

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

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

### A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

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

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

Doing business as  
YMCA OF CENTRAL FLORIDA INC

Number and street (or P O box if mail is not delivered to street address) Room/suite  
433 NORTH MILLS AVENUE

City or town, state or province, country, and ZIP or foreign postal code  
ORLANDO, FL 32803

**D** Employer identification number  
59-0624430

**E** Telephone number  
(407) 896-9220

**G** Gross receipts \$ 58,533,109

**F** Name and address of principal officer  
DANIEL WILCOX  
433 NORTH MILLS AVENUE  
ORLANDO, FL 32803

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( ) (Insert no )  4947(a)(1) or  527

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

**H(c)** Group exemption number ▶

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

**L** Year of formation 1942

**M** State of legal domicile FL

### Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
THE YMCA OF CENTRAL FLORIDA SUPPORTS ITS COMMUNITIES WITH NEIGHBORHOOD-BASED SERVICES WHICH ANNUALLY IMPACT THE LIVES OF MORE THAN 425,000 RESIDENTS THROUGH THE DEDICATED EFFORTS OF ITS 27 LOCATIONS, 20 FAMILY CENTERS AND 70 SCHOOL SITE LOCATIONS, THE Y'S 2,600 STAFF MEMBERS AND 22,000 PLUS VOLUNTEERS PROVIDE YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY PROGRAMS IN ORANGE, OSCEOLA, SEMINOLE, LAKE, BREVARD AND MARION COUNTIES

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	71
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	71
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	3,056
<b>6</b> Total number of volunteers (estimate if necessary)	6,500
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	8,223,384	6,465,615
<b>9</b> Program service revenue (Part VIII, line 2g)	47,778,088	50,631,372
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	193,901	163,542
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,152,792	984,414
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,348,165	58,244,943
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,545,136	33,020,230
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	28,337	16,027
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,157,732		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	23,798,077	25,587,540
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	54,371,550	58,623,797
<b>19</b> Revenue less expenses Subtract line 18 from line 12	2,976,615	-378,854
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	115,213,026	116,521,207
<b>21</b> Total liabilities (Part X, line 26)	39,102,491	39,959,704
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	76,110,535	76,561,503

### 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 2017-06-30  
COLLEEN MANAHAN CHIEF FINANCIAL OFFICER  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name  
THERESA A BURDINE CPA  
Preparer's signature  
THERESA A BURDINE CPA  
Date  
Check  if self-employed  
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

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 \$ 31,476,776 including grants of \$) (Revenue \$ 33,424,305)

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 WELLNESS CENTERS AS A SPRING BOARD 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 IN 2016, NUTRITION EDUCATION AND COOKING CLASSES ACROSS OUR 27 LOCATIONS IN 2016, THE Y OFFERED OVER 5,000 GROUP EXERCISE CLASSES INCLUDING AQUA-ZUMBA, CORE TRAINING, CYCLING, STRENGTH TRAINING AND MANY MORE. SIMILARLY, Y STAFF WORKED WITH OVER 58,000 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 CONDITION, THE Y IS FOCUSING ON LEVERAGING EVIDENCE-BASED PROGRAMS TO PROMOTE WELLNESS, REDUCE RISKS OF CHRONIC CONDITIONS, AND RECLAIM HEALTH AFTER DIAGNOSIS. IN 2016, THE YMCA OF CENTRAL FLORIDA RAN 5 EVIDENCE-BASED PROGRAMS IN MULTIPLE SITES ACROSS 6 COUNTIES, SERVING NEARLY 1,000 INDIVIDUALS AND FAMILIES INCLUDING 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). ADDITIONALLY, PILOT PROGRAMS AROUND EXERCISE IN INDIVIDUALS WITH DIABETES AS WELL AS HEART DISEASE WERE ALSO LAUNCHED BUT HEALTHY LIVING EXPANDS BEYOND THE FOUR WALLS OF THE Y AND SO INITIATIVES SUCH AS COMMUNITIES FOR HEALTH WERE LAUNCHED TO ENGAGE INDIVIDUALS WHERE THEY WORK TO REDUCE THEIR RISK OF DIABETES. THIS WORKFORCE INITIATIVE, PARTIALLY FUNDED BY THE KRESGE FOUNDATION, IMPACTED OVER 1,200 INDIVIDUALS WHO WANTED TO BEGIN A HEALTH JOURNEY TOGETHER IN 2016, WHILE SIMILARLY, HEALTHIER LIFE RX, THE Y'S PERSONALIZED HEALTH COACHING PROGRAM ALSO IMPACTED 203 INDIVIDUALS AT WORK AND IN THE COMMUNITY, REDUCING RISKS FOR CHRONIC CONDITIONS INCLUDING OBESITY, HIGH BLOOD PRESSURE AND CERTAIN TYPES OF CANCER. WORKING TOGETHER WITH LOCAL EMPLOYER ORGANIZATIONS SEEKING SOLUTIONS FOR HEALTHY LIVING, IN 2016, THE Y HOSTED MULTIPLE HEALTHY LIVING COMMITTEE MEETINGS WITH OVER 200 INDIVIDUALS ATTENDING, REPRESENTING OVER 120 DIFFERENT ORGANIZATIONS IN CENTRAL FLORIDA. 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 CENTRAL FLORIDA Y SERVES BY IMPROVING HEALTH, WELLNESS AND CHRONIC DISEASE PREVENTION.

4b (Code) (Expenses \$ 11,357,708 including grants of \$) (Revenue \$ 11,623,662)

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 2016, THE Y CARED FOR 2,200 CHILDREN DAILY IN THEIR 20 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 8,500 ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS IN OUR AFTER SCHOOL PROGRAMS, LOCATED DIRECTLY IN 71 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 INNOVATIVE LEARNING ENVIRONMENTS IS ALSO SEEN IN SUMMER LEARNING AND OUT OF SCHOOL TIME LEARNING TO IMPROVE ACADEMIC OUTCOMES WITH LAST YEAR INCLUDING 26,000 CAMPER WEEK SUMMER PROGRAMS AND AN ADDITIONAL 1,100 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 SPECIFICALLY, IN 2016, MORE THAN 25,000 KIDS LEARNED VALUES, SPORTSMANSHIP AND CONFIDENCE WHILE BEING PHYSICALLY ACTIVE IN Y YOUTH SPORTS AND 7,500 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 AND 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 2016, 18,455 FAMILIES WERE SERVED ACROSS CENTRAL FLORIDA, AND THE DAILY PROVISION OF A SAFE, POSITIVE PLACE TO LEARN AND GROW FOR OUR YOUTH AND WHERE FAMILIES CAN RECONNECT AND BECOME STRONGER TOGETHER.

4c (Code) (Expenses \$ 4,669,488 including grants of \$) (Revenue \$ 2,208,282)

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 (SPASH/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 POLL AND NEW DIVING PLATFORMS AT THE YMCA AQUATIC CENTER AS WELL AS FIVE 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 ALSO SERVE AS HOME TO SEVEN (7) HIGH SCHOOL SWIM AND WATER POLO TEAMS AND 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 EIGHT (8) MONTHS. SAFE START TEACHES KIDS HOW TO SURVIVE IN THE WATER BY HOLDING THEIR BREATH UNDERWATER AND HOW TO ROLL OVER AND FLOAT. SAFE START ALLOWS THE Y TO COMBAT THE RATE OF CHILD DROWNING ONE INFANT AT A TIME, AND IN 2016 1,084 CHILDREN AGES EIGHT (8) MONTHS TO SIX (6) YEARS OF AGE, ENROLLED IN SAFE START, BRINGING THE TOTAL TO OVER 18,500 KIDS WHO HAVE COMPLETED THE PROGRAM SINCE 1999. IN ADDITION, IN 2016, THE Y OFFERED ITS ANNUAL SPLASH PROGRAM WHERE FOR ONE WEEK IN APRIL, THE Y PROVIDED FREE SWIM LESSONS IN OUR 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 3,100 KIDS PARTICIPATED IN THIS ONE-WEEK LIFE-SAVING FOCUS. IN TOTAL, 77,084 Y SWIM LESSONS WERE TAUGHT TO ADULTS AND CHILDREN IN 2016 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 20+ YCF SWIM TEAMS WHICH PLACED IN THE TOP 30 AT THE 2016 YMCA SHORT COURSE SWIMMING NATIONALS, FEATURING 200 YS FROM ACROSS THE COUNTRY. SIMILARLY, OVER 100 YOUTH PARTICIPATED ON A YCF DIVE TEAM LAST YEAR, WINING 8 INDIVIDUAL EVENTS AT THE YMCA DIVING NATIONALS WITH 29 INDOOR AND OUTDOOR POOLS, INCLUDING 5 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.

(Code) (Expenses \$ 4,592,924 including grants of \$) (Revenue \$ 3,566,823)

SOCIAL RESPONSIBILITY INITIATIVES AT THE YMCA OF CENTRAL FLORIDA, WE PROVIDE OPPORTUNITIES TO GIVE BACK, SUPPORT OUR NEIGHBORS, AND MAKE OUR COMMUNITY A BETTER PLACE BY UNITING PEOPLE OF ALL AGES, FAITHS AND BACKGROUNDS THROUGH THE Y MISSION. THERE ARE MANY WAYS TO GET INVOLVED IN MAKING A DIFFERENCE THROUGH THE Y LIKE BECOMING A VOLUNTEER, TUTOR, MENTOR OR DONOR. IN FACT, AS A VOLUNTEER-BASED ORGANIZATION, THE Y DEPENDS UPON VOLUNTEERS TO PROVIDE THE NECESSARY SUPPORT AND INFRASTRUCTURE TO RUN PROGRAMS. IN 2016 THAT INCLUDED OVER 2,500 VOLUNTEERS SERVING AS YOUTH SPORTS COACHES AND 946 DONORS/VOLUNTEERS FILLING 8,707 BOXES FOR OPERATION CHRISTMAS CHILD. ADDITIONALLY, 19 COMMUNITY CLERGY VOLUNTEERED AS CHAPLAINS IN 7 Y FAMILY CENTERS ACROSS CENTRAL FLORIDA TO SUPPORT OUR MEMBERS AND VISITORS -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 2016, IN SUPPORT OF THE Y'S CHRISTIAN MISSION, THE YMCA OF CENTRAL FLORIDA CONVENED OVER 7,000 PEOPLE OF EVERY FAITH AND BACKGROUND TO PRAY FOR OUR COMMUNITIES AND THEIR LEADERS DURING YMCA PRAYER BREAKFASTS ACROSS 6 COUNTIES INCLUDING THE ARTHUR "PAPPY" KENNEDY/MARTIN LUTHER KING PRAYER BREAKFAST AND ANNUAL CELEBRATION OF PRAYER EVENTS. MOREOVER, THE Y'S SOCIAL RESPONSIBILITY IS FOCUSED ON BRINGING OUR CAUSE TO LIFE BY GIVING BACK AND PROVING SUPPORT TO OUR NEIGHBORS. IN 2016, THE Y PROVIDED \$5.34 MILLION IN FINANCIAL ASSISTANCE FOR OVER 50,000 ADULTS, YOUTH AND SENIORS TO ENSURE ACCESS TO A Y PROGRAM AND ALSO INVESTED APPROXIMATELY \$5 MILLION INTO OUR "OUTREACH" PROGRAMS, LOCATED IN FRAGILE-COMMUNITIES, MANY OF WHICH INCLUDE TITLE ONE SCHOOLS. 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. THANKS TO THE GENEROSITY OF DONORS, PARTNERS, STAFF AND FRIENDS, THE Y HAS PRIVATELY RAISED AND INVESTED MORE THAN \$28 MILLION TO BUILD, UPDATE AND OPERATE THESE YS SO THAT WE CAN CONVENE DIVERSE COMMUNITIES AND PEOPLE TO BREAK THE SOCIAL TREND OF ISOLATION AND DISCONNECT AMONG NEIGHBORS. OUR DESIRE IS FOR EACH Y FAMILY CENTER IS TO BE THE COMMUNITY GATHERING PLACE THAT CONNECTS FAMILIES AND NEIGHBORS, PROVIDES RESOURCES THAT MEET NEEDS, AND INSPIRES PARTICIPANTS TO GIVE BACK TO THEIR COMMUNITY.

4d Other program services (Describe in Schedule O) (Expenses \$ 4,592,924 including grants of \$) (Revenue \$ 3,566,823)

4e Total program service expenses 52,096,896

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>	Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> 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>		No
<b>27</b> 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>		No
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> 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>	Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

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 [ ]

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (71); 1b Enter the number of voting members included in line 1a, above, who are independent (71); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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 (Yes); b Other officers or key employees of the organization (Yes); 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? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [X] Another's website, [X] 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 433 N MILLS AVENUE ORLANDO, FL 328030433 (407) 895-8658)

**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, or 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								1,626,234	0	238,483

**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 ▶ 23

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

**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
HJ HIGH CONSTRUCTION COMPANY 1015 WEST AMELIA ST ORLANDO, FL 32805	CONSTRUCTION CONTRACTOR	2,087,515
FABIAN DINKINS COMMERCIAL CONSTRUCTION 2631 SE 58TH AVE OCALA, FL 34480	CONSTRUCTION CONTRACTOR	461,795
SHAW MECHANICAL SERVICES 997 W KENNEDY BLVD STE 14A ORLANDO, FL 32810	MAINTENANCE & REPAIR	337,854
IT CONVERGENCE INC PO BOX 56346 ATLANTA, GA 30343	TECHNOLOGY SUPPORT SERVICES	333,231
ACROMOBILE PTE LTD 60 PAYA LEBAR RD SINGAPORE 409051 SN	COMPUTER SOFTWARE	332,664

**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 ▶ 25



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	176,047			
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	6,289,568			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		135,199			
	<b>h Total.</b> Add lines 1a-1f . . . . .		6,465,615			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> MEMBERSHIP FEES	813410	31,502,861	31,502,861		
	<b>b</b> PROGRAM FEES	813410	15,864,766	15,864,766		
	<b>c</b> GOVERNMENT CONTRACTS	624410	3,263,745	3,263,745		
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .		50,631,372			
<b>g Total.</b> Add lines 2a-2f . . . . .		50,631,372				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		111,125		111,125	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real				
		675,549	(ii) Personal			
		<b>b</b> Less rental expenses . . . . .	0			
		<b>c</b> Rental income or (loss) . . . . .	675,549			
	<b>d</b> Net rental income or (loss) . . . . .		675,549		675,549	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		114,680	(ii) Other	59,330		
		<b>b</b> Less cost or other basis and sales expenses . . . . .	121,593	0		
		<b>c</b> Gain or (loss) . . . . .	-6,913	59,330		
	<b>d</b> Net gain or (loss) . . . . .		52,417		52,417	
	<b>8a</b> Gross income from fundraising events (not including \$ 176,047 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		270,618		
		<b>b</b> Less direct expenses . . . . .		166,573		
<b>c</b> Net income or (loss) from fundraising events . . . . .			104,045		104,045	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .					
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		13,120			
	<b>b</b> Less cost of goods sold . . . . .		0			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		13,120		13,120	
Miscellaneous Revenue	Business Code					
<b>11a</b> MISCELLANEOUS INCOME	900099	191,700	191,700			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		191,700				
<b>12 Total revenue.</b> See Instructions . . . . .		58,244,943	50,823,072	0	956,256	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	699,375	221,896	477,479	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	26,342,984	23,914,463	1,649,144	779,377
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	1,732,971	1,367,695	284,365	80,911
<b>9</b> Other employee benefits . . . . .	2,268,291	1,817,711	383,668	66,912
<b>10</b> Payroll taxes . . . . .	1,976,609	1,728,188	194,260	54,161
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	64,683	19,477	45,206	
<b>c</b> Accounting . . . . .	72,060		72,060	
<b>d</b> Lobbying . . . . .	3,797	3,797		
<b>e</b> Professional fundraising services See Part IV, line 17	16,027			16,027
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,089,667	1,530,027	557,849	1,791
<b>12</b> Advertising and promotion . . . . .	1,053,137	922,638	69,771	60,728
<b>13</b> Office expenses . . . . .	3,503,044	3,406,714	85,168	11,162
<b>14</b> Information technology . . . . .	857,931	490,418	367,513	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	6,928,678	6,760,189	164,417	4,072
<b>17</b> Travel . . . . .	211,245	132,635	63,516	15,094
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	706,861	526,869	143,834	36,158
<b>20</b> Interest . . . . .	953,427	813,387	140,040	
<b>21</b> Payments to affiliates . . . . .	387,039	387,039		
<b>22</b> Depreciation, depletion, and amortization . . . . .	4,362,614	4,236,256	126,358	
<b>23</b> Insurance . . . . .	1,054,308	1,034,816	19,492	
<b>24</b> 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.)				
<b>a</b> OTHER	1,324,502	1,191,497	126,941	6,064
<b>b</b> EQUIPMENT	941,179	836,577	101,891	2,711
<b>c</b> TELECOMMUNICATIONS	859,985	581,432	277,716	837
<b>d</b> POSTAGE	213,383	173,175	18,481	21,727
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	58,623,797	52,096,896	5,369,169	1,157,732
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	99,887	<b>1</b>	79,794
	<b>2</b> Savings and temporary cash investments . . . . .	17,798,524	<b>2</b>	17,866,726
	<b>3</b> Pledges and grants receivable, net . . . . .	6,850,692	<b>3</b>	6,636,677
	<b>4</b> Accounts receivable, net . . . . .	527,826	<b>4</b>	611,212
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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 instructions) Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,776,356	<b>9</b>	1,163,506
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	141,812,679		
	<b>b</b> Less accumulated depreciation	61,428,916		
		78,294,318	<b>10c</b>	80,383,763
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	3,295,468	<b>12</b>	3,755,206
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets See Part IV, line 11 . . . . .	6,569,955	<b>15</b>	6,024,323	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	115,213,026	<b>16</b>	116,521,207	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,064,261	<b>17</b>	3,749,026
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,763,399	<b>19</b>	3,174,436
	<b>20</b> Tax-exempt bond liabilities . . . . .	29,049,975	<b>20</b>	31,038,193
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,368,628	<b>23</b>	1,604,780
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,856,228	<b>25</b>	393,269
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	39,102,491	<b>26</b>	39,959,704
<b>Net Assets or Fund Balances</b>	<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	59,570,039	<b>27</b>	64,912,380
	<b>28</b> Temporarily restricted net assets . . . . .	16,540,496	<b>28</b>	11,649,123
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	76,110,535	<b>33</b>	76,561,503
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	115,213,026	<b>34</b>	116,521,207

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	58,244,943
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	58,623,797
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-378,854
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	76,110,535
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	246,055
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	583,767
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	76,561,503

**Part XII Financial Statements and Reporting**

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

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-0624430

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

Form 990 (2016)

## Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
ALESSANDRO JIM ..... DIRECTOR	0 00 .....	X						0	0	0
ANTHONY AUBREY ..... DIRECTOR	0 00 .....	X						0	0	0
ARRINGTON MARY JANE ..... DIRECTOR	0 00 .....	X						0	0	0
BAILES CHARLES ..... DIRECTOR	0 00 .....	X						0	0	0
BAKER ROB ..... DIRECTOR	0 00 .....	X						0	0	0
BARNES WILLIE ..... DIRECTOR	0 00 .....	X						0	0	0
BARR PETER ..... DIRECTOR	0 00 .....	X						0	0	0
BROWN KAREN ..... DIRECTOR	0 00 .....	X						0	0	0
CARNEVALE-HENDERSON MARISA ..... DIRECTOR	0 00 .....	X						0	0	0
CARPENTER DR ..... DIRECTOR	0 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
CARRION LOU ..... DIRECTOR	0 00 .....	X						0	0	0
CAVALIERE PAUL ..... DIRECTOR	0 00 .....	X						0	0	0
CHANDLER TOM ..... DIRECTOR	0 00 .....	X						0	0	0
CLAYSON STEVE ..... DIRECTOR	0 00 .....	X						0	0	0
COHEN BEN ..... DIRECTOR	0 00 .....	X						0	0	0
CONNER STEVEN ..... DIRECTOR	0 00 .....	X						0	0	0
DAVIS GLEN ..... DIRECTOR	0 00 .....	X						0	0	0
DAVIS STEVE ..... DIRECTOR	0 00 .....	X						0	0	0
DURKIN KEITH ..... DIRECTOR	0 00 .....	X						0	0	0
EGERTON CHARLES ..... DIRECTOR	0 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
ENGFER PATRICIA ..... DIRECTOR	0 00 .....	X						0	0	0
EVANS ARNOLD ..... DIRECTOR	0 00 .....	X						0	0	0
FISHER ROBIN ..... DIRECTOR	0 00 .....	X						0	0	0
FRATELLO JAY ..... DIRECTOR	0 00 .....	X						0	0	0
FREEMAN CHARLIE ..... DIRECTOR	0 00 .....	X						0	0	0
GARDINER ANDREW ..... DIRECTOR	0 00 .....	X						0	0	0
GOODWIN MARCIA HOPE ..... DIRECTOR	0 00 .....	X						0	0	0
HENNINGSEN JIM ..... DIRECTOR	0 00 .....	X						0	0	0
HILLENMEYER JOHN ..... DIRECTOR	0 00 .....	X						0	0	0
HOSTETTER SANDY ..... DIRECTOR	0 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
HUBBARD EVANS ..... DIRECTOR	0 00 .....	X						0	0	0
KLEFFEL JULIE ..... DIRECTOR	0 00 .....	X						0	0	0
KRZYKAK PETE ..... DIRECTOR	0 00 .....	X						0	0	0
LAPCHICK RICHARD ..... DIRECTOR	0 00 .....	X						0	0	0
LEWIS DEREK ..... DIRECTOR	0 00 .....	X						0	0	0
LEWIS JIM ..... DIRECTOR	0 00 .....	X						0	0	0
LINE CLARY SHARON ..... DIRECTOR	0 00 .....	X						0	0	0
MADDOX PATRICIA ..... DIRECTOR	0 00 .....	X						0	0	0
MANUEL MICHAEL ..... DIRECTOR, BOARD CHAIR	0 00 .....	X						0	0	0
MARTINEZ JOHN ..... DIRECTOR	0 00 .....	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
MARTINEZ RALPH ..... DIRECTOR, SECRETARY	0 00 .....	X						0	0	0
MILLER SCOTT ..... DIRECTOR	0 00 .....	X						0	0	0
MILLER STEVE ..... DIRECTOR	0 00 .....	X						0	0	0
MORATIN EDDY ..... DIRECTOR	0 00 .....	X						0	0	0
NELSON GREG ..... DIRECTOR	0 00 .....	X						0	0	0
NICHOLSON SONJA ..... DIRECTOR	0 00 .....	X						0	0	0
OTIS CLARENCE ..... DIRECTOR	0 00 .....	X						0	0	0
PANNER RICH ..... DIRECTOR	0 00 .....	X						0	0	0
PICCOLO RON ..... DIRECTOR	0 00 .....	X						0	0	0
PIERCE CHARLES ..... DIRECTOR	0 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
PRATLEY RICHARD ..... DIRECTOR	0 00 .....	X						0	0	0
PUCKETT CHARLES ..... DIRECTOR	0 00 .....	X						0	0	0
RILEY KRAN ..... DIRECTOR	0 00 .....	X						0	0	0
ROBINSON KEN ..... DIRECTOR	0 00 .....	X						0	0	0
ROLDAN PAUL ..... DIRECTOR	0 00 .....	X						0	0	0
ROLLE CHRISTOPHER ..... DIRECTOR	0 00 .....	X						0	0	0
ROPER CHARLIE ..... DIRECTOR	0 00 .....	X						0	0	0
ROPER BARBARA ..... DIRECTOR	0 00 .....	X						0	0	0
RYAN HELENA ..... DIRECTOR	0 00 .....	X						0	0	0
SORENSEN SCOTT ..... DIRECTOR	0 00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
SWINSKI LYNETTE ..... DIRECTOR	0 00 .....	X						0	0	0
THOMAS KEITH ..... DIRECTOR	0 00 .....	X						0	0	0
TURNBULL ALLISON ..... DIRECTOR	0 00 .....	X						0	0	0
VAN DER RIET RENAUT ..... DIRECTOR	0 00 .....	X						0	0	0
VARLEY JOHN ..... DIRECTOR	0 00 .....	X						0	0	0
VAZQUEZ MARIA ..... DIRECTOR	0 00 .....	X						0	0	0
WARLICK THOMAS ..... DIRECTOR	0 00 .....	X						0	0	0
WEBB CHIP ..... DIRECTOR	0 00 .....	X						0	0	0
WILDE MICHAEL ..... DIRECTOR	0 00 .....	X						0	0	0
WILLIAMS THOMAS ..... DIRECTOR	0 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
WITSELL TYRA ..... DIRECTOR	0 00 .....	X						0	0	0
WILCOX DANIEL ..... CEO PRESIDENT	60 00 .....			X				324,611	0	81,800
ICKES DANIEL K ..... CHIEF OPER OFFICER	60 00 .....			X				221,896	0	27,567
MANAHAN COLLEEN K ..... CHIEF FINANCIAL OFFICER	60 00 .....			X				215,123	0	26,486
CARDONE JOHN V ..... SR VP OF HEALTH STRATEGIES/BUS DEVELOPMENT	60 00 .....					X		183,487	0	22,957
GAINES AMBROSE ..... VP OF AQUATICS	60 00 .....					X		176,776	0	16,940
STRONG KIMBERLEE A ..... SR VP OF PHILANTHROPY GOV & COMNTY RELATIONS	60 00 .....					X		171,868	0	21,280
STEGER JACOB A ..... DIST VICE PRESIDENT	60 00 .....					X		167,333	0	20,813
ALEXANDER JODY A ..... DISTRICT VICE PRESIDENT	60 00 .....					X		165,140	0	20,640

**SCHEDULE A**  
**(Form 990 or 990EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

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

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,861,336	7,605,078	10,303,047	8,223,384	6,436,121	38,428,966
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	46,053,802	46,625,674	47,242,967	48,209,465	50,901,990	239,033,898
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	154,978	108,409	20,210	15,636	13,120	312,353
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	52,070,116	54,339,161	57,566,224	56,448,485	57,351,231	277,775,217
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	19,500	30,200	20,000	21,100	20,000	110,800
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1,121,792	1,050,235	1,041,480	887,125	1,409,154	5,509,786
<b>c</b> Add lines 7a and 7b	1,141,292	1,080,435	1,061,480	908,225	1,429,154	5,620,586
<b>8 Public support.</b> (Subtract line 7c from line 6.)						272,154,631

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b> Amounts from line 6	52,070,116	54,339,161	57,566,224	56,448,485	57,351,231	277,775,217
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	733,888	790,978	790,905	935,552	786,674	4,037,997
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	733,888	790,978	790,905	935,552	786,674	4,037,997
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))	220,157	99,226	202,403	219,746	191,700	933,232
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	53,024,161	55,229,365	58,559,532	57,603,783	58,329,605	282,746,446
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	96.250 %
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	96.530 %

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

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1.430 %
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	1.440 %

**19a 33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**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).

**Facts And Circumstances Test**

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**  
**[www.irs.gov/form990](http://www.irs.gov/form990).**

**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 the organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 59-0624430
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2** Political expenditures ▶ \$ \_\_\_\_\_
- 3** Volunteer hours \_\_\_\_\_

**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-
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		
<b>d</b> Other exempt purpose expenditures		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-		
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-		
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		

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

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		3,797
<b>j</b>	Total Add lines 1c through 1i			3,797
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
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)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ 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.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

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

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

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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

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

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_



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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	1,218,672	693,122	668,123	658,907	628,699
<b>b</b> Contributions . . . . .	2,119	525,550	25,000	9,216	30,208
<b>c</b> Net investment earnings, gains, and losses	20,391	21,242	27,942	59,327	43,726
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	545,390	21,242	27,943	59,327	43,726
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	695,792	1,218,672	693,122	668,123	658,907

- 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 ▶ 100 000 %
  - 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  |
|--|--------|-----|
| <b>(i)</b> unrelated organizations . . . . .   | 3a(i)  | No  |
| <b>(ii)</b> related organizations . . . . .  | 3a(ii) | Yes |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     | Yes |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	180,200	3,731,059		3,911,259
<b>b</b> Buildings		88,772,227	36,565,567	52,206,660
<b>c</b> Leasehold improvements		6,112,645	2,692,915	3,419,730
<b>d</b> Equipment . . . . .		28,204,253	19,581,886	8,622,367
<b>e</b> Other . . . . .		14,812,295	2,588,548	12,223,747
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				80,383,763

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM RELATED SUBSIDIARIES	6,024,323
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	6,024,323

**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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
AMOUNTS HELD FOR OTHERS	76,877
RETAINAGE PAYABLE	393,392
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	393,269

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-0624430

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

## Supplemental Information

Return Reference	Explanation
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

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	<p>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 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, 2013</p>

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 1E	THE OTHER EXPENDITURES FOR FACILITIES AND PROGRAMS INCLUDES * \$20,390 EXPENDITURES FOR PROGRAMS * A \$25,000 WRITE OFF OF UNCOLLECTABLE PLEDGES, AND * A \$500,000 TRANSFER FROM THE ENDOWMENT HELD BY CENTRAL FLORIDA YMCA FOUNDATION TO CENTRAL FLORIDA YMCA DUE TO CHANGE IN DONOR PURPOSE

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

# 2016

**Open to Public  
Inspection**

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

**Employer identification number**  
59-0624430

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 DONOR BY DESIGN 725 W GILBERT RD  PALATINE, IL 60067	PROVIDED CAPITAL CAMPAIGN STRATEGY AND CASE STATEMENTS		No	0	16,027	-16,027
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>					16,027	-16,027

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

FL



**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>LINKS 2 LEARNING GOLF CLASSIC</b> (event type)	<b>DR. PHILLIPS GOLF TOURNAMENT</b> (event type)	<b>5</b> (total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	69,500	63,870	240,120	373,490
<b>2</b>	Less Contributions . . . . .	61,200	29,126	85,721	176,047
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	8,300	34,744	154,399	197,443
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	53,574	37,675	75,325	166,574
<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				166,574
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				30,869

**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.

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

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

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

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

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

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

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
- |          |                             |   |
|----------|-----------------------------|---|
| <b>a</b> | The organization's facility | % |
| <b>b</b> | An outside facility         | % |

**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 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	FEES FOR SERVICES

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**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.**  
▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2016**

**Open to Public Inspection**

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

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in 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, officers, including the CEO/Executive Director, regarding the items checked in 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

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- 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 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 non-fixed payments not described in 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
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not 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				
<b>1</b> WILCOX DANIEL CEO PRESIDENT	(i)	303,174 -----	18,564 -----	2,873 -----	81,800 -----	0 -----	406,411 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
<b>2</b> ICKES DANIEL K CHIEF OPER OFFICER	(i)	211,624 -----	0 -----	10,272 -----	27,567 -----	0 -----	249,463 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
<b>3</b> MANAHAN COLLEEN K CHIEF FINANCIAL OFFICER	(i)	206,243 -----	0 -----	8,880 -----	26,486 -----	0 -----	241,609 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
<b>4</b> CARDONE JOHN V SR VP OF HEALTH STRATEGIES/BUS DEVEL	(i)	174,415 -----	0 -----	9,072 -----	22,957 -----	0 -----	206,444 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
<b>5</b> GAINES AMBROSE VP OF AQUATICS	(i)	167,224 -----	0 -----	9,552 -----	16,940 -----	0 -----	193,716 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
<b>6</b> STRONG KIMBERLEE A SR VP OF PHILANTHROPY GOV & COMNTY	(i)	162,988 -----	0 -----	8,880 -----	21,280 -----	0 -----	193,148 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
<b>7</b> STEGER JACOB A DIST VICE PRESIDENT	(i)	158,597 -----	0 -----	8,736 -----	20,813 -----	0 -----	188,146 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
<b>8</b> ALEXANDER JODY A DISTRICT VICE PRESIDENT	(i)	156,261 -----	0 -----	8,879 -----	20,640 -----	0 -----	185,780 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----

See Additional Data Table


**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	DANIEL WILCOX - AIRFARE FOR CONFERENCE - \$1,640
SCHEDULE J, LINE 3	OUR VOLUNTEER BOARD OF DIRECTORS TAKES VERY SERIOUSLY THE TRUST THE COMMUNITY PLACES IN OUR RESPONSIBLE USE OF RESOURCES. WHILE THE YMCA IS A CHARITY THAT CONTINUES TO MAKE A SIGNIFICANT COMMUNITY IMPACT, WE DO THIS GOOD WORK THROUGH A SIGNIFICANT ORGANIZATION OF OVER 3,000 STAFF, 250,000 MEMBER AND PROGRAM PARTICIPANTS, 26,000 VOLUNTEERS AND ADVOCATES AND NEARLY \$70 MILLION IN ANNUAL REVENUE. IT IS CRITICAL WE HIRE AND RETAIN TOP QUALITY STAFF TO LEAD AND MANAGE THIS VITAL COMMUNITY ASSET. WITH HELP FROM A NATIONAL COMPENSATION CONSULTING FIRM, OUR COMPENSATION COMMITTEE AND OUR HUMAN RESOURCES DEPARTMENT ANNUALLY COMPARES SALARIES AND RANGES FOR ALL OF OUR STAFF LEVELS, INCLUDING OUR CEO, WITH OTHER ORGANIZATIONS THAT ARE SIMILARLY COMPLEX AND WORK IN THIS COMMUNITY, ACROSS THE STATE AND AROUND THE COUNTRY. GIVEN THE STRENGTH AND SUCCESS OF THIS YMCA, AND OUR CEO'S 30 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 BENEFITS ARE CONSISTENT WITH THOSE PROVIDED TO ALL YMCA LEADERSHIP STAFF.

**Schedule K (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

**Supplemental Information on Tax Exempt Bonds**  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

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

Employer identification number  
 59-0624430

**Part I Bond Issues**

(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) Pool financing	
						Yes	No	Yes	No	Yes	No
A ORANGE COUNTY IDA SERIES 2014 BOND FACILITY	59-0624430		11-03-2014	33,000,000	REFINANCING PREVIOUS BONDS - CONSTRUCTION & FACILITY EXPANSION		X		X		X

**Part II Proceeds**

		A		B		C		D	
1	Amount of bonds retired . . . . .								
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						

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> 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?								
<b>4</b> 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 . . . . . ▶								
<b>5</b> 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 . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X						
<b>b</b> Exception to rebate? . . . . .		X						
<b>c</b> No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
<b>b</b> Name of provider . . . . .	BANK OF AMERICA							
<b>c</b> Term of hedge . . . . .	2500 0000000000 %							
<b>d</b> Was the hedge superintegrated? . . . . .		X						
<b>e</b> Was the hedge terminated? . . . . .		X						

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> 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 is not available under applicable regulations?		X						

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

Return Reference	Explanation
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 \$32,527,500 FOR CONSTRUCTION PURPOSES AND HAS REPAID \$933,800, LEAVING A REMAINING BALANCE OF \$31,593,700



Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**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

**Part V Supplemental Information**

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

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 59-0624430  
**Name:** CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
(1) WALT DISNEY WORLD	VP OF ENTITY INVOLVED IN TRANSACTION	2,384,000	1) WALT DISNEY WORLD, OF WHICH, JIM AL'ESANDRO IS SENIOR VICE PRESIDENT OF SALES STRATEGY & MARKETING & INTEGRATION 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 2016, CENTRAL FLORIDA YMCA CHILDCARE SERVICES, INC RECEIVED \$2,384,000 FROM DISNEY TO SUBSIDIZE CARE FOR CAST MEMBER'S CHILDREN JIM WAS A BOARD MEMBER IN 2016 AND CAME OFF THE BOARD LATE 2016 MARGARET GIACALONE, DEPUTY CHIEF COUNSEL LEGAL, IS NOW ON THE YMCA BOARD		No
(2) VALLEY NATIONAL BANK (PREVIOUSLY CNL)	OFFICER OF ENTITY INVOLVED IN TRANSACTION	1,804,700	VALLEY NATIONAL BANK (PREVIOUSLY CNL), OF WHICH, SANDY HOSTETTER IS THE PRESIDENT, HAS A DEPOSITORY RELATIONSHIP WITH THE YMCA AS OF DECEMBER 31, 2016 \$1,804,700 WAS ON DEPOSIT		No
(3) WINTER PARK HEALTH FOUNDATION	OFFICER OF ENTITY INVOLVED IN TRANSACTION	578,400	WINTER PARK HEALTH FOUNDATION, OF WHICH, PATRICIA MADDOX IS PRESIDENT IS A PARTNER WITH THE CENTRAL FLORIDA YMCA FOR THE PEGGY & PHILLIP B CROSBY WELLNESS CENTER IN-KIND LEASE FOR \$1 PER YEAR THE FAIR MARKET VALUE OF THE LEASE IS \$578,400		No
(4) ORANGE COUNTY PUBLIC SCHOOLS	OFFICER OF ENTITY INVOLVED IN TRANSACTION	901,000	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 2016 THE YMCA INCURRED EXPENSES OF \$901,000 FOR THE ABOVE SERVICES		No
(5) HOLLAND & KNIGHT	OFFICER OF ENTITY INVOLVED IN TRANSACTION	32,300	5) HOLLAND & KNIGHT, OF WHICH, ALISON TURNBULL IS AN ATTORNEY HAS PROVIDED VARIOUS LEGAL SERVICES AND BOND COUNSELING IN 2016 THE YMCA INCURRED EXPENSE TOTALING \$32,300 FOR THE ABOVE SERVICES		No
(6) BANK OF AMERICA	OFFICER OF ENTITY INVOLVED IN TRANSACTION	8,197,600	BANK OF AMERICA, OF WHICH, MARISA CARNEVALE-HENDERSON IS THE MARKET MANAGER, OF THE ASSOCIATION'S MAIN BANK, WHERE WE HOLD OUR MAIN OPERATING ACCOUNT USED FOR OPERATIONS, PAYROLL AND ACCOUNTS PAYABLE, WHICH ON DEPOSIT WAS \$8,197,600 AS OF DECEMBER 31, 2016		No
(7) ORLANDO HEALTH	VP OF ENTITY INVOLVED IN TRANSACTION	49,200	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 2016, THE YMCA HAS RECEIVED \$49,200 IN PAYMENTS FROM ORLANDO HEALTH AS RENTAL INCOME		No
(8) & BARR	OFFICER OF ENTITY INVOLVED IN TRANSACTION	122,600	& BARR, OF WHICH, PETE BARR, IS THE PRESIDENT/CEO OF & BARR, PROVIDES THE CENTRAL FLORIDA YMCA WITH MARKETING AND CONSULTING SERVICES IN 2016, THE YMCA INCURRED EXPENSES OF \$122,600 FOR THE ABOVE SERVICES		No

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2016**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

**Open to Public Inspection**

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 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	100,909	NYSE VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( GYM EQUIPMENT ) . . . . .	X	0	28,654	FMV
26 Other ▶ ( FURNITURE ) . . . . .	X	0	5,636	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

	Yes	No
30a		No
31		No
32a		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 is not required to be used for exempt purposes for the entire holding period? . . . . .

**b** If "Yes," describe the arrangement in Part II

**31** Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

**b** If "Yes," describe in Part II

**33** If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**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.

Return Reference

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION

Employer identification number

59-0624430

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART 1, LINE 1 (CONTINUED)	<p>IN 2016, THE Y WAS ABLE TO LEVERAGE ITS INTERNAL RESOURCES AS WELL AS SUPPLEMENTAL FUNDING FROM DONORS TO GENERATE \$11 MILLION TO OPERATE 11 "OUTREACH Y'S" PURPOSELY LOCATED IN ECO NOMICALLY-CHALLENGED NEIGHBORHOODS SO CHILDREN AND FAMILIES HAVE A SAFE AND SECURE PLACE FOR HEALTH, SOCIAL AND EDUCATIONAL-SUPPORT PROGRAMS ANOTHER \$5 4 MILLION IN FINANCIAL ASSISTANCE WAS GIVEN TO 53,960 RESIDENTS ENABLING INDIVIDUALS TO PARTICIPATE IN YEAR ROUND 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 20 Y CHILD DEVELOPMENT CENTERS, AND IN TOTAL SERVED MORE THAN 67,209 KIDS, AGED SIX MONTHS TO 18 YEARS IN A Y PROGRAM AS WELL AS MORE THAN 10,000 YOUTH IN 67 AFTER-SCHOOL PROGRAMS BUT THE Y ISN'T JUST FOR YOUTH AND FAMILIES, IT'S FOR ALL AND LAST YEAR, 412,500 ADULTS AND SENIORS WERE EMPOWERED TO GET HEALTHIER FOR LIFE THROUGH A CONNECTION IN A LOCAL FAMILY CENTER OR THROUGH AN EVIDENCE-BASED PROGRAM DESIGNED TO RECLAIM THEIR HEALTH</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(D)

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CHANGE IN INTEREST RATE SWAP 477,846 INTEREST INCOME ON CONTRIBUTIONS PAYABLE 140,211 CA PITALIZED EQUIPMENT IN-KIND CONTRIBUTIONS -34,290

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE IN THE PROCESS FROM PRIOR YEAR

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 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
(1) CENTRAL FLORIDA YMCA FOUNDATION INC 433 NORTH MILLS AVE  ORLANDO, FL 32803 59-3750283	FOUNDATION WHOSE INCOME PROVIDES SCHOLARSHIPS TO YMCA INDIVIDUALS FOR CFYMCA	FL	501(C)(3)	LINE 12A, I	CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION		No

**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
<b>(1)</b> CENTRAL FLORIDA YMCA CHILDCARE SERVICES INC 433 NORTH MILLS AVE ORLANDO, FL 32803 20-1065407	CHILDCARE SERVICES	FL	CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION	C			100 000 %		No

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

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

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

**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	590,018	FMV

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

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

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



**Part VII** **Supplemental Information**

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

**Return Reference****Explanation**