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PUBLIC DISCLOSURE COPY

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20____

2017

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number

59-0624430

Name and title of officer

**COLLEEN MANAHAN
CHIEF FINANCIAL OFFICER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>57,289,368.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize RSM US LLP to enter my PIN 24430
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

50888994016

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

07580809 136733 7759216

2017.04011 CENTRAL FLORIDA YOUNG MEN'S 77592161

CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION
433 NORTH MILLS AVENUE
ORLANDO, FL 32803

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



Form **990**

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

OMB No. 1545-0047

2017

Open to Public Inspection

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.

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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.		E Telephone number 407-896-9220	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 433 NORTH MILLS AVENUE		G Gross receipts \$ 58,276,847.	
	City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32803		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
	F Name and address of principal officer: DANIEL WILCOX SAME AS C ABOVE		H(c) Group exemption number ▶	

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

J Website: **▶ WWW.YMCACENTRALFLORIDA.COM**

K Form of organization: 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: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	61
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	61
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	3221
	6 Total number of volunteers (estimate if necessary)	6	6500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,465,615.	7,518,747.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,631,372.	49,215,675.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	163,542.	-342,418.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	984,414.	897,364.
		58,244,943.	57,289,368.
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)	33,020,230.	32,811,130.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	16,027.	25,080.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,372,012.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	25,587,540.	26,751,884.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	58,623,797.	59,588,094.	
19 Revenue less expenses. Subtract line 18 from line 12	-378,854.	-2,298,726.	
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)	116,521,207.	114,018,544.
	22 Net assets or fund balances. Subtract line 21 from line 20	39,959,704.	38,991,212.
	76,561,503.	75,027,332.	

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	Preparer's signature <i>Theresa A. Burdine</i>	Date 8/10/2018	Check if self-employed <input type="checkbox"/>	PTIN P00362629
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325			
	Firm's address ▶ 7351 OFFICE PARK PL MELBOURNE, FL 32940	Phone no. 321-751-6200			

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

CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE PURPOSE OF THIS ASSOCIATION IS TO IMPROVE THE LIVES OF ALL 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 No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 31,276,112. including grants of \$) (Revenue \$ 31,824,959.)
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 81% OF Y MEMBERSHIPS, THE Y WORKS TO CONNECT FAMILIES THROUGH FITNESS GAMES AND WEEKLY ACTIVITIES, INCLUDING NUTRITION EDUCATION AND COOKING CLASSES.

ACROSS OUR 19 FAMILY CENTERS IN 2017, THE Y OFFERED OVER 5,200 GROUP EXERCISE CLASSES INCLUDING AQUA-ZUMBA, CORE TRAINING, CYCLING, STRENGTH

4b (Code:) (Expenses \$ 10,935,035. including grants of \$) (Revenue \$ 11,736,841.)
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.

SPECIFICALLY, IN 2017, THE Y CARED FOR 2,200 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 650 CHILDREN PER DAY 365 DAYS A YEAR. SIMILARLY, OVER 11,000

4c (Code:) (Expenses \$ 4,950,985. including grants of \$) (Revenue \$ 2,244,289.)
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 TWO OLYMPIC-SIZE POOL AND DIVING PLATFORMS AT THE YMCA AQUATIC CENTER AS WELL AS EASY ACCESS POOLS THAT PROVIDE DIGNITY AND MOBILITY ACROSS OUR ASSOCIATION. ADDITIONALLY, THESE POOLS ARE HOME TO YCF DIVING AND SWIM TEAMS THAT COMPETE LOCALLY AND NATIONALLY AND SERVE AS HOME TO SEVEN (7) HIGH

4d Other program services (Describe in Schedule O.)
(Expenses \$ 4,753,505. including grants of \$) (Revenue \$ 3,588,109.)

4e Total program service expenses **51,915,637.**

**CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION**

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

**CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
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
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	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d 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
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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?	X	

Note. All Form 990 filers are required to complete Schedule O

**CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION**

Form 990 (2017)

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

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**CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION**

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 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.	1a	61		
b Enter the number of voting members included in line 1a, above, who are independent	1b	61		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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

**CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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) ALESSANDRO, JIM DIRECTOR	1.00	X					0.	0.	0.	
(2) ARRINGTON, MARY JANE DIRECTOR	1.00	X					0.	0.	0.	
(3) BAILES, CHARLES DIRECTOR/TRUSTEE	1.00	X					0.	0.	0.	
(4) BAKER, ROB DIRECTOR	1.00	X					0.	0.	0.	
(5) BARNES, WILLIE DIRECTOR	1.00	X					0.	0.	0.	
(6) CARPENTER, D.R. TRUSTEE (5/2017)	1.00	X					0.	0.	0.	
(7) CARRION, LOU DIRECTOR	1.00	X					0.	0.	0.	
(8) CAVALIERE, PAUL DIRECTOR	1.00	X					0.	0.	0.	
(9) CHANDLER, TOM DIRECTOR (THRU 5/2017)	1.00	X					0.	0.	0.	
(10) CLAYSON, STEVE DIRECTOR	1.00	X					0.	0.	0.	
(11) COHEN, BEN DIRECTOR	1.00	X					0.	0.	0.	
(12) CONNER, STEVEN DIRECTOR (THRU 5/17)	1.00	X					0.	0.	0.	
(13) DAVIS, GLEN DIRECTOR/TRUSTEE	1.00	X					0.	0.	0.	
(14) DAVIS, STEVE DIRECTOR	1.00	X					0.	0.	0.	
(15) EGERTON, CHARLES DIRECTOR	1.00	X					0.	0.	0.	
(16) ENGFER, PATRICIA DIRECTOR (THRU 5/2017)	1.00	X					0.	0.	0.	
(17) FISHER, ROBIN DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FRATELLO, JAY DIRECTOR	1.00	X					0.	0.	0.	
(19) FREEMAN, CHARLIE DIRECTOR	1.00	X					0.	0.	0.	
(20) GOODWIN, MARCIA HOPE DIRECTOR	1.00	X					0.	0.	0.	
(21) HENNINGSEN, JIM DIRECTOR	1.00	X					0.	0.	0.	
(22) HILLENMEYER, JOHN DIRECTOR (THRU 5/2017)	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) JUSTICE, KALESE DIRECTOR	1.00	X					0.	0.	0.	
(26) KNIGHT, ROBBIE DIRECTOR	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							1,680,271.	0.	321,504.	
d Total (add lines 1b and 1c)							1,680,271.	0.	321,504.	

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 28

	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>	3	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>	4	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>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KELSEY CONSTRUCTION, INC. 306 E PRINCETON STREET, ORLANDO, FL 32804	CONSTRUCTION CONTRACTORS	2,183,562.
H.J. HIGH CONSTRUCTION COMPANY 1015 WEST AMELIA STREET, ORLANDO, FL 32805	CONSTRUCTIONS CONTRACTORS	509,975.
& BARR, 400 EAST WASHINGTON STREET, ORLANDO, FL 32801	CONSULTANTS	494,656.
CLEAN DOCTOR, LLC, 3956 TOWN CENTER BLVD PMB 193, ORLANDO, FL 32837	CLEANING SERVICES	403,384.
POOLSURE PO BOX 53329, HOUSTON, TX 77052	MAINTENANCE & REPAIR (POOL)	285,417.

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 19

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KRZYZAK, PETE DIRECTOR	1.00	X						0.	0.	0.
(28) LAPCHICK, RICHARD DIRECTOR	1.00	X						0.	0.	0.
(29) LEWIS, DEREK DIRECTOR	1.00	X						0.	0.	0.
(30) LEWIS, JIM DIRECTOR	1.00	X						0.	0.	0.
(31) MADDOX, PATRICIA DIRECTOR	1.00	X						0.	0.	0.
(32) MANUEL, MICHAEL DIRECTOR/BOARD CHAIR	1.00	X						0.	0.	0.
(33) MARTINEZ, JOHN DIRECTOR	1.00	X						0.	0.	0.
(34) MARTINEZ, RALPH DIRECTOR/SECRETARY	1.00	X						0.	0.	0.
(35) MILLER, SCOTT DIRECTOR	1.00	X						0.	0.	0.
(36) MILLER, STEVE TRUSTEE	1.00	X						0.	0.	0.
(37) MORATIN, EDDY DIRECTOR	1.00	X						0.	0.	0.
(38) NELSON, GREG DIRECTOR	1.00	X						0.	0.	0.
(39) NICHOLSON, SONJA DIRECTOR	1.00	X						0.	0.	0.
(40) OTIS, CLARENCE TRUSTEE	1.00	X						0.	0.	0.
(41) PANNER, RICH DIRECTOR	1.00	X						0.	0.	0.
(42) PICCOLO, RON DIRECTOR	1.00	X						0.	0.	0.
(43) PIERCE, CHARLES DIRECTOR/TRUSTEE	1.00	X						0.	0.	0.
(44) PRATLEY, RICHARD DIRECTOR	1.00	X						0.	0.	0.
(45) RICH, WAYNE DIRECTOR	1.00	X						0.	0.	0.
(46) RILEY, KRAN DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
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Part VII Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ROBINSON, KEN DIRECTOR	1.00	X						0.	0.	0.
(48) ROLDAN, PAUL DIRECTOR/TREASURER	1.00	X						0.	0.	0.
(49) ROPER, BARBARA DIRECTOR/TRUSTEE	1.00	X						0.	0.	0.
(50) ROPER, CHARLIE DIRECTOR	1.00	X						0.	0.	0.
(51) RYAN, HELENA DIRECTOR	1.00	X						0.	0.	0.
(52) SORENSEN, SCOTT DIRECTOR	1.00	X						0.	0.	0.
(53) SWINSKI, LYNETTE DIRECTOR	1.00	X						0.	0.	0.
(54) TURNBULL, ALLISON DIRECTOR	1.00	X						0.	0.	0.
(55) VAN DER RIET, RENAUT DIRECTOR	1.00	X						0.	0.	0.
(56) VARLEY, JOHN DIRECTOR (THRU 5/17)	1.00	X						0.	0.	0.
(57) VAZQUEZ, MARIA DIRECTOR	1.00	X						0.	0.	0.
(58) WARLICK, THOMAS DIRECTOR/TRUSTEE	1.00	X						0.	0.	0.
(59) WEBB, CHIP DIRECTOR/TRUSTEE	1.00	X						0.	0.	0.
(60) WILDE, MICHAEL DIRECTOR	1.00	X						0.	0.	0.
(61) WILLIAMS, THOMAS DIRECTOR	1.00	X						0.	0.	0.
(62) CARDONE, JOHN V EXEC VP OF HEALTH STRATEGIES	60.00			X				194,466.	0.	33,539.
(63) ICKES, DANIEL K CHIEF OPER OFFICER	60.00			X				228,691.	0.	37,588.
(64) MANAHAN, COLLEEN K CHIEF FINANCIAL OFFICER	60.00			X				243,994.	0.	54,700.
(65) WILCOX, DANIEL CEO PRESIDENT	60.00			X				341,442.	0.	88,113.
(66) GAINES, AMBROSE VP OF AQUATICS	60.00					X		175,383.	0.	31,192.
Total to Part VII, Section A, line 1c										

**CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	200,222.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,318,525.			
	g Noncash contributions included in lines 1a-1f: \$		557,214.			
	h Total. Add lines 1a-1f		7,518,747.			
	Program Service Revenue	2 a MEMBERSHIP FEES	Business Code 813410	29,781,641.	29,781,641.	
b PROGRAM FEES		813410	16,124,049.	16,124,049.		
c GOVERNMENT CONTRACTS		624410	3,309,985.	3,309,985.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			49,215,675.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		105,252.		105,252.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	661,630.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	661,630.			
	d Net rental income or (loss)		661,630.		661,630.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	165,451.	256,262.		
		(ii) Other				
		b Less: cost or other basis and sales expenses	126,593.	742,790.		
		c Gain or (loss)	38,858.	-486,528.		
	d Net gain or (loss)		-447,670.		-447,670.	
	8 a Gross income from fundraising events (not including \$ 200,222. of contributions reported on line 1c). See Part IV, line 18	a	154,369.			
		b Less: direct expenses	118,096.			
c Net income or (loss) from fundraising events			36,273.		36,273.	
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	20,938.				
	b Less: cost of goods sold	0.				
	c Net income or (loss) from sales of inventory		20,938.		20,938.	
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS INCOME		900099	178,523.	178,523.		
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d			178,523.			
12 Total revenue. See instructions.			57,289,368.	49,394,198.	0.	
					376,423.	

**CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
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Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	734,412.		734,412.	
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	26,057,676.	23,578,107.	1,752,471.	727,098.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,769,305.	1,397,049.	300,762.	71,494.
9 Other employee benefits	2,269,816.	1,780,371.	436,084.	53,361.
10 Payroll taxes	1,979,921.	1,689,664.	241,284.	48,973.
11 Fees for services (non-employees):				
a Management				
b Legal	216,610.	74,315.	135,545.	6,750.
c Accounting	70,191.		70,191.	
d Lobbying	3,948.			3,948.
e Professional fundraising services. See Part IV, line 17	25,080.			25,080.
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.)	1,809,342.	1,428,375.	351,755.	29,212.
12 Advertising and promotion	962,228.	897,752.	35,508.	28,968.
13 Office expenses	3,146,143.	2,983,260.	40,588.	122,295.
14 Information technology	1,293,134.	1,243,493.	49,641.	
15 Royalties				
16 Occupancy	7,187,559.	7,085,207.	100,602.	1,750.
17 Travel	274,420.	228,599.	33,920.	11,901.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	580,580.	423,681.	123,507.	33,392.
20 Interest	906,959.	813,119.	93,840.	
21 Payments to affiliates	382,503.	382,503.		
22 Depreciation, depletion, and amortization	4,739,216.	4,547,732.	191,484.	
23 Insurance	958,880.	916,777.	42,103.	
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 OTHER	2,572,918.	907,930.	465,641.	1,199,347.
b EQUIPMENT	893,543.	810,462.	82,755.	326.
c TELECOMMUNICATIONS	580,880.	573,588.	4,020.	3,272.
d POSTAGE	172,830.	153,653.	14,332.	4,845.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	59,588,094.	51,915,637.	5,300,445.	2,372,012.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	79,794.	1	81,536.	
	2 Savings and temporary cash investments	17,866,726.	2	16,269,687.	
	3 Pledges and grants receivable, net	6,636,677.	3	5,448,515.	
	4 Accounts receivable, net	611,212.	4	705,007.	
	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	1,163,506.	9	961,652.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 143,723,519.			
	b Less: accumulated depreciation	10b 64,509,581.	80,383,763.	10c	79,213,938.
	11 Investments - publicly traded securities			11	
	12 Investments - other securities. See Part IV, line 11	3,755,206.	12	4,303,248.	
	13 Investments - program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11	6,024,323.	15	7,034,961.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	116,521,207.	16	114,018,544.		
Liabilities	17 Accounts payable and accrued expenses	3,749,026.	17	4,878,826.	
	18 Grants payable		18		
	19 Deferred revenue	3,174,436.	19	2,904,482.	
	20 Tax-exempt bond liabilities	31,038,193.	20	30,254,582.	
	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	1,604,780.	23	847,632.	
	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	393,269.	25	105,690.	
	26 Total liabilities. Add lines 17 through 25	39,959,704.	26	38,991,212.	
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	64,912,380.	27	63,985,593.	
	28 Temporarily restricted net assets	11,649,123.	28	11,041,739.	
	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	76,561,503.	33	75,027,332.		
34 Total liabilities and net assets/fund balances	116,521,207.	34	114,018,544.		

Form 990 (2017)

**CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION**

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	57,289,368.
2 Total expenses (must equal Part IX, column (A), line 25)	2	59,588,094.
3 Revenue less expenses. Subtract line 2 from line 1	3	-2,298,726.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	76,561,503.
5 Net unrealized gains (losses) on investments	5	301,939.
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	462,616.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	75,027,332.

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?	2a		X
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			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
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			
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?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,605,078.	10,303,047.	8,223,384.	6,436,121.	7,518,747.	40,086,377.
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	46,625,674.	47,242,967.	48,209,465.	50,901,990.	49,370,044.	242,350,140.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	108,409.	20,210.	15,636.	13,120.	20,938.	178,313.
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	54,339,161.	57,566,224.	56,448,485.	57,351,231.	56,909,729.	282,614,830.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	30,200.	20,000.	21,100.	20,000.	23,000.	114,300.
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	1,050,235.	1,041,480.	887,125.	1,409,154.	1,811,929.	6,199,923.
c Add lines 7a and 7b	1,080,435.	1,061,480.	908,225.	1,429,154.	1,834,929.	6,314,223.
8 Public support. (Subtract line 7c from line 6.)						276,300,607.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	54,339,161.	57,566,224.	56,448,485.	57,351,231.	56,909,729.	282,614,830.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	790,978.	790,905.	935,552.	786,674.	809,450.	4,113,559.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	790,978.	790,905.	935,552.	786,674.	809,450.	4,113,559.
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.)	99,226.	202,403.	219,746.	191,700.	178,523.	891,598.
13 Total support. (Add lines 9, 10c, 11, and 12.)	55,229,365.	58,559,532.	57,603,783.	58,329,605.	57,897,702.	287,619,987.

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 2017 (line 8, column (f) divided by line 13, column (f))	15	96.06 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	96.25 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	1.43 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	1.43 %

19a 33 1/3% support tests - 2017. 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 - 2016. 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 (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? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

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? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (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? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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).		

CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN

Schedule A (Form 990 or 990-EZ) 2017 ASSOCIATION

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

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

2017

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, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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
1	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>14,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>9,964.</u>	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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>8,784.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ <u>9,000.</u>	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
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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	<hr/> <hr/> <hr/>	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>13,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	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
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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		\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 5,000.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 8,000.	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
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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
25		\$ 16,666.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 8,000.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 10,000.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 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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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		\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ <u>21,796.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ <u>1,022,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ <u>13,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ <u>10,000.</u>	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
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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		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 62,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 6,800.	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
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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
43		\$ 12,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 18,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 5,000.	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		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 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
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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
49	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____ _____ _____	\$ <u>10,005.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____ _____ _____	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	_____ _____ _____	\$ <u>10,000.</u>	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
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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
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		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 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
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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
61		\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ <u>10,220.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ <u>9,000.</u>	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
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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
67		\$ 24,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 10,000.	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		\$ 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
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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
73	<hr/> <hr/> <hr/>	\$ <u>37,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ <u>14,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ <u>6,402.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	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
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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
79		\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 16,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 75,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 7,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 25,000.	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
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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
85		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 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
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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
91		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 60,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
97	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	_____ _____ _____	\$ 50,000.	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	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	_____ _____ _____	\$ 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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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		\$ 550,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
109	_____ _____ _____	\$ 14,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	_____ _____ _____	\$ 7,707.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 59-0624430
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 59-0624430
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

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.

Open to Public Inspection

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

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

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

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

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

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

Name of organization 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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

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) 2014	(b) 2015	(c) 2016	(d) 2017	(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					

Schedule C (Form 990 or 990-EZ) 2017

CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN

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		3,948.
j Total. Add lines 1c through 1i			3,948.
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

2017

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 questions about property control and private benefit.

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

Table with 3 columns: Question, Held at the End of the Tax Year (2a-2d), and Yes/No. Rows include purpose of easements, total number and acreage, and monitoring 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.

Table with 3 columns: Question, Revenue, Assets. Rows include reporting requirements for art and historical treasures.

**CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION**

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 <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	695,792.	1,218,672.	693,122.	668,123.	658,907.
b Contributions		2,119.	525,550.	25,000.	9,216.
c Net investment earnings, gains, and losses	72,054.	20,391.	21,242.	27,942.	59,327.
d Grants or scholarships					
e Other expenditures for facilities and programs	72,054.	545,390.	21,242.	27,943.	59,327.
f Administrative expenses					
g End of year balance	695,792.	695,792.	1,218,672.	693,122.	668,123.

- 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 | | X |
| (ii) related organizations | X | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	180,200.	3,731,059.		3,911,259.
b Buildings		99,650,828.	38,881,441.	60,769,387.
c Leasehold improvements		5,688,368.	2,439,845.	3,248,523.
d Equipment		27,975,279.	20,552,641.	7,422,638.
e Other		6,497,785.	2,635,654.	3,862,131.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				79,213,938.

**CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION**

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	7,034,961.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	7,034,961.

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	54,159.
(3) RETAINAGE PAYABLE	51,531.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	105,690.

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

**CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION**

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, 2014.

CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN

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 TOURNA (event type)	5 (total number)	
Revenue	1 Gross receipts	97,677.	88,930.	145,398.	332,005.
	2 Less: Contributions	52,638.	33,047.	106,172.	191,857.
	3 Gross income (line 1 minus line 2)	45,039.	55,883.	39,226.	140,148.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	25,706.	37,303.	55,087.	118,096.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				118,096.
11 Net income summary. Subtract line 10 from line 3, column (d)				22,052.	

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

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

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

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

CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN

Schedule G (Form 990 or 990-EZ) 2017 ASSOCIATION

59-0624430 Page 3

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

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

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) 2017

**CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION**

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) CARDONE, JOHN V EXEC VP OF HEALTH STRATEGIES	(i)	185,394.	0.	9,072.	24,370.	9,169.	228,005.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ICKES, DANIEL K CHIEF OPER OFFICER	(i)	217,939.	0.	10,752.	28,419.	9,169.	266,279.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MANAHAN, COLLEEN K CHIEF FINANCIAL OFFICER	(i)	217,602.	16,088.	10,304.	49,987.	4,713.	298,694.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WILCOX, DANIEL CEO PRESIDENT	(i)	307,626.	31,078.	2,738.	82,400.	5,713.	429,555.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GAINES, AMBROSE VP OF AQUATICS	(i)	165,831.	0.	9,552.	22,023.	9,169.	206,575.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JONES, PAMELA J VP LEADERSHIP HR	(i)	152,151.	0.	9,960.	19,562.	2,349.	184,022.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEGER, JACOB A DIST VICE PRESIDENT	(i)	159,331.	0.	8,736.	20,990.	7,069.	196,126.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STRONG, KIMBERLEE A SR VP OF PHILANTHROPY GOV	(i)	157,914.	0.	8,203.	20,591.	5,811.	192,519.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION

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 - AIRFARE FOR CONFERENCE - \$927

DANIEL ICKES - AIRFARE FOR CONFERENCE - \$341

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.

SCHEDULE J, LINE 3

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.

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
CONFIDENT HIS TOTAL ANNUAL COMPENSATION COMPARES APPROPRIATELY WITH
OTHERS WITH SIMILAR RESPONSIBILITY AND SUCCESS. ALL OF HIS OTHER

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.

BENEFITS ARE CONSISTENT WITH THOSE PROVIDED TO ALL YMCA LEADERSHIP STAFF.

SCHEDULE J, PART II, COLUMN B(II)

THE EXECUTIVE COMPENSATION COMMITTEE SETS ANNUAL PERFORMANCE GOALS FOR THE CEO THAT ALIGN WITH THE ORGANIZATION'S STRATEGIC PLAN. THESE GOALS ARE STRUCTURED TO ALLOW FOR ADDITIONAL INCOME TO BE EARNED ABOVE THE CEO'S BASE SALARY, IF MINIMUM RESULTS ARE ACHIEVED. OTHER SENIOR EXECUTIVES WERE ALSO GIVEN THE SAME OPPORTUNITY BASED ON THEIR PERFORMANCE GOALS. THESE INCENTIVE PAYMENTS ARE REPORTED ON SCH J PART II COLUMN B(II).

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 -		X		X			X
	B													
	C													
	D													

Part II	Proceeds	A		B		C		D	
1	Amount of bonds retired	853,397.							
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								
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 current refunding issue?	X							
15	Were the bonds issued as part of 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						

**CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION**

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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							
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						

**CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION**

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of 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 \$853,397, LEAVING A REMAINING
BALANCE OF \$30,740,303

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	2,159,900.	1)WALT DIS		X
VALLEY NATIONAL BANK (PREV	OFFICER OF ENTITY I	1,815,700.	2)VALLEY N		X
ORANGE COUNTY PUBLIC SCHO	OFFICER OF ENTITY I	1,118,400.	3)ORANGE C		X
BANK OF AMERICA	OFFICER OF ENTITY I	14,737,000.	4)BANK OF		X
ORLANDO HEALTH	VP OF ENTITY INVOLV	38,500.	5)ORLANDO		X
& BARR	PRESIDENT/CEO OF EN	494,700.	6)& BARR,		X
STATE FARM	OFFICER OF ENTITY I	39,500.	8)STATE FA		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 \$ 2,159,900.

(D) DESCRIPTION OF TRANSACTION: 1)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 2017, CENTRAL FLORIDA YMCA CHILDCARE SERVICES, INC. RECEIVED \$2,159,900 FROM DISNEY TO SUBSIDIZE CARE FOR CAST MEMBER'S CHILDREN.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: VALLEY NATIONAL BANK (PREVIOUSLY CNL)

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICER OF ENTITY INVOLVED IN TRANSACTION

(C) AMOUNT OF TRANSACTION \$ 1,815,700.

(D) DESCRIPTION OF TRANSACTION: 2)VALLEY NATIONAL BANK (PREVIOUSLY

Part V Supplemental Information

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

CNL), OF WHICH, SANDY HOSTETTER IS THE PRESIDENT, HAS A DEPOSITORY
RELATIONSHIP WITH THE YMCA. AS OF DECEMBER 31, 2017 \$1,815,700 WAS ON
DEPOSIT.

(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 \$ 1,118,400.

(D) DESCRIPTION OF TRANSACTION: 3)ORANGE COUNTY PUBLIC SCHOOLS, OF
WHICH, 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 2017 THE YMCA INCURRED EXPENSES
OF \$1,118,400 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 \$ 14,737,000.

(D) DESCRIPTION OF TRANSACTION: 4)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 \$14,737,000 AS OF
DECEMBER 31, 2017.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ORLANDO HEALTH

Part V Supplemental Information

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

VP OF ENTITY INVOLVED IN TRANSACTION

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

(D) DESCRIPTION OF TRANSACTION: 5)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 2017, THE YMCA HAS RECEIVED \$38,500 IN PAYMENTS FROM ORLANDO HEALTH AS RENTAL INCOME.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: & BARR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT/CEO OF ENTITY INVOLVED IN TRANSACTION

(C) AMOUNT OF TRANSACTION \$ 494,700.

(D) DESCRIPTION OF TRANSACTION: 6)& BARR, OF WHICH, PETE BARR, IS THE PRESIDENT/CEO OF & BARR, PROVIDES THE CENTRAL FLORIDA YMCA WITH MARKETING AND CONSULTING SERVICES. IN 2017, THE YMCA INCURRED EXPENSES OF \$494,700 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: 8)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 \$39,500 RELATED

Part V Supplemental Information

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

TO THESE POLICIES AND THEY HAVE A VALUE OF \$350,000 AS OF DECEMBER 31,
2017.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

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 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	141,021.	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	X	1	89,729.	FMV
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	0	218,923.	FMV
26 Other ▶ (TICKETS)	X	0	107,541.	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**

	Yes	No
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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Schedule M (Form 990) 2017

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

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

2017

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 (CONTINUED)

THE YMCA OF CENTRAL FLORIDA SUPPORTS ITS COMMUNITIES WITH
NEIGHBORHOOD-BASED SERVICES, WHICH ANNUALLY IMPACT THE LIVES OF MORE
THAN 453,000 RESIDENTS. THROUGH THE DEDICATED EFFORTS OF ITS 19 FAMILY
CENTERS, FOUR PROGRAM LOCATIONS, TWO EARLY-CHILDHOOD LEARNING CENTERS,
RESIDENT CAMP AND 64 SCHOOL SITE LOCATIONS, THE Y'S 2,400 STAFF MEMBERS
AND 22,000+ VOLUNTEERS PROVIDE YOUTH DEVELOPMENT, HEALTHY LIVING AND
SOCIAL RESPONSIBILITY PROGRAMS IN ORANGE, OSCEOLA, SEMINOLE, LAKE,
BREVARD AND MARION COUNTIES.

IN 2017, THE Y WAS ABLE TO LEVERAGE ITS INTERNAL RESOURCES, AS WELL AS
SUPPLEMENTAL FUNDING FROM DONORS, TO GENERATE \$11 MILLION TO HELP MEET
THE NEED OF NEIGHBORS IN UNDERSERVED COMMUNITIES. IN EACH OF THEIR 19
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 40,197
RESIDENTS, ENABLING INDIVIDUALS TO PARTICIPATE IN YEAR-ROUND YMCA
YOUTH, ADULT AND SENIOR PROGRAMMING. SIMILARLY, THROUGH ITS FOCUS ON
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

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 59-0624430
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CHILD DEVELOPMENT CENTERS; AND, IN-TOTAL, SERVED MORE THAN 61,583 KIDS, AGED SIX MONTHS TO 18 YEARS IN A Y PROGRAM AS WELL AS MORE THAN 11,000 YOUTH IN 64 AFTER-SCHOOL PROGRAMS. BUT THE Y ISN'T JUST FOR YOUTH AND FAMILIES, IT'S FOR ALL. LAST YEAR, 392,000 ADULTS AND SENIORS 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.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: TRAINING AND MANY MORE. SIMILARLY, Y STAFF WORKED WITH OVER 55,000 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 2017, 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).

BUT HEALTHY LIVING EXPANDS BEYOND THE FOUR WALLS OF THE Y THROUGH INITIATIVES SUCH AS COMMUNITIES FOR HEALTH, IN ITS SECOND YEAR, DESIGNED TO ENGAGE INDIVIDUALS WHERE THEY WORK TO REDUCE THEIR RISK OF

Name of the organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 59-0624430
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DIABETES. THIS WORKFORCE INITIATIVE, PARTIALLY FUNDED BY THE KRESGE FOUNDATION, IMPACTED OVER 2,500 INDIVIDUALS WHO WANTED TO BEGIN A HEALTH JOURNEY TOGETHER; WHILE SIMILARLY, HEALTHIER LIFE RX, THE Y'S PERSONALIZED HEALTH COACHING PROGRAM, ALSO IMPACTED 515 INDIVIDUALS AT WORK AND IN THE COMMUNITY, REDUCING RISKS FOR CHRONIC CONDITIONS INCLUDING OBESITY, HIGH BLOOD PRESSURE AND CERTAIN TYPES OF CANCER. FINALLY, LAST YEAR THE Y WORKED IN PARTNERSHIP WITH FLORIDA HOSPITAL, ORLANDO HEALTH, MUNROE REGIONAL MEDICAL AND THE WEST ORANGE HEALTHCARE DISTRICT TO CREATE AND IMPLEMENT AN ARRAY OF HEALTHY LIVING PROGRAMS AND INITIATIVES THAT, COUPLED WITH OUR OTHER HEALTHY LIVING INITIATIVES, IMPACTED OVER 412,500 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:
ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS IN OUR AFTER SCHOOL PROGRAMS, LOCATED DIRECTLY IN 64 SCHOOLS ACROSS ORANGE, OSCEOLA, LAKE, BREVARD AND SEMINOLE COUNTIES, WERE PROVIDED HANDS-ON READING, SCIENCE AND MATH ACTIVITIES, ALONG WITH CAREER MENTORING, MUSIC AND ARTS. THIS COMMITMENT TO PROVIDING AN INNOVATIVE LEARNING ENVIRONMENTS IS ALSO SEEN IN SUMMER LEARNING AND OUT OF SCHOOL TIME LEARNING TO IMPROVE ACADEMIC OUTCOMES, WITH LAST YEAR INCLUDING 25,441 OVER 25,000 CAMPERS ATTENDING WEEKLY SUMMER PROGRAMS AT 48 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 2017, MORE THAN 25,000 KIDS LEARNED VALUES, SPORTSMANSHIP AND CONFIDENCE WHILE BEING

Name of the organization	CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number	59-0624430
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PHYSICALLY ACTIVE IN Y YOUTH SPORTS AND ANOTHER 25,000 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 2017, AN ADDITIONAL NEARLY 7,000 FAMILIES WERE 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:

SCHOOL SWIM AND WATER POLO TEAMS, PLUS HOST OVER 60 HIGH SCHOOL SWIM MEETS AS WELL AS SPECIAL OLYMPICS.

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

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TIME, AND IN 2017, OVER 800 CHILDREN AGES SIX (6) MONTHS TO SIX (6) YEARS OF AGE, ENROLLED IN SAFE START, BRINGING THE TOTAL TO OVER 19,000 KIDS WHO HAVE COMPLETED THE PROGRAM SINCE 1999. IN ADDITION, IN 2017, THE Y OFFERED ITS ANNUAL SAFETY AROUND WATER PROGRAM WHERE FOR ONE WEEK IN APRIL, THE Y PROVIDED FREE SWIM LESSONS IN FAMILY CENTER LOCATIONS WITH POOLS. DURING THIS WEEK, KIDS WHO SIGN UP RECEIVE A DAILY -HOUR SWIM LESSON, A WATER SAFETY COMPONENT, CHARACTER VALUE LESSONS, A TAKE-HOME ACTIVITY, AND A Y-MEMORY-MAKER. KIDS AGES 3 TO 14 ARE ELIGIBLE AND OVER 1,600 KIDS PARTICIPATED IN THIS ONE-WEEK LIFE-SAVING FOCUS. IN TOTAL, OVER 70,000 Y SWIM LESSONS WERE TAUGHT TO ADULTS AND CHILDREN IN 2017 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 1,000 YOUTH PARTICIPATE ON ONE OF THE 15 YCF SWIM TEAMS, WHICH PLACED IN THE TOP 12 AT THE 2017 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 YMCA DIVING NATIONALS. WITH 26 INDOOR AND OUTDOOR POOLS, INCLUDING ZERO-DEPTH POOLS, A WARM-WATER TEACHING POOL AND A DIVE 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,

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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.

IN 2017, THAT INCLUDED OVER 2,500 VOLUNTEERS SERVING AS YOUTH SPORTS COACHES AND OVER 1,000 DONORS/VOLUNTEERS FILLING NEARLY 10,000 BOXES FOR OPERATION CHRISTMAS CHILD. ADDITIONALLY, 25 COMMUNITY CLERGY VOLUNTEERED AS CHAPLAINS IN EIGHT Y FAMILY CENTERS ACROSS CENTRAL FLORIDA TO SUPPORT OUR MEMBERS AND VISITORS IN SPIRIT, MIND AND BODY. IN TOTAL 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 AN ARMY OF 40,000 COMMUNITY ADVOCATES TO HELP MAKE OUR NEIGHBORHOODS AND EVERYONE IN THEM STRONGER THAN EVER. ADDITIONALLY, IN 2017, IN SUPPORT OF THE Y'S CHRISTIAN MISSION, THE YMCA OF CENTRAL FLORIDA CONVENED OVER 5,000 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 AND ANNUAL CELEBRATION OF PRAYER.

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 2017 \$121,000 WAS USED TO FULLY FUND THE YOUTH

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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 2017, BY OFFERING THEM MENTORING OPPORTUNITIES, TUTORING, AND EVEN COLLEGE TOURS. THIS ASSOCIATION COLLABORATES WITH ORANGE COUNTY TO RUN BEFORE AND AFTER SCHOOL PROGRAMS. 14 OF THOSE ELEMENTARY SCHOOLS AND FOUR MIDDLE SCHOOLS ARE CONSIDERED TITLE ONE SCHOOLS, WITH 60-100% OF THE STUDENT BODY RECEIVING FREE AND REDUCED LUNCH. TO SUPPORT THIS NEED FOR APPROXIMATELY 1,300 ELEMENTARY AND 400 MIDDLE SCHOOL STUDENTS, OVER \$1.5 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 \$ 4,753,505. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,588,109.

FORM 990, PART VI, SECTION A, LINE 4:

THE YMCA OF CENTRAL FLORIDA BY-LAWS WERE OVER 20 YEARS OLD AS OF 2017. CHANGES WERE MADE TO UPDATE THE DEFINITIONS OF THE ROLES AND

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

Employer identification number
59-0624430

RESPONSIBILITIES OF OUR TRUSTEES, BOARD MEMBERS, EXECUTIVE COMMITTEE MEMBERS, BOARD OFFICERS AND THE YMCA PRESIDENT, THAT MORE ACCURATELY REFLECT HOW THE BUSINESS NEEDS TO BE OPERATING TODAY. ADDITIONALLY, UPDATES WERE MADE TO THE LANGUAGE REGARDING THE ACCEPTABLE METHODS OF COMMUNICATION AND TO REFLECT ALL STATE OR OTHER LEGAL REQUIREMENTS. THESE CHANGES WERE APPROVED BY THE BOARD IN DECEMBER OF 2017.

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:

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

Name of the organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 59-0624430
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IN IRC SECTION 6104(D).

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

CHANGE IN INTEREST RATE SWAP	390,563.
INTRA-Y CORP CHARGES	72,053.
TOTAL TO FORM 990, PART XI, LINE 9	462,616.

FORM 990, PART XII, 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

2017

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2017

SEE PART VII FOR CONTINUATIONS

**CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CENTRAL FLORIDA YMCA CHILDCARE SERVICES, INC. - 20-1065407, 433 NORTH MILLS AVE, ORLANDO, FL 32803	CHILDCARE SERVICES	FL	CENTRAL FLORIDA YOUNG MEN'S	C CORP			100.00%		X

SEE PART VII FOR CONTINUATIONS

**CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION**

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	213,848.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 YOUNG 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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

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

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

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

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number (EIN) or 59-0624430
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 433 NORTH MILLS AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ORLANDO, FL 32803	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

COLLEEN MANAHAN

• The books are in the care of ▶ **433 N MILLS AVENUE - ORLANDO, FL 32803-0433**
Telephone No. ▶ **407-895-8658** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

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

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

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