

Form 990
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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 N MILLS AVE
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) 986-9220
G Gross receipts \$ 54,336,176

F Name and address of principal officer
DANIEL WILCOX
433 N MILLS AVE
ORLANDO, FL 32803

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

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

J Website: WWW.YMCACENTRALFLORIDA.COM

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1942
M State of legal domicile FL

Part I Summary

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 400,000 RESIDENTS OF ALL AGES THEY WERE EMPOWERED TO GET HEALTHIER FOR LIFE THROUGH A Y CONNECTION IN A LOCAL FAMILY CENTER OR THROUGH AN EVIDENCE-BASED PROGRAM DESIGNED TO RECLAIM THEIR HEALTH THROUGH THE DEDICATED EFFORTS OF ITS 18 FAMILY CENTERS, PROGRAM LOCATIONS, TWO EARLY-CHILDHOOD LEARNING CENTERS, RESIDENT CAMP AND 63 SCHOOL SITE LOCATIONS, THE Y'S 2,000 STAFF MEMBERS AND 22,000+ VOLUNTEERS PROVIDE YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY PROGRAMS IN ORANGE, OSCEOLA, SEMINOLE, LAKE, BREVARD AND MARION COUNTIES

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members (58), 4 Number of independent voting members (58), 5 Total number of individuals employed (3,061), 6 Total number of volunteers (5,858), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (7,518,747 / 5,436,294), 9 Program service revenue (49,215,675 / 47,408,618), 10 Investment income (-342,418 / 119,268), 11 Other revenue (897,364 / 1,126,542), 12 Total revenue (57,289,368 / 54,090,722).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (0 / 0), 14 Benefits paid to or for members (0 / 0), 15 Salaries, other compensation, employee benefits (32,811,130 / 29,392,713), 16a Professional fundraising fees (25,080 / 187,638), 16b Total fundraising expenses (1,507,279), 17 Other expenses (26,751,884 / 25,144,095), 18 Total expenses (59,588,094 / 54,724,446), 19 Revenue less expenses (-2,298,726 / -633,724).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (114,018,544 / 110,966,532), 21 Total liabilities (38,991,212 / 36,626,669), 22 Net assets or fund balances (75,027,332 / 74,339,863).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *****
Date: 2019-09-10
COLLEEN MANAHAN CHIEF FINANCIAL OFFICER

Paid Preparer Use Only
Print/Type preparer's name, Preparer's signature, Date, Firm's name (RSM US LLP), Firm's address (7351 OFFICE PARK PL, MELBOURNE, FL 329408229), Firm's EIN (42-0714325), 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 [X]

1 Briefly describe the organization's mission

THE PURPOSE OF THIS ASSOCIATION IS TO IMPROVE THE LIVES OF ALL IN CENTRAL FLORIDA BY CONNECTING INDIVIDUALS, FAMILIES AND COMMUNITIES WITH OPPORTUNITIES BASED ON CHRISTIAN VALUES THAT STRENGTHEN SPIRIT, MIND AND BODY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 33,113,944 including grants of \$) (Revenue \$ 33,121,483) See Additional Data

4b (Code) (Expenses \$ 10,029,559 including grants of \$) (Revenue \$ 10,031,842) See Additional Data

4c (Code) (Expenses \$ 1,827,264 including grants of \$) (Revenue \$ 1,827,680) See Additional Data

(Code) (Expenses \$ 2,905,959 including grants of \$) (Revenue \$ 2,906,621)

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 2018, THAT INCLUDED OVER 600 VOLUNTEERS SERVING AS YOUTH SPORTS COACHES ADDITIONALLY, 25 COMMUNITY CLERGY VOLUNTEERED AS CHAPLAINS IN 11 Y FAMILY CENTERS ACROSS CENTRAL FLORIDA TO SUPPORT OUR MEMBERS AND VISITORS IN SPIRIT, MIND AND BODY THE Y ALSO CREATED A SPIRITUAL CARE TEAM CONSISTING OF 30 ADDITIONAL VOLUNTEERS TO OFFER CARE AND SUPPORT AT SPECIAL EVENTS LAST YEAR, OVER 22,000 INDIVIDUALS SERVED AS Y VOLUNTEERS AND, TO CONTINUE TO SERVE OUR COMMUNITY IN THIS WAY, OUR PLAN IS TO GROW TO 40,000 COMMUNITY ADVOCATES TO HELP MAKE OUR NEIGHBORHOODS AND EVERYONE IN THEM STRONGER THAN EVER ADDITIONALLY, IN 2018, IN SUPPORT OF THE Y'S CHRISTIAN MISSION, THE YMCA OF CENTRAL FLORIDA CONVENED OVER 1,800 PEOPLE OF EVERY FAITH AND BACKGROUND TO PRAY FOR OUR COMMUNITIES AND THEIR LEADERS DURING YMCA PRAYER BREAKFASTS KNOWN AS THE ARTHUR "PAPPY" KENNEDY/MARTIN LUTHER KING PRAYER BREAKFAST, LAKE COUNTY PRAYER BREAKFAST, BREVARD COUNTY PRAYER BREAKFAST AND ANNUAL CELEBRATION OF PRAYER BREAKFAST THE Y'S SOCIAL RESPONSIBILITY IS FOCUSED ON BRINGING OUR CAUSE TO LIFE BY GIVING BACK AND PROVIDING SUPPORT TO OUR NEIGHBORS THIS ORGANIZATION FUNDS SERVICES, PROGRAMS, AND MEMBERSHIP COSTS IN FRAGILE COMMUNITIES, EQUATING TO OVER \$3 MILLION ANNUALLY APPROXIMATELY 95% OF MEMBERS IN THESE OUTREACH COMMUNITIES ARE GIVEN MEMBERSHIP FINANCIAL ASSISTANCE THROUGH THE SCHOLARSHIP FUND WE ARE HEAVILY INVOLVED IN SUPPORTING BRIGHTER FUTURES FOR OUR ALL OF OUR YOUTH, AND IN 2018 OVER \$240,000 WAS SPENT TO PROVIDE THE YOUTH DEVELOPMENT PROGRAM KNOWN AS TEEN ACHIEVERS TEEN ACHIEVERS HELPED PREPARE A DIVERSE GROUP OF NEARLY 300 STUDENTS IN OUR OUTREACH COMMUNITIES FOR A SUCCESSFUL FUTURE IN 2018, BY OFFERING THEM MENTORING OPPORTUNITIES, TUTORING, AND EVEN COLLEGE TOURS THIS ASSOCIATION COLLABORATES WITH ORANGE COUNTY TO RUN BEFORE AND AFTER SCHOOL PROGRAMS 11 OF THOSE ELEMENTARY SCHOOLS AND 8 MIDDLE SCHOOLS ARE CONSIDERED TITLE ONE SCHOOLS, WITH 70100% OF THE STUDENT BODY RECEIVING FREE AND REDUCED LUNCH TO SUPPORT THIS NEED FOR APPROXIMATELY 1,100 ELEMENTARY AND 1,700 MIDDLE SCHOOL STUDENTS, OVER \$1 1 MILLION WAS PROVIDED BY THE YMCA AND PARTNERSHIPS WITH LOCAL GOVERNMENT THE Y HOLDS TRUE TO OUR MISSION IN EVERYTHING WE DO "TO IMPROVE LIVES OF ALL IN CENTRAL FLORIDA BY CONNECTING INDIVIDUALS, FAMILIES, AND COMMUNITIES WITH OPPORTUNITIES BASED ON CHRISTIAN VALUES THAT STRENGTHEN THE SPIRIT, MIND, AND BODY " THE Y, IN PARTNERSHIP WITH LOCAL DONORS, HAS INVESTED ROUGHLY \$18 MILLION TO UPDATE AND OPERATE OUTREACH YS IN FRAGILE COMMUNITIES SO THAT WE CAN ORGANIZE DIVERSE COMMUNITIES AND HELP BREAK THE SOCIAL TREND OF ISOLATION AMONG NEIGHBORS OUR DESIRE IS FOR EACH Y FAMILY CENTER TO BE THE COMMUNITY-GATHERING PLACE THAT CONNECTS FAMILIES AND NEIGHBORS, PROVIDES RESOURCES TO MEET NEEDS, AND INSPIRES PARTICIPANTS TO GIVE BACK TO THEIR COMMUNITY

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

4e Total program service expenses 47,876,726

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> <input checked="" type="checkbox"/>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25a	No
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> <input checked="" type="checkbox"/>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c	Yes
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> <input checked="" type="checkbox"/>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
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> <input checked="" type="checkbox"/>	35b	No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	36	Yes
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	40
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	3,061		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No	

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



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 (58); 1b Enter the number of voting members included in line 1a, above, who are independent (58); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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: 8a The governing body? (Yes); 8b 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? (No); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b 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 2 columns: Question, Answer. 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-A 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 (checked), Another's website (checked), Upon request (checked), Other (explain in Schedule O) (unchecked); 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 VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	698,217		698,217	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	23,933,222	21,879,904	1,777,102	276,216
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,575,584	1,260,906	285,356	29,322
9 Other employee benefits.	1,345,437	894,256	414,263	36,918
10 Payroll taxes.	1,840,253	1,575,180	238,142	26,931
11 Fees for services (non-employees)				
a Management.				
b Legal.	54,247	9,362	39,519	5,366
c Accounting.	97,202		97,202	
d Lobbying.	76,299			76,299
e Professional fundraising services. See Part IV, line 17.	187,638			187,638
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,784,944	1,350,137	264,959	169,848
12 Advertising and promotion.	1,062,649	993,441	47,883	21,325
13 Office expenses.	3,015,821	2,958,224	46,999	10,598
14 Information technology.	1,393,627	1,351,422	42,205	
15 Royalties.				
16 Occupancy.	7,446,011	7,330,008	115,211	792
17 Travel.	480,623	443,055	31,546	6,022
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	315,327	207,450	100,237	7,640
20 Interest.	847,561	714,317	133,244	
21 Payments to affiliates.	386,523	386,523		
22 Depreciation, depletion, and amortization.	4,576,821	4,370,919	205,902	
23 Insurance.	215,140	187,297	27,843	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT	701,864	664,137	36,407	1,320
b TELECOMMUNICATIONS	650,106	597,009	53,012	85
c POSTAGE	148,813	120,830	25,288	2,695
d				
e All other expenses	1,890,517	582,349	659,904	648,264
25 Total functional expenses. Add lines 1 through 24e.	54,724,446	47,876,726	5,340,441	1,507,279
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	54,090,722
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,724,446
3	Revenue less expenses Subtract line 2 from line 1	3	-633,724
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	75,027,332
5	Net unrealized gains (losses) on investments	5	-393,919
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	340,174
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	74,339,863

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 59-0624430

Name: CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION

Form 990 (2018)

Form 990, Part III, Line 4a:

HEALTHY LIVING PROGRAMS AND INITIATIVES THE YMCA OF CENTRAL FLORIDA IS COMMITTED NOT ONLY TO STRENGTHENING COMMUNITIES, BUT ALSO IN STRENGTHENING FAMILIES AND INDIVIDUALS USING OUR FAMILY CENTERS AS A SPRINGBOARD FOR HEALTHY LIVING, THE Y OFFERS A PLETHORA OF PROGRAMS FROM YOUTH FITNESS PROGRAMS TO PERSONAL TRAINING FOR ADULTS AND GROUP EXERCISE PROGRAMS FOR SENIORS, ALL FOCUSED TO ENCOURAGE HEALTHY LIVING HABITS WITH FAMILIES MAKING UP 55% OF Y MEMBERSHIPS, THE Y WORKS TO CONNECT FAMILIES THROUGH FITNESS AND WEEKLY ACTIVITIES, INCLUDING NUTRITION EDUCATION AND CLASSES ACROSS OUR 18 FAMILY CENTERS IN 2018, THE Y OFFERED OVER 5,000 GROUP EXERCISE CLASSES MONTHLY, INCLUDING AQUA-ZUMBA, CORE TRAINING, CYCLING, STRENGTH TRAINING AND MANY MORE SIMILARLY, Y STAFF WORKED WITH THOUSANDS OF INDIVIDUALS ON OUR WELLNESS FLOORS TO HELP CREATE A PERSONALIZED PROGRAM TO MEET THEIR INDIVIDUAL HEALTH GOALS, INCLUDING THE USE OF TRADITIONAL WELLNESS PROGRAMMING, SUCH AS TREADMILLS AND OTHER MACHINES ADDITIONALLY, WITH ONE IN TWO ADULTS BEING DIAGNOSED WITH ONE OR MORE CHRONIC HEALTH CONDITIONS, THE Y IS FOCUSING ON LEVERAGING EVIDENCE-BASED PROGRAMS TO PROMOTE WELLNESS, REDUCE RISKS OF CHRONIC CONDITIONS, AND RECLAIM HEALTH AFTER DIAGNOSIS IN 2018, THE YMCA OF CENTRAL FLORIDA RAN FIVE EVIDENCE-BASED PROGRAMS IN MULTIPLE SITES ACROSS SIX COUNTIES, SERVING OVER 1,000 INDIVIDUALS AND FAMILIES THESE PROGRAMS INCLUDE THE YMCA'S DIABETES PREVENTION PROGRAM, LIVESTRONG AT THE YMCA (CANCER SURVIVORSHIP), HEALTHY WEIGHT AND YOUR CHILD (YOUTH OBESITY), ENHANCEFITNESS (ARTHRITIS) AND MOVING FOR BETTER BALANCE (FALLS PREVENTION) THE Y ALSO WORKED IN PARTNERSHIP LAST YEAR WITH ADVENTHEALTH, ORLANDO HEALTH, MUNROE REGIONAL MEDICAL, PARRISH MEDICAL AND THE WEST ORANGE HEALTHCARE DISTRICT TO CREATE AND IMPLEMENT AN ARRAY OF HEALTHY LIVING PROGRAMS AND INITIATIVES THAT, COUPLED WITH OTHER HEALTHY LIVING INITIATIVES, IMPACTED OVER 400,000 INDIVIDUALS AND STRENGTHENED THE LIVES AND COMMUNITIES THE YMCA OF CENTRAL FLORIDA SERVES BY IMPROVING HEALTH, WELLNESS AND CHRONIC DISEASE PREVENTION

Form 990, Part III, Line 4b:

YOUTH DEVELOPMENT PROGRAMS AND INITIATIVES YOUTH DEVELOPMENT IS A KEY PILLAR OF THE YMCA OF CENTRAL FLORIDA AND FOCUSES ON NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN THROUGH PROGRAMS FOCUSED ON VALUES, READING/ACHIEVEMENT, WELLNESS AND STRENGTHENING FAMILIES THE Y'S EDUCATION INITIATIVE OBJECTIVE IS TO SUBSTANTIALLY INCREASE THE Y'S CAPACITY TO SUPPORT THE SCHOOL READINESS AND SCHOOL SUCCESS OF CHILDREN IN 2018, THE Y CARED FOR HUNDREDS OF CHILDREN DAILY IN THEIR CHILD DEVELOPMENT CENTERS AND USED EVIDENCE-BASED EARLY LEARNING IN ITS TWO YMCA CHILD DEVELOPMENT CENTERS AT WALT DISNEY WORLD, WHICH SERVED 600 CHILDREN PER DAY 365 DAYS A YEAR SIMILARLY, OVER 21,000 ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS IN OUR AFTER SCHOOL PROGRAMS, LOCATED DIRECTLY IN 63 SCHOOLS ACROSS ORANGE, OSCEOLA AND LAKE COUNTIES, WERE PROVIDED HANDS-ON READING, SCIENCE AND MATH ACTIVITIES, ALONG WITH CAREER MENTORING, MUSIC AND ARTS THIS COMMITMENT TO PROVIDING AN INNOVATIVE LEARNING ENVIRONMENT IS ALSO SEEN IN SUMMER LEARNING AND OUT OF SCHOOL TIME LEARNING TO IMPROVE ACADEMIC OUTCOMES, WITH LAST YEAR INCLUDING 7,600 KIDS ATTENDING WEEKLY SUMMER PROGRAMS AT 38 SITES AND AT THE Y'S CAMP WEWA (A UNIQUE OVERNIGHT Y CAMP EXPERIENCE) ADDITIONALLY, YOUTH PROGRAMMING IS DESIGNED TO FOCUS ON WELLNESS TO REDUCE CHILDHOOD OBESITY AND TEACH HEALTHY HABITS IN 2018, MORE THAN 19,000 KIDS LEARNED VALUES, SPORTSMANSHIP AND CONFIDENCE WHILE BEING PHYSICALLY ACTIVE IN Y YOUTH SPORTS AND ANOTHER 7,000 YOUTH COMPLETED 60 MINUTES OR MORE OF PHYSICAL ACTIVITY EVERY DAY DURING OUR 8-WEEK SUMMER CAMP PROGRAM MOREOVER, HUNDREDS DEVELOPED CHARACTER AND LEADERSHIP SKILLS THROUGH INVOLVEMENT WITH YMCA TEEN BOARDS, THE Y CHRISTIAN YOUTH CONFERENCES AND YOUTH IN GOVERNMENT ACTIVITIES, AS WELL AS COMMUNITY SERVICE PROJECTS AND AS FAMILIES STRUGGLE TO STAY CONNECTED, THE Y CONTINUES TO FOCUS ON PROVIDING OPPORTUNITIES FOR FAMILIES TO ENGAGE THROUGH THE CREATION OF SPECIAL EVENTS SUCH AS HEALTHY KIDS DAY, WHERE IN 2018, THOUSANDS OF ADDITIONAL FAMILIES WERE SERVED ACROSS CENTRAL FLORIDA THE Y CONTINUES TO WORK TOWARDS THE DAILY PROVISION OF A SAFE, POSITIVE PLACE TO LEARN AND GROW FOR OUR YOUTH AND WHERE FAMILIES CAN RECONNECT AND BECOME STRONGER TOGETHER

Form 990, Part III, Line 4c:

AQUATICS WITH WATER EVERYWHERE IN FLORIDA, THE Y KNOWS THAT SWIMMING IS A LIFE SKILL THAT EVERY CHILD MUST LEARN TO STAY SAFE, SECURE AND ENJOY THE WATER AND TO MEET THE NEEDS OF EVERYONE FROM INFANTS TO SENIORS, THE YMCA OF CENTRAL FLORIDA HAS INVESTED IN AN AQUATICS PROGRAM THAT RANGES FROM DROWNING PREVENTION (SAFE START) TO INTRODUCTORY SWIMMING (SAFETY AROUND WATER WEEK) AND SWIM LESSONS FOR YOUTH AND ADULTS TO MEET THESE DEMANDS, THE Y OF CENTRAL FLORIDA IS HOME TO AN OLYMPIC-SIZE POOL AND DIVING TOWER AT THE ROSEN YMCA AQUATIC CENTER AS WELL AS EASY ACCESS POOLS THAT PROVIDE DIGNITY AND MOBILITY ACROSS OUR ASSOCIATION ADDITIONALLY, THESE POOLS ARE HOME TO OUR YCF AQUATICS SPORTS PROGRAMS DIVING, SWIMMING, SYNCHRONIZED SWIMMING AND WATER POLO, EACH OF WHICH COMPETE LOCALLY AND NATIONALLY OUR POOLS ALSO SERVE AS THE HOME AND RESIDENT POOL TO TWELVE (12) HIGH SCHOOL SWIM AND WATER POLO TEAMS, PLUS HOST OVER SIXTY (60) HIGH SCHOOL SWIM MEETS AS WELL AS MULTIPLE LOCAL, REGIONAL AND NATIONAL SPECIAL OLYMPICS EVENTS BUT FOR THE Y IT ALL BEGINS WITH THE REALITY THAT WITH DROWNING AS THE LEADING CAUSE OF DEATH IN FLORIDA FOR CHILDREN UNDER THE AGE OF FOUR (4) YEARS AND, IN CENTRAL FLORIDA, WHERE WATER IS PLENTIFUL AND EASILY ACCESSIBLE, THE RISK OF DROWNING IS EVEN HIGHER TO RESPOND TO THIS CHALLENGE, THE Y OF CENTRAL FLORIDA TEAMED WITH DR PHILLIPS CHARITIES AND INFANT SWIMMING RESOURCE TO DEVELOP AND DELIVER "SAFE START," WHICH IS A DROWNING-PREVENTION SWIM CLASS OFFERED TO INFANTS AS YOUNG AS SIX (6) MONTHS SAFE START TEACHES KIDS HOW TO SURVIVE IN THE WATER BY HOLDING THEIR BREATH UNDERWATER AND HOW TO ROLL OVER AND FLOAT SAFE START ALLOWS THE Y TO COMBAT THE RATE OF CHILD DROWNING ONE INFANT AT A TIME, AND IN 2018, OVER 500 CHILDREN AGES SIX (6) MONTHS TO SIX (6) YEARS OF AGE, ENROLLED IN SAFE START, BRINGING THE TOTAL TO OVER 19,500 KIDS WHO HAVE COMPLETED THE PROGRAM SINCE 1999 IN ADDITION, IN 2018, THE Y OFFERED ITS ANNUAL SAFETY AROUND WATER PROGRAM WHERE FOR ONE WEEK IN MAY, THE Y PROVIDED FREE DROWNING PREVENTION LESSONS IN FAMILY CENTER LOCATIONS ACROSS ALL SIX COUNTIES DURING THIS WEEK, KIDS WHO SIGN UP RECEIVE A DAILY -HOUR LESSON, A WATER SAFETY COMPONENT, CHARACTER VALUE LESSONS, A TAKE-HOME ACTIVITY, AND A Y-MEMORY-MAKER KIDS AGES 4 TO 12 ARE ELIGIBLE AND OVER 800 KIDS PARTICIPATED IN THIS ONE-WEEK LIFE-SAVING FOCUS IN TOTAL, OVER 75,000 Y SWIM LESSONS WERE TAUGHT TO ADULTS AND CHILDREN IN 2018 AND THE RESULT OF THIS TYPE OF SCOPE AND EFFORT IS A STRONG AQUATICS PROGRAM THAT ENCOURAGES NOT ONLY WATER SAFETY, BUT SWIM PROFICIENCY, AND SAW 1012 YOUTH PARTICIPATE ON ONE OF THE 12 YCF SWIM TEAMS, WHICH PLACED IN THE TOP 12 AT THE 2018 YMCA SHORT COURSE SWIMMING NATIONALS, FEATURING 200+ YS FROM ACROSS THE COUNTRY SIMILARLY, OVER 100 YOUTH PARTICIPATED ON A YCF DIVE TEAM LAST YEAR, WHO WERE OVERALL COMBINED TEAM CHAMPIONS AT THE 2018 YMCA DIVING NATIONALS WITH 22 INDOOR AND OUTDOOR POOLS, INCLUDING ZERO-DEPTH POOLS, A WARM-WATER TEACHING POOL AND A DIVING WELL, THE YMCA OF CENTRAL FLORIDA IS COMMITTED TO WATER SAFETY AND THE POSITIVE IMPACT AQUATICS CAN HAVE ON HEALTH AND WELL-BEING

Form 990, Part 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			
ARRINGTON MARY JANE DIRECTOR	1 00	X						0	0	0
BAILES CHARLES DIRECTOR	1 00	X						0	0	0
BARNES WILLIE DIRECTOR	1 00	X						0	0	0
BARR PETER DIRECTOR	1 00	X						0	0	0
BLOXOM CLAY DIRECTOR	1 00	X						0	0	0
BROWN KAREN DIRECTOR	1 00	X						0	0	0
CARNEVALE-HENDERSON MARISA DIRECTOR	1 00	X						0	0	0
CARPENTER DR DIRECTOR	1 00	X						0	0	0
CARRION LOU DIRECTOR	1 00	X						0	0	0
CAVALIERE PAUL DIRECTOR	1 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			
COHEN BEN DIRECTOR	1 00	X						0	0	0
DAVIS GLEN DIRECTOR	1 00	X						0	0	0
DEMINGS ANTOINE DIRECTOR	1 00	X						0	0	0
DEMINGS JERRY DIRECTOR	1 00	X						0	0	0
DORSO CHRIS DIRECTOR	1 00	X						0	0	0
EGERTON CHARLES DIRECTOR	1 00	X						0	0	0
FISHER ROBIN DIRECTOR	1 00	X						0	0	0
FLOYD KEVIN DIRECTOR	1 00	X						0	0	0
FREID MARK DIRECTOR	1 00	X						0	0	0
GARDINER ANDREW DIRECTOR	1 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			
GIACALONE MARGARET DIRECTOR	1 00	X						0	0	0
GOODWIN MARCIA HOPE DIRECTOR	1 00	X						0	0	0
HOSTETTER SANDY DIRECTOR	1 00	X						0	0	0
HUBBARD EVANS DIRECTOR	1 00	X						0	0	0
KLEFFEL JULIE DIRECTOR	1 00	X						0	0	0
KRZYAK PETE DIRECTOR	1 00	X						0	0	0
LEWIS DEREK DIRECTOR	1 00	X						0	0	0
LINE CLARY SHARON DIRECTOR	1 00	X						0	0	0
MANUEL MICHAEL DIRECTOR, BOARD CHAIR	1 00	X						0	0	0
MARTINEZ JOHN DIRECTOR	1 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	1 00	X						0	0	0
MASSEY-FARRELL ANDREA DIRECTOR	1 00	X						0	0	0
MILLER STEVE DIRECTOR	1 00	X						0	0	0
MINA JOHN DIRECTOR	1 00	X						0	0	0
NELSON GREG DIRECTOR	1 00	X						0	0	0
NICHOLSON SONJA DIRECTOR	1 00	X						0	0	0
OTIS CLARENCE DIRECTOR	1 00	X						0	0	0
PICCOLO RON THRU 052018 DIRECTOR	1 00	X						0	0	0
PIERCE CHARLES DIRECTOR	1 00	X						0	0	0
PUCKETT CHARLES DIRECTOR	1 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			
RILEY KRAN DIRECTOR	1 00	X						0	0	0
ROBINSON KEN DIRECTOR	1 00	X						0	0	0
ROLDAN PAUL DIRECTOR	1 00	X						0	0	0
ROLON ORLANDO DIRECTOR	1 00	X						0	0	0
ROPER CHARLIE DIRECTOR	1 00	X						0	0	0
ROPER BARBARA DIRECTOR	1 00	X						0	0	0
RYAN HELENA DIRECTOR	1 00	X						0	0	0
SORENSEN SCOTT DIRECTOR	1 00	X						0	0	0
STAHL DAVID DIRECTOR	1 00	X						0	0	0
THOMAS KEITH DIRECTOR	1 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			
VAN DER RIET RENAUT DIRECTOR	1 00	X						0	0	0
VAZQUEZ MARIA DIRECTOR	1 00	X						0	0	0
WARLICK THOMAS DIRECTOR	1 00	X						0	0	0
WEBB CHIP DIRECTOR	1 00	X						0	0	0
WILDE MICHAEL DIRECTOR	1 00	X						0	0	0
WILLIAMS THOMAS DIRECTOR	1 00	X						0	0	0
WITSELL TYRA DIRECTOR	1 00	X						0	0	0
WYANT EVAN DIRECTOR	1 00	X						0	0	0
TURNBULL ALLISON THRU 52018 DIRECTOR	1 00	X						0	0	0
LAPCHICK RICHARD THRU 052018 DIRECTOR	1 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			
WILCOX DANIEL CEO PRESIDENT	60 00			X				324,267	0	89,107
ICKES DANIEL K CHIEF OPER OFFICER	60 00			X				234,197	0	38,905
MANAHAN COLLEEN K CHIEF FINANCIAL OFFICER	60 00			X				232,184	0	55,809
GAINES AMBROSE VP OF AQUATICS	60 00					X		175,947	0	30,628
JONES PAMELA J VP LEADERSHIP HR	60 00					X		164,941	0	22,331
SAGINARIO DANIEL VP MARKETING	60 00					X		153,728	0	13,155
METZGER DEBRA L DISTRICT VICE PRESIDENT	60 00					X		150,698	0	20,184
DEMSKY HOWARD J VP OF FINANCIAL PLANNING	60 00					X		139,829	0	11,875

SCHEDULE A
(Form 990 or
990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

2018

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		
Total						

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

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	10,303,047	8,223,384	6,436,121	7,518,747	5,436,294	37,917,593
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	47,242,967	48,209,465	50,901,990	49,370,044	47,594,789	243,319,255
3 Gross receipts from activities that are not an unrelated trade or business under section 513	20,210	15,636	13,120	20,938	21,917	91,821
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	57,566,224	56,448,485	57,351,231	56,909,729	53,053,000	281,328,669
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	20,000	21,100	20,000	23,000	21,000	105,100
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1,041,480	887,125	1,409,154	1,811,929	1,221,082	6,370,770
c Add lines 7a and 7b	1,061,480	908,225	1,429,154	1,834,929	1,242,082	6,475,870
8 Public support. (Subtract line 7c from line 6)						274,852,799

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	57,566,224	56,448,485	57,351,231	56,909,729	53,053,000	281,328,669
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	790,905	935,552	786,674	809,450	700,132	4,022,713
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	790,905	935,552	786,674	809,450	700,132	4,022,713
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	202,403	219,746	191,700	178,523	546,794	1,339,166
13 Total support. (Add lines 9, 10c, 11, and 12)	58,559,532	57,603,783	58,329,605	57,897,702	54,299,926	286,690,548
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	95.870 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	96.060 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	1.400 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	1.430 %

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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 Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	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.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	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).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
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 Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 59-0624430

Name: CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

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

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

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

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

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

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

Name of 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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-
1				
2				
3				
4				
5				
6				

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

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

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

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

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

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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

Employer identification number
59-0624430

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

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

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

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

Preservation of land for public use (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	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under 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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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
1a Beginning of year balance	695,792	695,792	1,218,672	693,122	668,123
b Contributions	912		2,119	525,550	25,000
c Net investment earnings, gains, and losses	42,050	72,054	20,391	21,242	27,942
d Grants or scholarships					
e Other expenditures for facilities and programs	42,050	72,054	545,390	21,242	27,943
f Administrative expenses					
g End of year balance	696,704	695,792	695,792	1,218,672	693,122

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100 000 %
 - 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
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | No |
| (ii) related organizations | Yes | No |
| 3a(ii) | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
| 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
1a Land	180,200	3,731,059		3,911,259
b Buildings		103,615,018	41,613,796	62,001,222
c Leasehold improvements		5,785,045	2,565,986	3,219,059
d Equipment		28,142,113	21,786,115	6,355,998
e Other		5,488,445	3,082,366	2,406,079
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				77,893,617

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

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

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

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

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

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

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
AMOUNTS HELD FOR OTHERS	91,283
RETAINAGE PAYABLE	49,964
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	141,247

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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, 2015</p>

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

OMB No 1545-0047

2018

Open to Public Inspection

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

Employer identification number
59-0624430

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 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			
DAVID PHILIPS 282 RUDDER CAY WAY JUPITER, FL 33458	CAMPAIGN FOR CAPITAL PROJECT FOR CAMP WEWA YMCA LOCATION		No	0	89,313	-89,313
MCKINNON STRONG PO BOX 338 WINTER PARK, FL 32789	CONSULTING		No	0	98,325	-98,325
Total					187,638	-187,638

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION	Employer identification number 59-0624430
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Part I Questions Regarding Compensation

		Yes	No		
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b	Yes			
<p>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?</p>	2	Yes			
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a		No		
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	Yes			
	5b		No		
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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.

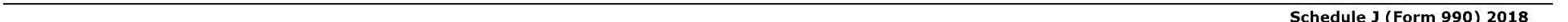
Return Reference	Explanation
PART I, LINE 1A	DANIEL WILCOX - \$3,018 - FOR TRAVEL RELATED FEES FOR CONFERENCES

Return Reference	Explanation
PART I, LINE 3	DANIEL WILCOX - AIRFARE FOR CHICAGO AND TORONTO CONFERENCES - \$742

Return Reference	Explanation
PART I, LINE 4B	DANIEL WILCOX - \$50,000 COLLEEN MANAHAN - \$20,000

Return Reference	Explanation
PART I, LINE 5	THE EXECUTIVE COMPENSATION COMMITTEE SETS PERFORMANCE BONUS GOALS EACH YEAR FOR THE CEO THAT ARE WEIGHTED PRIMARILY ON DRIVING OUTCOMES THAT ALIGN WITH THE STRATEGIC PLAN OF THE ORGANIZATION. ADDITIONALLY, THERE ARE FINANCIAL GOALS THAT ARE DESIGNED TO ENSURE OUR DONORS, PARTNERS AND COMMUNITIES CAN COUNT ON THE SUSTAINABILITY OF THE MISSION. THESE FINANCIAL GOALS DO INCLUDE GROWTH IN REVENUE, HEALTHY CASH FLOWS FROM OPERATIONS AND GOOD ASSET MANAGEMENT. THE CEO THEN SETS PERFORMANCE BONUS GOALS FOR OTHER CORPORATE EXECUTIVE TEAM MEMBERS THAT ARE IN ALIGNMENT WITH THESE GOALS.

Return Reference	Explanation
SCHEDULE J, LINE 3	OUR VOLUNTEER BOARD OF DIRECTORS TAKES VERY SERIOUSLY THE TRUST THE COMMUNITY PLACES IN OUR RESPONSIBLE USE OF RESOURCES WHILE THE YMCA IS A CHARITY THAT CONTINUES TO MAKE A SIGNIFICANT COMMUNITY IMPACT, WE DO THIS GOOD WORK THROUGH A SIGNIFICANT ORGANIZATION OF OVER 3,000 STAFF, 250,000 MEMBER AND PROGRAM PARTICIPANTS, 26,000 VOLUNTEERS AND ADVOCATES AND NEARLY \$70 MILLION IN ANNUAL REVENUE IT IS CRITICAL WE HIRE AND RETAIN TOP QUALITY STAFF TO LEAD AND MANAGE THIS VITAL COMMUNITY ASSET WITH HELP FROM A NATIONAL COMPENSATION CONSULTING FIRM, OUR COMPENSATION COMMITTEE AND OUR HUMAN RESOURCES DEPARTMENT ANNUALLY COMPARES SALARIES AND RANGES FOR ALL OF OUR STAFF LEVELS, INCLUDING OUR CEO, WITH OTHER ORGANIZATIONS THAT ARE SIMILARLY COMPLEX AND WORK IN THIS COMMUNITY, ACROSS THE STATE AND AROUND THE COUNTRY GIVEN THE STRENGTH AND SUCCESS OF THIS YMCA, AND OUR CEO'S 35 YEARS OF STRONG PERFORMANCE LEADING YMCA ORGANIZATIONS, WE ARE COMPLETELY 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



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number

59-0624430

Part I 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	1,991,908			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	31,593,700			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	415,935			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				
		Yes	No	Yes	No
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
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	BANK OF AMERICA							
c Term of hedge	2500 0000000000 %							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation 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 \$31,593,700 FOR CONSTRUCTION PURPOSES AND HAS REPAID \$1,991,908, LEAVING A REMAINING BALANCE OF \$29,601,792

Additional Data

Software ID:

Software Version:

EIN: 59-0624430

Name: CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN
ASSOCIATION

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 \$31,593,700 FOR CONSTRUCTION PURPOSES AND HAS REPAID \$1,991,908, LEAVING A REMAINING BALANCE OF \$29,601,792

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

2018

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
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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

1	(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

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

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(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
WALT DISNEY WORLD	DEPUTY CHIEF COUNSEL LEGAL OF ENTITY INVOLVED IN TRANSACTION	4,344,000	WALT DISNEY WORLD, OF WHICH, MARGARET GIACALONE IS DEPUTY CHIEF COUNSEL LEGAL OF WALT DISNEY WORLD, INC WHICH SUBSIDIZES TWO FAMILY CENTERS LOCATED ON DISNEY PROPERTY THE CENTERS PROVIDE SERVICES FOR UP TO 600 CHILDREN PER DAY AND ARE OWNED BY THE CENTRAL FLORIDA YMCA CHILDCARE SERVICES, INC (A RELATED ORGANIZATION TAXABLE AS A CORPORATION) FOR 2018, CENTRAL FLORIDA YMCA CHILDCARE SERVICES, INC RECEIVED \$4,344,000 FROM DISNEY TO SUBSIDIZE CARE FOR CAST MEMBER'S CHILDREN		No
ORANGE COUNTY PUBLIC SCHOOLS	OFFICER OF ENTITY INVOLVED IN TRANSACTION	973,200	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 2018, THE YMCA INCURRED EXPENSES OF \$973,200 FOR THE ABOVE SERVICES		No

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
BANK OF AMERICA	OFFICER OF ENTITY INVOLVED IN TRANSACTION	15,160,000	BANK OF AMERICA, OF WHICH, MARISA CARNEVALE-HENDERSON IS A SENIOR VICE PRESIDENT, OF THE ASSOCIATION'S MAIN BANK, WHERE WE HOLD OUR MAIN OPERATING ACCOUNT USED FOR OPERATIONS, PAYROLL AND ACCOUNTS PAYABLE, WHICH ON DEPOSIT WAS \$15,160,000 AS OF DECEMBER 31, 2018		No
ORLANDO HEALTH	VP OF ENTITY INVOLVED IN TRANSACTION	41,900	ORLANDO HEALTH, OF WHICH, ANDY GARDINER IS THE VICE PRESIDENT EXTERNAL AFFAIRS & COMMUNITY RELATIONS OF ORLANDO HEALTH, INC WHICH HAS 2 SIGNED COMMERCIAL LEASE AGREEMENTS WITH OUR J DOUGLAS WILLIAMS YMCA PROPERTY AND DR PHILLIPS YMCA PROPERTY IN 2018, THE YMCA HAS RECEIVED \$41,900 IN PAYMENTS FROM ORLANDO HEALTH AS RENTAL INCOME		No

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
& BARR	PRESIDENT/CEO OF ENTITY INVOLVED IN TRANSACTION	326,700	& BARR, OF WHICH, PETE BARR, IS THE PRESIDENT/CEO OF & BARR, PROVIDES THE CENTRAL FLORIDA YMCA WITH MARKETING AND CONSULTING SERVICES IN 2018, THE YMCA INCURRED EXPENSES OF \$326,700 FOR THE ABOVE SERVICES		No
STATE FARM	OFFICER OF ENTITY INVOLVED IN TRANSACTION	39,500	STATE FARM, OF WHICH, ROBIN FISHER IS AN AGENT, HAS LIFE INSURANCE POLICIES THAT THE YMCA IS PAYING FOR RELATED TO KEY EXECUTIVES IN 2017 THE YMCA INCURRED EXPENSES OF \$39,510 RELATED TO THESE POLICIES		No

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
SUN TRUST	OFFICER OF ENTITY INVOLVED IN TRANSACTION	913,100	SANDY HOSTETTER IS THE NEW MARKET PRESIDENT FOR THE CF AREA CF YMCA HAS A DEPOSITORY RELATIONSHIP WITH THE YMCA		No
WELLS FARGO	DIRECTOR OF ENTITY INVOLVED IN TRANSACTION	913,200	PETE KRZYAK IS THE SENIOR VICE PRESIDENT OF INVESTMENTS, WHICH HAS A DEPOSITORY RELATIONSHIP WITH THE YMCA AS OF DECEMBER 31, 2018, \$913,200 WAS ON DEPOSIT		No

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
HOLLAND & KNIGHT	DIRECTOR OF ENTITY INVOLVED IN TRANSACTION	38,500	ALLISON TURNBULL IS AN ATTORNEY HAS PROVIDED VARIOUS LEGAL SERVICES AND BOND COUNSELING IN 2018, THE YMCA INCURRED EXPENSE TOTALING \$38,500 FOR THE ABOVE SERVICES ALLISON ROLLED OFF OF THE BOARD OF DIRECTORS ON 05/2018		No
OSCEOLA COUNTY	DIRECTOR OF ENTITY INVOLVED IN TRANSACTION	450,000	MARY JANE ARRINGTON IS THE SUPERVISOR OF ELECTIONS, PROVIDED THE CENTRAL FLORIDA YMCA WITH FUNDING TO RUN AFTERSCHOOL PROGRAMS IN A FEW MIDDLE SCHOOLS		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

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

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	125,829	NYSE VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EQUIPMENT)	X	1	950,279	FMV
26 Other ▶ (TICKETS)	X	1	87,854	FMV
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31		No
32a		No

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

OMB No 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

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 I	<p>IN 2018, THE Y WAS ABLE TO LEVERAGE ITS INTERNAL RESOURCES, AS WELL AS SUPPLEMENTAL FUNDING FROM DONORS, TO GENERATE APPROXIMATELY \$5 MILLION TO HELP MEET THE NEED OF NEIGHBORS IN UNDERSERVED COMMUNITIES IN EACH OF THE 18 FAMILY CENTERS, THE YMCA IS COMMITTED TO ALLOCATING RESOURCES TO PROVIDE NEIGHBORS IN NEED WITH FINANCIAL ASSISTANCE IN SOME OF THOSE COMMUNITIES, ROUGHLY 95% OF THOSE NEIGHBORS ARE MEMBERS OF THE Y THANKS TO FINANCIAL ASSISTANCE THE Y COMMITS TO SERVING COMMUNITIES LOCATED IN ECONOMICALLY CHALLENGED NEIGHBORHOODS SO CHILDREN AND FAMILIES HAVE A SAFE AND SECURE PLACE FOR HEALTH, SOCIAL AND EDUCATIONAL-SUPPORT PROGRAMS ANOTHER \$2.7 MILLION IN FINANCIAL ASSISTANCE WAS GIVEN TO 48,218 RESIDENTS, ENABLING INDIVIDUALS TO PARTICIPATE IN YEAR-ROUND YMCA YOUTH, ADULT AND SENIOR PROGRAMMING SIMILARLY, THROUGH ITS FOCUS ON SUPPORTING FAMILIES, THE Y HELPED REDUCE FAMILY STRESS BY PROVIDING QUALITY DROP-IN CARE FOR MORE THAN 2,200 CHILDREN PER DAY IN OUR 17 Y CHILD DEVELOPMENT CENTERS, AND, IN-TOTAL, SERVED MORE THAN 63,273 KIDS, AGED SIX MONTHS TO 18 YEARS IN A Y PROGRAM AS WELL AS MORE THAN 21,000 YOUTH IN 63 AFTER-SCHOOL PROGRAMS BUT THE Y ISN'T JUST FOR YOUTH AND FAMILIES IT'S FOR ALL</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

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN INTEREST RATE SWAP 382,224 INTRA-Y CORP CHARGES -42,050

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XIII, 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

2018

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number

59-0624430

Part I 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	LINE 12A, I	LINE 12B, II	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
(1) 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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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	2,528,155	FMV

Part VII **Supplemental Information**

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

Return Reference	Explanation