____ 6,404. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 80 | _____ _____ _____ | \$ _____ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 81 | _____ _____ _____ | \$ _____ 100,699. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 82 | _____ _____ _____ | \$ _____ 75,690. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 83 | _____ _____ _____ | \$ _____ 8,560. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 84 | _____ _____ _____ | \$ _____ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|--|
| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|---|--|

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 |
|------------|-----------------------------------|----------------------------|---|
| 85 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 86 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 87 | <hr/> <hr/> <hr/> | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 88 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 89 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 90 | <hr/> <hr/> <hr/> | \$ 5,400. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|--|
| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|---|--|

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 |
|------------|-----------------------------------|----------------------------|--|
| 91 | <hr/> <hr/> <hr/> | \$ 35,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 92 | <hr/> <hr/> <hr/> | \$ 18,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 93 | <hr/> <hr/> <hr/> | \$ 35,130. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 94 | <hr/> <hr/> <hr/> | \$ 12,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 95 | <hr/> <hr/> <hr/> | \$ 10,155. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 96 | <hr/> <hr/> <hr/> | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|---|---|

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 |
|------------|-----------------------------------|----------------------------|---|
| 97 | _____ _____ _____ | \$ _____ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 98 | _____ _____ _____ | \$ _____ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 99 | _____ _____ _____ | \$ _____ 50,300. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 100 | _____ _____ _____ | \$ _____ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 101 | _____ _____ _____ | \$ _____ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 102 | _____ _____ _____ | \$ _____ 8,685. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|--|
| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|---|--|

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 |
|-------------------|-----------------------------------|----------------------------|---|
| 103 | <hr/> <hr/> <hr/> | \$ 12,596. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 104 | <hr/> <hr/> <hr/> | \$ 48,870. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 105 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 106 | <hr/> <hr/> <hr/> | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|---|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|---|---|----------------------|
| 32 | MTM - LAND _____ _____ _____ | \$ 418,800. | _____ |
| 81 | EXCHANGE TRADED FUNDS AND MUTUAL FUNDS-SHARES OF VANGUARD RUSSELL & JOHN HANCOCK _____ _____ | \$ 100,699. | 11/13/17 |
| 82 | TICKETS FOR MSP _____ _____ _____ | \$ 75,690. | _____ |
| 93 | EXCHANGE TRADED SECURITES- DOMINION ENERGY AND SEACOAST BANK _____ _____ | \$ 25,130. | 12/28/17 |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |

| | |
|---|--|
| Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|---|--|

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 | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

| | | | |
|----------------------|---|--------------------------------|------------|
| Name of organization | CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number | 59-0624430 |
|----------------------|---|--------------------------------|------------|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

Yes No

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|---|-----|----|---------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | | X | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | X | | 76,299. |
| j Total. Add lines 1c through 1i | | | 76,299. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ASSOCIATION PARTICIPATES IN A STATEWIDE ALLIANCE THAT ADVOCATES ON

BEHALF OF ALL YMCA'S IN THE STATE OF FLORIDA.

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

2018

Open to Public Inspection

Name of the organization: CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION; Employer identification number: 59-0624430

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2. Conservation contribution details (table with 2a-2d); 3-8. Monitoring and enforcement details (number of states, policy, hours, expenses, section 170(h)(4)(B) requirements); 9. Reporting requirements.

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.

Form with 2 main sections: 1a. Reporting requirements for works of art, historical treasures, etc.; 1b. Amounts relating to these items (revenue, assets); 2. Reporting requirements for financial gain (revenue, assets).

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 | 695,792. | 695,792. | 1,218,672. | 693,122. | 668,123. |
| b Contributions | 912. | | 2,119. | 525,550. | 25,000. |
| c Net investment earnings, gains, and losses | 42,050. | 72,054. | 20,391. | 21,242. | 27,942. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 42,050. | 72,054. | 545,390. | 21,242. | 27,943. |
| f Administrative expenses | | | | | |
| g End of year balance | 696,704. | 695,792. | 695,792. | 1,218,672. | 693,122. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | X |
- 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 | 180,200. | 3,731,059. | | 3,911,259. |
| b Buildings | | 103,615,018. | 41,613,796. | 62,001,222. |
| c Leasehold improvements | | 5,785,045. | 2,565,986. | 3,219,059. |
| d Equipment | | 28,142,113. | 21,786,115. | 6,355,998. |
| e Other | | 5,488,445. | 3,082,366. | 2,406,079. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 77,893,617. |

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) DUE FROM RELATED SUBSIDIARIES | 7,620,826. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 7,620,826. |

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) AMOUNTS HELD FOR OTHERS | 91,283. |
| (3) RETAINAGE PAYABLE | 49,964. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 141,247. |

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT FUND IS HELD BY CENTRAL FLORIDA YMCA FOUNDATION, A RELATED ORGANIZATION, AND IS USED TO PROVIDE SCHOLARSHIPS TO INDIVIDUALS FOR THE USE OF YMCA FACILITIES AND PROGRAMS.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS OF THE FLORIDA INCOME TAX CODE. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

THE ORGANIZATION HAS ASSESSED WHETHER THERE ARE ANY UNCERTAIN TAX
POSITIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND DETERMINED
THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING
CONSOLIDATED FINANCIAL STATEMENTS. THE ASSOCIATION, FOUNDATION AND YMCA
CHILDCARE FILE TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. GENERALLY,
THESE ENTITIES ARE NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX
EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2015.

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)) | |
|-----------------|--|---|---|---------------------|--|----------|
| | | TURKEY TROT (event type) | DR. PHILLIPS GOLF TOURNAMENT (event type) | 6 (total number) | | |
| Revenue | 1 | Gross receipts | 80,161. | 79,831. | 218,961. | 378,953. |
| | 2 | Less: Contributions | 39,445. | 38,700. | 121,929. | 200,074. |
| | 3 | Gross income (line 1 minus line 2) | 40,716. | 41,131. | 97,032. | 178,879. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 25,910. | 38,450. | 75,887. | 140,247. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 140,247. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 38,632. | |

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 | | | |
| | 2 | Cash prizes | | | |
| Direct Expenses | 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: _____

- 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.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: DAVID PHILIPS

(I) ADDRESS OF FUNDRAISER: 282 RUDDER CAY WAY, JUPITER, FL 33458

(II) ACTIVITY: CAMPAIGN FOR CAPITAL PROJECT FOR CAMP WEWA YMCA LOCATION

PART I, LINE 2B, COLUMN (V):

FEES FOR SERVICES

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION**

Employer identification number
59-0624430

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | | X |
| 4b | X | |
| 4c | | X |
| 5a | X | |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2018

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) WILCOX, DANIEL CEO PRESIDENT | (i) | 310,093. | 11,436. | 2,738. | 83,000. | 6,107. | 413,374. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) ICKES, DANIEL K CHIEF OPER OFFICER | (i) | 223,445. | 0. | 10,752. | 29,150. | 9,755. | 273,102. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) MANAHAN, COLLEEN K CHIEF FINANCIAL OFFICER | (i) | 222,104. | 0. | 10,080. | 48,622. | 7,187. | 287,993. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) GAINES, AMBROSE VP OF AQUATICS | (i) | 166,395. | 0. | 9,552. | 22,023. | 8,605. | 206,575. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) JONES, PAMELA J VP LEADERSHIP HR | (i) | 154,926. | 0. | 10,015. | 19,905. | 2,426. | 187,272. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) SAGINARIO, DANIEL VP MARKETING | (i) | 144,893. | 0. | 8,835. | 8,048. | 5,107. | 166,883. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) METZGER, DEBRA L DISTRICT VICE PRESIDENT | (i) | 141,714. | 0. | 8,984. | 18,259. | 1,925. | 170,882. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) DEMSKY, HOWARD J VP OF FINANCIAL PLANNING | (i) | 130,867. | 0. | 8,962. | 2,742. | 9,133. | 151,704. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 1A:

DANIEL WILCOX - \$3,018 - FOR TRAVEL RELATED FEES FOR CONFERENCES.

PART I, LINE 3:

DANIEL WILCOX - AIRFARE FOR CHICAGO AND TORONTO CONFERENCES - \$742.

PART I, LINE 4B:

DANIEL WILCOX - \$50,000

COLLEEN MANAHAN - \$20,000

PART I, LINE 5:

THE EXECUTIVE COMPENSATION COMMITTEE SETS PERFORMANCE BONUS GOALS EACH YEAR
FOR THE CEO THAT ARE WEIGHTED PRIMARILY ON DRIVING OUTCOMES THAT ALIGN WITH
THE STRATEGIC PLAN OF THE ORGANIZATION. ADDITIONALLY, THERE ARE FINANCIAL
GOALS THAT ARE DESIGNED TO ENSURE OUR DONORS, PARTNERS AND COMMUNITIES CAN
COUNT ON THE SUSTAINABILITY OF THE MISSION. THESE FINANCIAL GOALS DO
INCLUDE GROWTH IN REVENUE, HEALTHY CASH FLOWS FROM OPERATIONS AND GOOD
ASSET MANAGEMENT. THE CEO THEN SETS PERFORMANCE BONUS GOALS FOR OTHER
CORPORATE EXECUTIVE TEAM MEMBERS THAT ARE IN ALIGNMENT WITH THESE GOALS.

Part III Supplemental Information

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

SCHEDULE J, LINE 3

OUR VOLUNTEER BOARD OF DIRECTORS TAKES VERY SERIOUSLY THE TRUST THE
COMMUNITY PLACES IN OUR RESPONSIBLE USE OF RESOURCES. WHILE THE YMCA
IS A CHARITY THAT CONTINUES TO MAKE A SIGNIFICANT COMMUNITY IMPACT, WE
DO THIS GOOD WORK THROUGH A SIGNIFICANT ORGANIZATION OF OVER 3,000
STAFF, 250,000 MEMBER AND PROGRAM PARTICIPANTS, 26,000 VOLUNTEERS AND
ADVOCATES AND NEARLY \$70 MILLION IN ANNUAL REVENUE. IT IS CRITICAL WE
HIRE AND RETAIN TOP QUALITY STAFF TO LEAD AND MANAGE THIS VITAL
COMMUNITY ASSET.

WITH HELP FROM A NATIONAL COMPENSATION CONSULTING FIRM, OUR
COMPENSATION COMMITTEE AND OUR HUMAN RESOURCES DEPARTMENT ANNUALLY
COMPARES SALARIES AND RANGES FOR ALL OF OUR STAFF LEVELS, INCLUDING OUR
CEO, WITH OTHER ORGANIZATIONS THAT ARE SIMILARLY COMPLEX AND WORK IN
THIS COMMUNITY, ACROSS THE STATE AND AROUND THE COUNTRY.

GIVEN THE STRENGTH AND SUCCESS OF THIS YMCA, AND OUR CEO'S 35 YEARS OF
STRONG PERFORMANCE LEADING YMCA ORGANIZATIONS, WE ARE COMPLETELY

Part III Supplemental Information

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

CONFIDENT HIS TOTAL ANNUAL COMPENSATION COMPARES APPROPRIATELY WITH

OTHERS WITH SIMILAR RESPONSIBILITY AND SUCCESS. ALL OF HIS OTHER

BENEFITS ARE CONSISTENT WITH THOSE PROVIDED TO ALL YMCA LEADERSHIP

STAFF.

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.**

Name of the organization **CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION** Employer identification number **59-0624430**

| Part I Bond Issues | | SEE PART VI FOR COLUMN (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 |
| A ORANGE COUNTY IDA SERIES 2014 BOND FACILITY | 59-0624430 | NONE | 11/03/14 | 33,000,000. | REFINANCING PREVIOUS BONDS - CONSTRUCTION & FA | | X | | X | | X |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |
| D | | | | | | | | | | | |

| Part II Proceeds | | A | | B | | C | | D | |
|--|--|-------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| 1 Amount of bonds retired | | 1,991,908. | | | | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | | |
| 3 Total proceeds of issue | | 31,593,700. | | | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | | |
| 7 Issuance costs from proceeds | | 415,935. | | | | | | | |
| 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 | | | | | | | |

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 | | | | | | | |

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 | BANK OF AMERICA | | | | | | | |
| c Term of hedge | 25.0000000 | | | | | | | |
| 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: ORANGE COUNTY IDA SERIES 2014 BOND FACILITY

(F) DESCRIPTION OF PURPOSE:

REFINANCING PREVIOUS BONDS - CONSTRUCTION & FACILITY EXPANSION

SCHEDULE K, PART II

THE PRINCIPAL AMOUNT OF THIS BOND SHALL CONSIST OF TWO TRAUNCHES.

TRAUNCH 1 IS IN THE AMOUNT OF \$19,675,000 AND TRAUNCH 2 IS IN THE AMOUNT OF \$13,325,000, FOR A TOTAL OF \$33,000,000.

TO DATE, THE CENTRAL FLORIDA YMCA HAS PULLED A TOTAL OF \$31,593,700 FOR CONSTRUCTION PURPOSES AND HAS REPAID \$1,991,908, LEAVING A REMAINING BALANCE OF \$29,601,792.

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| WALT DISNEY WORLD | DEPUTY CHIEF COUNSE | 4,344,000. | WALT DISNEY | | X |
| ORANGE COUNTY PUBLIC SCHOO | OFFICER OF ENTITY I | 973,200. | ORANGE COUN | | X |
| BANK OF AMERICA | OFFICER OF ENTITY I | 15,160,000. | BANK OF AME | | X |
| ORLANDO HEALTH | VP OF ENTITY INVOLV | 41,900. | ORLANDO HEA | | X |
| & BARR | PRESIDENT/CEO OF EN | 326,700. | & BARR, OF | | X |
| STATE FARM | OFFICER OF ENTITY I | 39,500. | STATE FARM, | | X |
| SUN TRUST | OFFICER OF ENTITY I | 913,100. | SANDY HOSTE | | X |
| WELLS FARGO | DIRECTOR OF ENTITY | 913,200. | PETE KRZYAK | | X |
| HOLLAND & KNIGHT | DIRECTOR OF ENTITY | 38,500. | ALLISON TUR | | X |
| OSCEOLA COUNTY | DIRECTOR OF ENTITY | 450,000. | MARY JANE | | X |

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: WALT DISNEY WORLD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DEPUTY CHIEF COUNSEL LEGAL OF ENTITY INVOLVED IN TRANSACTION

(C) AMOUNT OF TRANSACTION \$ 4,344,000.

(D) DESCRIPTION OF TRANSACTION: WALT DISNEY WORLD, OF WHICH, MARGARET

GIACALONE IS DEPUTY CHIEF COUNSEL LEGAL OF WALT DISNEY WORLD, INC. WHICH

SUBSIDIZES TWO FAMILY CENTERS LOCATED ON DISNEY PROPERTY. THE CENTERS

PROVIDE SERVICES FOR UP TO 600 CHILDREN PER DAY AND ARE OWNED BY THE

CENTRAL FLORIDA YMCA CHILDCARE SERVICES, INC. (A RELATED ORGANIZATION

TAXABLE AS A CORPORATION). FOR 2018, CENTRAL FLORIDA YMCA CHILDCARE

SERVICES, INC. RECEIVED \$4,344,000 FROM DISNEY TO SUBSIDIZE CARE FOR CAST

MEMBER'S CHILDREN.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ORANGE COUNTY PUBLIC SCHOOLS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICER OF ENTITY INVOLVED IN TRANSACTION

(C) AMOUNT OF TRANSACTION \$ 973,200.

(D) DESCRIPTION OF TRANSACTION: ORANGE COUNTY PUBLIC SCHOOLS, OF WHICH,

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

DR. MARIA VASQUEZ, AREA SUPERINTENDENT, SOUTHEAST LEARNING COMMUNITY,

PROVIDED THE CENTRAL FLORIDA YMCA WITH SPACE AND BUSES TO RUN THE

AFTERSCHOOL PROGRAMS IN SCHOOLS. IN 2018, THE YMCA INCURRED EXPENSES OF

\$973,200 FOR THE ABOVE SERVICES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: BANK OF AMERICA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICER OF ENTITY INVOLVED IN TRANSACTION

(C) AMOUNT OF TRANSACTION \$ 15,160,000.

(D) DESCRIPTION OF TRANSACTION: BANK OF AMERICA, OF WHICH, MARISA

CARNEVALE-HENDERSON IS A SENIOR VICE PRESIDENT, OF THE ASSOCIATION'S MAIN

BANK, WHERE WE HOLD OUR MAIN OPERATING ACCOUNT USED FOR OPERATIONS,

PAYROLL AND ACCOUNTS PAYABLE, WHICH ON DEPOSIT WAS \$15,160,000 AS OF

DECEMBER 31, 2018.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ORLANDO HEALTH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

VP OF ENTITY INVOLVED IN TRANSACTION

(C) AMOUNT OF TRANSACTION \$ 41,900.

(D) DESCRIPTION OF TRANSACTION: ORLANDO HEALTH, OF WHICH, ANDY GARDINER

IS THE VICE PRESIDENT EXTERNAL AFFAIRS & COMMUNITY RELATIONS OF ORLANDO

HEALTH, INC. WHICH HAS 2 SIGNED COMMERCIAL LEASE AGREEMENTS WITH OUR J

DOUGLAS WILLIAMS YMCA PROPERTY AND DR. PHILLIPS YMCA PROPERTY. IN 2018,

THE YMCA HAS RECEIVED \$41,900 IN PAYMENTS FROM ORLANDO HEALTH AS RENTAL

INCOME.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: & BARR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT/CEO OF ENTITY INVOLVED IN TRANSACTION

(C) AMOUNT OF TRANSACTION \$ 326,700.

(D) DESCRIPTION OF TRANSACTION: & BARR, OF WHICH, PETE BARR, IS THE

PRESIDENT/CEO OF & BARR, PROVIDES THE CENTRAL FLORIDA YMCA WITH MARKETING

AND CONSULTING SERVICES. IN 2018, THE YMCA INCURRED EXPENSES OF \$326,700

FOR THE ABOVE SERVICES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: STATE FARM

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICER OF ENTITY INVOLVED IN TRANSACTION

(C) AMOUNT OF TRANSACTION \$ 39,500.

(D) DESCRIPTION OF TRANSACTION: STATE FARM, OF WHICH, ROBIN FISHER IS AN

AGENT, HAS LIFE INSURANCE POLICIES THAT THE YMCA IS PAYING FOR RELATED TO

KEY EXECUTIVES. IN 2017 THE YMCA INCURRED EXPENSES OF \$39,510 RELATED TO

THESE POLICIES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUN TRUST

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICER OF ENTITY INVOLVED IN TRANSACTION

(C) AMOUNT OF TRANSACTION \$ 913,100.

(D) DESCRIPTION OF TRANSACTION: SANDY HOSTETTER IS THE NEW MARKET

PRESIDENT FOR THE CF AREA. CF YMCA HAS A DEPOSITORY RELATIONSHIP WITH

THE YMCA.

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: WELLS FARGO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF ENTITY INVOLVED IN TRANSACTION

(C) AMOUNT OF TRANSACTION \$ 913,200.

(D) DESCRIPTION OF TRANSACTION: PETE KRZYAK IS THE SENIOR VICE PRESIDENT

OF INVESTMENTS, WHICH HAS A DEPOSITORY RELATIONSHIP WITH THE YMCA. AS OF

DECEMBER 31, 2018, \$913,200 WAS ON DEPOSIT.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: HOLLAND & KNIGHT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF ENTITY INVOLVED IN TRANSACTION

(C) AMOUNT OF TRANSACTION \$ 38,500.

(D) DESCRIPTION OF TRANSACTION: ALLISON TURNBULL IS AN ATTORNEY HAS

PROVIDED VARIOUS LEGAL SERVICES AND BOND COUNSELING. IN 2018, THE YMCA

INCURRED EXPENSE TOTALING \$38,500 FOR THE ABOVE SERVICES. ALLISON ROLLED

OFF OF THE BOARD OF DIRECTORS ON 05/2018.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: OSCEOLA COUNTY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF ENTITY INVOLVED IN TRANSACTION

(C) AMOUNT OF TRANSACTION \$ 450,000.

(D) DESCRIPTION OF TRANSACTION: MARY JANE ARRINGTON IS THE SUPERVISOR

OF ELECTIONS, PROVIDED THE CENTRAL FLORIDA YMCA WITH FUNDING TO RUN

AFTERSCHOOL PROGRAMS IN A FEW MIDDLE SCHOOLS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION** Employer identification number **59-0624430**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 1 | 125,829. | NYSE VALUE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (EQUIPMENT) | X | 1 | 950,279. | FMV |
| 26 Other ▶ (TICKETS) | X | 1 | 87,854. | FMV |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | | X |
| 32a | | X |

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

Schedule M (Form 990) 2018

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

2018

Open to Public
Inspection

Name of the organization
CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION

Employer identification number
59-0624430

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

ANNUALLY IMPACT THE LIVES OF MORE THAN 400,000 RESIDENTS OF ALL AGES.

THEY WERE EMPOWERED TO GET HEALTHIER FOR LIFE THROUGH A Y CONNECTION IN

A LOCAL FAMILY CENTER OR THROUGH AN EVIDENCE-BASED PROGRAM DESIGNED TO

RECLAIM THEIR HEALTH. THROUGH THE DEDICATED EFFORTS OF ITS 18 FAMILY

CENTERS, PROGRAM LOCATIONS, TWO EARLY-CHILDHOOD LEARNING CENTERS,

RESIDENT CAMP AND 63 SCHOOL SITE LOCATIONS, THE Y'S 2,000 STAFF MEMBERS

AND 22,000+ VOLUNTEERS PROVIDE YOUTH DEVELOPMENT, HEALTHY LIVING AND

SOCIAL RESPONSIBILITY PROGRAMS IN ORANGE, OSCEOLA, SEMINOLE, LAKE,

BREVARD AND MARION COUNTIES.

FORM 990, PART I

IN 2018, THE Y WAS ABLE TO LEVERAGE ITS INTERNAL RESOURCES, AS WELL AS

SUPPLEMENTAL FUNDING FROM DONORS, TO GENERATE APPROXIMATELY \$5 MILLION

TO HELP MEET THE NEED OF NEIGHBORS IN UNDERSERVED COMMUNITIES. IN EACH

OF THE 18 FAMILY CENTERS, THE YMCA IS COMMITTED TO ALLOCATING RESOURCES

TO PROVIDE NEIGHBORS IN NEED WITH FINANCIAL ASSISTANCE. IN SOME OF

THOSE COMMUNITIES, ROUGHLY 95% OF THOSE NEIGHBORS ARE MEMBERS OF THE Y

THANKS TO FINANCIAL ASSISTANCE. THE Y COMMITS TO SERVING COMMUNITIES

LOCATED IN ECONOMICALLY CHALLENGED NEIGHBORHOODS SO CHILDREN AND

FAMILIES HAVE A SAFE AND SECURE PLACE FOR HEALTH, SOCIAL AND

EDUCATIONAL-SUPPORT PROGRAMS.

ANOTHER \$2.7 MILLION IN FINANCIAL ASSISTANCE WAS GIVEN TO 48,218

RESIDENTS, ENABLING INDIVIDUALS TO PARTICIPATE IN YEAR-ROUND YMCA

YOUTH, ADULT AND SENIOR PROGRAMMING. SIMILARLY, THROUGH ITS FOCUS ON

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

Schedule O (Form 990 or 990-EZ) (2018)

| | |
|--|--|
| Name of the organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|--|--|

SUPPORTING FAMILIES, THE Y HELPED REDUCE FAMILY STRESS BY PROVIDING
 QUALITY DROP-IN CARE FOR MORE THAN 2,200 CHILDREN PER DAY IN OUR 17 Y
 CHILD DEVELOPMENT CENTERS; AND, IN-TOTAL, SERVED MORE THAN 63,273 KIDS,
 AGED SIX MONTHS TO 18 YEARS IN A Y PROGRAM AS WELL AS MORE THAN 21,000
 YOUTH IN 63 AFTER-SCHOOL PROGRAMS. BUT THE Y ISN'T JUST FOR YOUTH AND
 FAMILIES IT'S FOR ALL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EXERCISE CLASSES MONTHLY, INCLUDING AQUA-ZUMBA, CORE TRAINING, CYCLING,
 STRENGTH TRAINING AND MANY MORE. SIMILARLY, Y STAFF WORKED WITH
 THOUSANDS OF INDIVIDUALS ON OUR WELLNESS FLOORS TO HELP CREATE A
 PERSONALIZED PROGRAM TO MEET THEIR INDIVIDUAL HEALTH GOALS, INCLUDING
 THE USE OF TRADITIONAL WELLNESS PROGRAMMING, SUCH AS TREADMILLS AND
 OTHER MACHINES. ADDITIONALLY, WITH ONE IN TWO ADULTS BEING DIAGNOSED
 WITH ONE OR MORE CHRONIC HEALTH CONDITIONS, THE Y IS FOCUSING ON
 LEVERAGING EVIDENCE-BASED PROGRAMS TO PROMOTE WELLNESS, REDUCE RISKS OF
 CHRONIC CONDITIONS, AND RECLAIM HEALTH AFTER DIAGNOSIS. IN 2018, THE
 YMCA OF CENTRAL FLORIDA RAN FIVE EVIDENCE-BASED PROGRAMS IN MULTIPLE
 SITES ACROSS SIX COUNTIES, SERVING OVER 1,000 INDIVIDUALS AND FAMILIES.
 THESE PROGRAMS INCLUDE: THE YMCA'S DIABETES PREVENTION PROGRAM,
 LIVESTRONG AT THE YMCA (CANCER SURVIVORSHIP), HEALTHY WEIGHT AND YOUR
 CHILD (YOUTH OBESITY), ENHANCEFITNESS (ARTHRITIS) AND MOVING FOR BETTER
 BALANCE (FALLS PREVENTION).

THE Y ALSO WORKED IN PARTNERSHIP LAST YEAR WITH ADVENTHEALTH, ORLANDO
 HEALTH, MUNROE REGIONAL MEDICAL, PARRISH MEDICAL AND THE WEST ORANGE
 HEALTHCARE DISTRICT TO CREATE AND IMPLEMENT AN ARRAY OF HEALTHY LIVING

| | |
|--|--|
| Name of the organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|--|--|

PROGRAMS AND INITIATIVES THAT, COUPLED WITH OTHER HEALTHY LIVING INITIATIVES, IMPACTED OVER 400,000 INDIVIDUALS AND STRENGTHENED THE LIVES AND COMMUNITIES THE YMCA OF CENTRAL FLORIDA SERVES BY IMPROVING HEALTH, WELLNESS AND CHRONIC DISEASE PREVENTION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILDREN PER DAY 365 DAYS A YEAR. SIMILARLY, OVER 21,000 ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS IN OUR AFTER SCHOOL PROGRAMS, LOCATED DIRECTLY IN 63 SCHOOLS ACROSS ORANGE, OSCEOLA AND LAKE COUNTIES, WERE PROVIDED HANDS-ON READING, SCIENCE AND MATH ACTIVITIES, ALONG WITH CAREER MENTORING, MUSIC AND ARTS. THIS COMMITMENT TO PROVIDING AN INNOVATIVE LEARNING ENVIRONMENT IS ALSO SEEN IN SUMMER LEARNING AND OUT OF SCHOOL TIME LEARNING TO IMPROVE ACADEMIC OUTCOMES, WITH LAST YEAR INCLUDING 7,600 KIDS ATTENDING WEEKLY SUMMER PROGRAMS AT 38 SITES AND AT THE Y'S CAMP WEWA (A UNIQUE OVERNIGHT Y CAMP EXPERIENCE).

ADDITIONALLY, YOUTH PROGRAMMING IS DESIGNED TO FOCUS ON WELLNESS TO REDUCE CHILDHOOD OBESITY AND TEACH HEALTHY HABITS. IN 2018, MORE THAN 19,000 KIDS LEARNED VALUES, SPORTSMANSHIP AND CONFIDENCE WHILE BEING PHYSICALLY ACTIVE IN Y YOUTH SPORTS AND ANOTHER 7,000 YOUTH COMPLETED 60 MINUTES OR MORE OF PHYSICAL ACTIVITY EVERY DAY DURING OUR 8-WEEK SUMMER CAMP PROGRAM. MOREOVER, HUNDREDS DEVELOPED CHARACTER AND LEADERSHIP SKILLS THROUGH INVOLVEMENT WITH YMCA TEEN BOARDS, THE Y CHRISTIAN YOUTH CONFERENCES AND YOUTH IN GOVERNMENT ACTIVITIES, AS WELL AS COMMUNITY SERVICE PROJECTS. AND AS FAMILIES STRUGGLE TO STAY CONNECTED, THE Y CONTINUES TO FOCUS ON PROVIDING OPPORTUNITIES FOR FAMILIES TO ENGAGE THROUGH THE CREATION OF SPECIAL EVENTS SUCH AS HEALTHY KIDS DAY, WHERE IN 2018, THOUSANDS OF ADDITIONAL FAMILIES WERE

| | |
|--|--|
| Name of the organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|--|--|

SERVED ACROSS CENTRAL FLORIDA.

THE Y CONTINUES TO WORK TOWARDS THE DAILY PROVISION OF A SAFE, POSITIVE PLACE TO LEARN AND GROW FOR OUR YOUTH AND WHERE FAMILIES CAN RECONNECT AND BECOME STRONGER TOGETHER.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

DIVING, SWIMMING, SYNCHRONIZED SWIMMING AND WATER POLO, EACH OF WHICH COMPETE LOCALLY AND NATIONALLY. OUR POOLS ALSO SERVE AS THE HOME AND RESIDENT POOL TO TWELVE (12) HIGH SCHOOL SWIM AND WATER POLO TEAMS, PLUS HOST OVER SIXTY (60) HIGH SCHOOL SWIM MEETS AS WELL AS MULTIPLE LOCAL, REGIONAL AND NATIONAL SPECIAL OLYMPICS EVENTS.

BUT FOR THE Y IT ALL BEGINS WITH THE REALITY THAT WITH DROWNING AS THE LEADING CAUSE OF DEATH IN FLORIDA FOR CHILDREN UNDER THE AGE OF FOUR (4) YEARS AND, IN CENTRAL FLORIDA, WHERE WATER IS PLENTIFUL AND EASILY ACCESSIBLE, THE RISK OF DROWNING IS EVEN HIGHER. TO RESPOND TO THIS CHALLENGE, THE Y OF CENTRAL FLORIDA TEAMED WITH DR. PHILLIPS CHARITIES AND INFANT SWIMMING RESOURCE TO DEVELOP AND DELIVER "SAFE START," WHICH IS A DROWNING-PREVENTION SWIM CLASS OFFERED TO INFANTS AS YOUNG AS SIX (6) MONTHS. SAFE START TEACHES KIDS HOW TO SURVIVE IN THE WATER BY HOLDING THEIR BREATH UNDERWATER AND HOW TO ROLL OVER AND FLOAT. SAFE START ALLOWS THE Y TO COMBAT THE RATE OF CHILD DROWNING ONE INFANT AT A TIME, AND IN 2018, OVER 500 CHILDREN AGES SIX (6) MONTHS TO SIX (6) YEARS OF AGE, ENROLLED IN SAFE START, BRINGING THE TOTAL TO OVER 19,500 KIDS WHO HAVE COMPLETED THE PROGRAM SINCE 1999. IN ADDITION, IN 2018, THE Y OFFERED ITS ANNUAL SAFETY AROUND WATER PROGRAM WHERE FOR ONE WEEK IN MAY, THE Y PROVIDED FREE DROWNING PREVENTION LESSONS IN FAMILY

| | |
|--|--|
| Name of the organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|--|--|

CENTER LOCATIONS ACROSS ALL SIX COUNTIES. DURING THIS WEEK, KIDS WHO SIGN UP RECEIVE A DAILY -HOUR LESSON, A WATER SAFETY COMPONENT, CHARACTER VALUE LESSONS, A TAKE-HOME ACTIVITY, AND A Y-MEMORY-MAKER. KIDS AGES 4 TO 12 ARE ELIGIBLE AND OVER 800 KIDS PARTICIPATED IN THIS ONE-WEEK LIFE-SAVING FOCUS. IN TOTAL, OVER 75,000 Y SWIM LESSONS WERE TAUGHT TO ADULTS AND CHILDREN IN 2018 AND THE RESULT OF THIS TYPE OF SCOPE AND EFFORT IS A STRONG AQUATICS PROGRAM THAT ENCOURAGES NOT ONLY WATER SAFETY, BUT SWIM PROFICIENCY, AND SAW 1012 YOUTH PARTICIPATE ON ONE OF THE 12 YCF SWIM TEAMS, WHICH PLACED IN THE TOP 12 AT THE 2018 YMCA SHORT COURSE SWIMMING NATIONALS, FEATURING 200+ YS FROM ACROSS THE COUNTRY. SIMILARLY, OVER 100 YOUTH PARTICIPATED ON A YCF DIVE TEAM LAST YEAR, WHO WERE OVERALL COMBINED TEAM CHAMPIONS AT THE 2018 YMCA DIVING NATIONALS. WITH 22 INDOOR AND OUTDOOR POOLS, INCLUDING ZERO-DEPTH POOLS, A WARM-WATER TEACHING POOL AND A DIVING WELL, THE YMCA OF CENTRAL FLORIDA IS COMMITTED TO WATER SAFETY AND THE POSITIVE IMPACT AQUATICS CAN HAVE ON HEALTH AND WELL-BEING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SOCIAL RESPONSIBILITY INITIATIVES:

AT THE YMCA OF CENTRAL FLORIDA, WE PROVIDE OPPORTUNITIES TO GIVE BACK, SUPPORT OUR NEIGHBORS, AND MAKE OUR COMMUNITY A BETTER PLACE BY UNITING PEOPLE OF ALL AGES, FAITHS AND BACKGROUNDS THROUGH THE Y MISSION. THERE ARE MANY WAYS TO GET INVOLVED IN MAKING A DIFFERENCE THROUGH THE Y, LIKE BECOMING A VOLUNTEER, TUTOR, MENTOR OR DONOR. IN FACT, AS A VOLUNTEER-BASED ORGANIZATION, THE Y DEPENDS UPON VOLUNTEERS TO PROVIDE THE NECESSARY SUPPORT AND INFRASTRUCTURE TO RUN PROGRAMS.

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| Name of the organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
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IN 2018, THAT INCLUDED OVER 600 VOLUNTEERS SERVING AS YOUTH SPORTS COACHES. ADDITIONALLY, 25 COMMUNITY CLERGY VOLUNTEERED AS CHAPLAINS IN 11 Y FAMILY CENTERS ACROSS CENTRAL FLORIDA TO SUPPORT OUR MEMBERS AND VISITORS IN SPIRIT, MIND AND BODY. THE Y ALSO CREATED A SPIRITUAL CARE TEAM CONSISTING OF 30 ADDITIONAL VOLUNTEERS TO OFFER CARE AND SUPPORT AT SPECIAL EVENTS. LAST YEAR, OVER 22,000 INDIVIDUALS SERVED AS Y VOLUNTEERS AND, TO CONTINUE TO SERVE OUR COMMUNITY IN THIS WAY, OUR PLAN IS TO GROW TO 40,000 COMMUNITY ADVOCATES TO HELP MAKE OUR NEIGHBORHOODS AND EVERYONE IN THEM STRONGER THAN EVER. ADDITIONALLY, IN 2018, IN SUPPORT OF THE Y'S CHRISTIAN MISSION, THE YMCA OF CENTRAL FLORIDA CONVENED OVER 1,800 PEOPLE OF EVERY FAITH AND BACKGROUND TO PRAY FOR OUR COMMUNITIES AND THEIR LEADERS DURING YMCA PRAYER BREAKFASTS KNOWN AS THE ARTHUR "PAPPY" KENNEDY/MARTIN LUTHER KING PRAYER BREAKFAST, LAKE COUNTY PRAYER BREAKFAST, BREVARD COUNTY PRAYER BREAKFAST AND ANNUAL CELEBRATION OF PRAYER BREAKFAST.

THE Y'S SOCIAL RESPONSIBILITY IS FOCUSED ON BRINGING OUR CAUSE TO LIFE BY GIVING BACK AND PROVIDING SUPPORT TO OUR NEIGHBORS. THIS ORGANIZATION FUNDS SERVICES, PROGRAMS, AND MEMBERSHIP COSTS IN FRAGILE COMMUNITIES, EQUATING TO OVER \$3 MILLION ANNUALLY. APPROXIMATELY 95% OF MEMBERS IN THESE OUTREACH COMMUNITIES ARE GIVEN MEMBERSHIP FINANCIAL ASSISTANCE THROUGH THE SCHOLARSHIP FUND.

WE ARE HEAVILY INVOLVED IN SUPPORTING BRIGHTER FUTURES FOR OUR ALL OF OUR YOUTH, AND IN 2018 OVER \$240,000 WAS SPENT TO PROVIDE THE YOUTH DEVELOPMENT PROGRAM KNOWN AS TEEN ACHIEVERS. TEEN ACHIEVERS HELPED PREPARE A DIVERSE GROUP OF NEARLY 300 STUDENTS IN OUR OUTREACH COMMUNITIES FOR A SUCCESSFUL FUTURE IN 2018, BY OFFERING THEM MENTORING OPPORTUNITIES, TUTORING, AND EVEN COLLEGE TOURS. THIS ASSOCIATION

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| Name of the organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
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COLLABORATES WITH ORANGE COUNTY TO RUN BEFORE AND AFTER SCHOOL

PROGRAMS. 11 OF THOSE ELEMENTARY SCHOOLS AND 8 MIDDLE SCHOOLS ARE

CONSIDERED TITLE ONE SCHOOLS, WITH 70100% OF THE STUDENT BODY RECEIVING

FREE AND REDUCED LUNCH. TO SUPPORT THIS NEED FOR APPROXIMATELY 1,100

ELEMENTARY AND 1,700 MIDDLE SCHOOL STUDENTS, OVER \$1.1 MILLION WAS

PROVIDED BY THE YMCA AND PARTNERSHIPS WITH LOCAL GOVERNMENT.

THE Y HOLDS TRUE TO OUR MISSION IN EVERYTHING WE DO: "TO IMPROVE LIVES

OF ALL IN CENTRAL FLORIDA BY CONNECTING INDIVIDUALS, FAMILIES, AND

COMMUNITIES WITH OPPORTUNITIES BASED ON CHRISTIAN VALUES THAT

STRENGTHEN THE SPIRIT, MIND, AND BODY." THE Y, IN PARTNERSHIP WITH

LOCAL DONORS, HAS INVESTED ROUGHLY \$18 MILLION TO UPDATE AND OPERATE

OUTREACH YS IN FRAGILE COMMUNITIES SO THAT WE CAN ORGANIZE DIVERSE

COMMUNITIES AND HELP BREAK THE SOCIAL TREND OF ISOLATION AMONG

NEIGHBORS. OUR DESIRE IS FOR EACH Y FAMILY CENTER TO BE THE

COMMUNITY-GATHERING PLACE THAT CONNECTS FAMILIES AND NEIGHBORS,

PROVIDES RESOURCES TO MEET NEEDS, AND INSPIRES PARTICIPANTS TO GIVE

BACK TO THEIR COMMUNITY.

EXPENSES \$ 2,905,959. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,906,621.

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

THE AUDIT COMMITTEE SHALL REVIEW THE DRAFT FORM 990 PRIOR TO FILING WITH

THE IRS AND SHALL DOCUMENT THEIR DISCUSSION AND REVIEW OF THE DOCUMENTS IN

THE COMMITTEE MEETING MINUTES. FINAL REVIEW OF THE FORM 990 IS

SPECIFICALLY DELEGATED TO THE AUDIT COMMITTEE AND NO FURTHER REVIEW SHALL

BE REQUIRED BEFORE SUCH FORMS ARE FILED WITH THE IRS.

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

| | |
|--|--|
| Name of the organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION | Employer identification number 59-0624430 |
|--|--|

ANNUALLY, THE POLICY IS GIVEN OUT TO THE EXECUTIVE BOARD ALONG WITH A DISCLOURE QUESTIONNAIRE, WHICH IS TURNED IN AND REVIEWED BY ASSOCIATION OFFICERS.

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

THE COMPENSATION COMMITTEE PROVIDES INDEPENDENT OVERSIGHT OF THE CEO COMPENSATION PACKAGE. EVALUATION PROCESS DOES INVOLVE A DETAILED REVIEW AND COMPARISON OF SIMILARLY QUALIFIED POSITIONS AT SIMILAR ORGANIZATIONS. THE COMPENSATION COMMITTEE IS MADE UP OF INDEPENDENT VOLUNTEERS.

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

FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|------------------------------------|----------|
| CHANGE IN INTEREST RATE SWAP | 382,224. |
| INTRA-Y CORP CHARGES | -42,050. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 340,174. |

FORM 990, PART XIII, LINE 2C

THERE HAS BEEN NO CHANGE IN THE PROCESS FROM PRIOR 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

2018

Open to Public Inspection

Name of the organization **CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION** Employer identification number **59-0624430**

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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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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 |
| CENTRAL FLORIDA YMCA FOUNDATION, INC. - 59-3750283, 433 NORTH MILLS AVE, ORLANDO, FL 32803 | FOUNDATION WHOSE INCOME PROVIDES SCHOLARSHIPS TO YMCA INDIVIDUALS FOR | FLORIDA | LINE 12A, I | LINE 12B, II | CENTRAL FLORIDA YOUN MEN'S CHRISTIAN | | X |
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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.

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?

| | Yes | No |
|--|-----|----|
| 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) CENTRAL FLORIDA YMCA CHILDCARE SERVICES, INC. | Q | 2,528,155. | FMV |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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:

CENTRAL FLORIDA YMCA FOUNDATION, INC.

PRIMARY ACTIVITY: FOUNDATION WHOSE INCOME PROVIDES SCHOLARSHIPS TO YMCA

INDIVIDUALS FOR CFYMCA

DIRECT CONTROLLING ENTITY: CENTRAL FLORIDA YOUN MEN'S CHRISTIAN

ASSOCIATION

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

CENTRAL FLORIDA YMCA CHILDCARE SERVICES, INC.

DIRECT CONTROLLING ENTITY: CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN

ASSOCIATION