

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

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

**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

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

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

**D** Employer identification number  
59-0624430

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

**G** Gross receipts \$ 59,166,739

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

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

**J** Website: ▶ [HTTPS://YMCACF.ORG](https://ymcacf.org)

**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 300,000 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 57 SCHOOL SITE LOCATIONS, THE Y'S 2,000 STAFF MEMBERS AND 13,000+ VOLUNTEERS PROVIDE YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY PROGRAMS IN ORANGE, OSCEOLA, SEMINOLE, LAKE, BREVARD AND MARION COUNTIES.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	58
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	58
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	2,717
<b>6</b> Total number of volunteers (estimate if necessary)	1,514
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	5,436,294	10,440,215
<b>9</b> Program service revenue (Part VIII, line 2g)	47,408,618	46,397,769
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	119,268	231,938
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,126,542	887,251
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,090,722	57,957,173

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	29,392,713	30,369,318
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	187,638	102,977
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,278,125		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	25,144,095	23,939,387
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	54,724,446	54,411,682
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-633,724	3,545,491

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	110,966,532	114,077,337
<b>21</b> Total liabilities (Part X, line 26)	36,626,669	36,444,425
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	74,339,863	77,632,912

## Part II Signature Block

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

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2020-10-19  
COLLEEN MANAHAN CHIEF FINANCIAL OFFICER  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Preparer's signature: Date: 2020-10-19  
Check  if self-employed PTIN: P01204534  
Firm's name: ▶ RSM US LLP Firm's EIN: ▶ 42-0714325  
Firm's address: ▶ 7351 OFFICE PARK PL MELBOURNE, FL 329408229 Phone no. (321) 751-6200

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

THE PURPOSE OF THIS ASSOCIATION IS TO IMPROVE THE LIVES OF ALL 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  No  
If "Yes," describe these new services on Schedule O.

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

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

**4a** (Code: ) (Expenses \$ 33,347,296 including grants of \$ ) (Revenue \$ 32,183,135 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 6,492,863 including grants of \$ ) (Revenue \$ 6,300,758 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 1,700,994 including grants of \$ ) (Revenue \$ 1,775,901 )  
See Additional Data

(Code: ) (Expenses \$ 4,978,361 including grants of \$ ) (Revenue \$ 6,271,151 )

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 2019, 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. LAST YEAR, OVER 13,000 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 2019, IN SUPPORT OF THE Y'S CHRISTIAN MISSION, THE YMCA OF CENTRAL FLORIDA CONVENED OVER 2,000 PEOPLE OF EVERY FAITH AND BACKGROUND TO PRAY FOR OUR COMMUNITIES AND THEIR LEADERS DURING YMCA PRAYER BREAKFASTS KNOWN AS THE ARTHUR "PAPPY" KENNEDY/MARTIN LUTHER KING PRAYER BREAKFAST, LAKE COUNTY PRAYER BREAKFAST, BREVARD COUNTY PRAYER BREAKFAST, OVIEDO 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, TOGETHER WITH SUPPLEMENTAL FUNDING FROM DONORS, FUNDS SERVICES, PROGRAMS, AND MEMBERSHIP COSTS TO HELP THOSE IN UNDERSERVED COMMUNITIES, EQUATING TO OVER \$7 MILLION ANNUALLY. APPROXIMATELY 95% OF MEMBERS IN THESE OUTREACH COMMUNITIES ARE GIVEN MEMBERSHIP FINANCIAL ASSISTANCE. WE ARE HEAVILY INVOLVED IN SUPPORTING BRIGHTER FUTURES FOR OUR ALL OF OUR YOUTH, AND IN 2019 OVER \$150,000 WAS SPENT TO PROVIDE THE YOUTH DEVELOPMENT PROGRAM KNOWN AS TEEN ACHIEVERS. TEEN ACHIEVERS HELPED PREPARE A DIVERSE GROUP OF OVER 200 STUDENTS IN OUR OUTREACH COMMUNITIES FOR A SUCCESSFUL FUTURE IN 2019, BY OFFERING THEM MENTORING OPPORTUNITIES, TUTORING, AND EVEN COLLEGE TOURS. THIS ASSOCIATION COLLABORATES WITH ORANGE, OSCEOLA, AND LAKE COUNTIES TO RUN BEFORE AND AFTER SCHOOL PROGRAMS IN 57 SCHOOLS, 20 ARE CONSIDERED TITLE ONE SCHOOLS, WITH 701.00% OF THE STUDENT BODY RECEIVING FREE AND REDUCED LUNCH. 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 \$ 4,978,361 including grants of \$ ) (Revenue \$ 6,271,151 )

**4e Total program service expenses** 46,519,514

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 14. Each row has a corresponding 'Yes' or 'No' in the final column.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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 5 main rows (1a-1b, 2, 3, 4, 5, 6, 7a-7b, 8a-8b, 9) and 3 columns (Question, Yes, No). Includes questions about voting members, family relationships, and governance documents.

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

Table with 10 main rows (10a-10b, 11a, 12a-12c, 13, 14, 15a-15b, 16a-16b) and 3 columns (Question, Yes, No). Includes questions about local chapters, written policies, conflict of interest, whistleblower, and document retention.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (FL)
18 Section 6104 requires an organization to make its 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.
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 CFO 433 N MILLS AVE ORLANDO, FL 32803 (407) 896-9220







**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	201,083				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	10,239,132				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>	1,556,291				
	<b>h Total.</b> Add lines 1a-1f . . . . .			10,440,215			
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b> MEMBERSHIP FEES . . . . .	713940	27,406,846	27,406,846			
	<b>b</b> PROGRAM FEES . . . . .	713940	16,107,333	16,107,333			
	<b>c</b> GOVERNMENT CONTRACTS . . . . .	624410	2,883,590	2,883,590			
	<b>d</b> . . . . .						
	<b>e</b> . . . . .						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f. . . . .		46,397,769					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		302,342			302,342	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	(i) Real	695,066				
		(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .	<b>6b</b>	0			
		<b>c</b> Rental income or (loss) . . . . .	<b>6c</b>	695,066			
	<b>d</b> Net rental income or (loss) . . . . .			695,066		695,066	
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	986,000				
		(ii) Other		10,000			
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	1,068,704	-2,300		
		<b>c</b> Gain or (loss) . . . . .	<b>7c</b>	-82,704	12,300		
	<b>d</b> Net gain or (loss) . . . . .			-70,404		-70,404	
	<b>8a</b> Gross income from fundraising events (not including \$ 201,083 of contributions reported on line 1c). See Part IV, line 18 . . . . .						
		<b>8a</b>		177,909			
<b>b</b> Less: direct expenses . . . . .		<b>8b</b>		143,162			
<b>c</b> Net income or (loss) from fundraising events . . . . .			34,747		34,747		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .							
	<b>9a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>10a</b>		24,262				
	<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>		0			
<b>c</b> Net income or (loss) from sales of inventory . . . . .			24,262		24,262		
Miscellaneous Revenue	Business Code						
<b>11a</b> MISCELLANEOUS INCOME . . . . .	900099		133,176	133,176			
<b>b</b> . . . . .							
<b>c</b> . . . . .							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			133,176				
<b>12 Total revenue.</b> See instructions . . . . .			57,957,173	46,530,945	0	986,013	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,014,465		1,014,465	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	24,276,320	21,537,226	2,443,978	295,116
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	1,563,010	1,312,512	230,654	19,844
<b>9</b> Other employee benefits . . . . .	1,668,130	1,172,690	469,233	26,207
<b>10</b> Payroll taxes . . . . .	1,847,393	1,554,935	268,501	23,957
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	28,375	21,393	4,829	2,153
<b>c</b> Accounting . . . . .	144,545		144,545	
<b>d</b> Lobbying . . . . .	75,092			75,092
<b>e</b> Professional fundraising services. See Part IV, line 17	102,977			102,977
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,342,608	1,255,497	138,843	-51,732
<b>12</b> Advertising and promotion . . . . .	690,482	649,144	22,143	19,195
<b>13</b> Office expenses . . . . .	911,930	802,498	91,193	18,239
<b>14</b> Information technology . . . . .	1,365,254	1,029,335	232,340	103,579
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	7,625,489	7,482,094	141,132	2,263
<b>17</b> Travel . . . . .	508,728	344,701	149,324	14,703
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	393,531	266,646	115,511	11,374
<b>20</b> Interest . . . . .	860,964	706,163	154,801	
<b>21</b> Payments to affiliates . . . . .	359,957	359,957		
<b>22</b> Depreciation, depletion, and amortization . . . . .	4,877,756	4,570,482	307,274	
<b>23</b> Insurance . . . . .	1,112,080	1,088,539	23,541	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SUPPLIES	2,315,695	2,284,154	26,877	4,664
<b>b</b> BANK FEES	868,087	703,220	157,462	7,405
<b>c</b> EQUIPMENT	613,900	578,179	34,554	1,167
<b>d</b> PLEDGE BAD DEBT	598,128			598,128
<b>e</b> All other expenses	-753,214	-1,199,851	442,843	3,794
<b>25</b> Total functional expenses. Add lines 1 through 24e	54,411,682	46,519,514	6,614,043	1,278,125
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	24,188	<b>1</b>	26,129
	<b>2</b> Savings and temporary cash investments . . . . .	16,386,072	<b>2</b>	16,031,219
	<b>3</b> Pledges and grants receivable, net . . . . .	3,471,504	<b>3</b>	7,141,673
	<b>4</b> Accounts receivable, net . . . . .	420,834	<b>4</b>	364,308
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	936,489	<b>9</b>	1,007,530
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	149,558,930		
	<b>b</b> Less: accumulated depreciation	73,662,744		
	<b>11</b> Investments—publicly traded securities . . . . .	4,213,002	<b>11</b>	6,279,734
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	7,620,826	<b>15</b>	7,330,558
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	110,966,532	<b>16</b>	114,077,337	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,743,876	<b>17</b>	4,794,928
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	2,281,568	<b>19</b>	3,124,730
	<b>20</b> Tax-exempt bond liabilities . . . . .	29,185,857	<b>20</b>	28,331,429
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	274,121	<b>23</b>	105,117
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	141,247	<b>25</b>	88,221
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	36,626,669	<b>26</b>	36,444,425
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	63,948,995	<b>27</b>	61,454,610
	<b>28</b> Net assets with donor restrictions . . . . .	10,390,868	<b>28</b>	16,178,302
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	74,339,863	<b>32</b>	77,632,912	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	110,966,532	<b>33</b>	114,077,337	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	57,957,173
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	54,411,682
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,545,491
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	74,339,863
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	757,202
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,009,644
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	77,632,912

**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
<b>2a</b>			No
<b>2b</b>	Yes		
<b>2c</b>	Yes		
<b>3a</b>			No
<b>3b</b>			

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-0624430

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

Form 990 (2019)

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## 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 2019, 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.

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**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 2019, THE Y CARED FOR HUNDREDS OF CHILDREN DAILY IN CHILD DEVELOPMENT CENTERS AND USED EVIDENCE-BASED EARLY LEARNING IN ITS TWO YMCA CHILD DEVELOPMENT CENTERS AT WALT DISNEY WORLD, WHICH SERVED OVER 600 CHILDREN PER DAY 365 DAYS A YEAR. SIMILARLY, OVER 20,000 ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS IN OUR AFTER SCHOOL PROGRAMS, LOCATED DIRECTLY IN 57 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 7,700 KIDS ATTENDING WEEKLY SUMMER PROGRAMS AT 35 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 2019, MORE THAN 14,000 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 2019, 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.

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**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 TWO OLYMPIC-SIZE POOL AND DIVING PLATFORMS AT THE YMCA AQUATIC CENTER AS WELL AS EASY ACCESS POOLS THAT PROVIDE DIGNITY AND MOBILITY ACROSS OUR ASSOCIATION. ADDITIONALLY, THESE POOLS ARE HOME TO YCF DIVING AND SWIM TEAMS THAT COMPETE LOCALLY AND NATIONALLY AND SERVE AS HOME TO SEVEN (7) HIGH SCHOOL SWIM AND WATER POLO TEAMS, PLUS HOST OVER 60 HIGH SCHOOL SWIM MEETS AS WELL AS SPECIAL OLYMPICS. BUT FOR THE Y IT ALL BEGINS WITH THE REALITY THAT WITH DROWNING AS THE LEADING CAUSE OF DEATH IN FLORIDA FOR CHILDREN UNDER THE AGE OF FOUR (4) YEARS AND, IN CENTRAL FLORIDA, WHERE WATER IS PLENTIFUL AND EASILY ACCESSIBLE, THE RISK OF DROWNING IS EVEN HIGHER. TO RESPOND TO THIS CHALLENGE, THE Y OF CENTRAL FLORIDA TEAMED WITH DR. PHILLIPS CHARITIES AND INFANT SWIMMING RESOURCE TO DEVELOP AND DELIVER "SAFE START," WHICH IS A DROWNING-PREVENTION SWIM CLASS OFFERED TO INFANTS AS YOUNG AS SIX (6) MONTHS. SAFE START TEACHES KIDS HOW TO SURVIVE IN THE WATER BY HOLDING THEIR BREATH UNDERWATER AND HOW TO ROLL OVER AND FLOAT. SAFE START ALLOWS THE Y TO COMBAT THE RATE OF CHILD DROWNING ONE INFANT AT A TIME, AND IN 2019, 635 CHILDREN AGES SIX (6) MONTHS TO SIX (6) YEARS OF AGE, ENROLLED IN SAFE START, BRINGING THE TOTAL TO OVER 19,000 KIDS WHO HAVE COMPLETED THE PROGRAM SINCE 1999. IN ADDITION, IN 2019, 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 350 KIDS PARTICIPATED IN THIS ONE-WEEK LIFE-SAVING FOCUS. IN TOTAL, OVER 70,000 Y SWIM LESSONS WERE TAUGHT TO ADULTS AND CHILDREN IN 2019 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 624 YOUTH PARTICIPATE ON ONE OF THE 14 YCF SWIM TEAMS, WHICH PLACED IN THE TOP 20 AT THE 2019 YMCA SHORT COURSE SWIMMING NATIONALS, FEATURING MORE THAN 200 YS FROM ACROSS THE COUNTRY. SIMILARLY, OVER 100 YOUTH PARTICIPATED ON A YCF DIVE TEAM LAST YEAR, WHO WERE OVERALL COMBINED TEAM CHAMPIONS AT THE YMCA DIVING NATIONALS. WITH 26 INDOOR AND OUTDOOR POOLS, INCLUDING ZERO-DEPTH POOLS, A WARM-WATER TEACHING POOL AND A DIVE WELL, THE YMCA OF CENTRAL FLORIDA IS COMMITTED TO WATER SAFETY AND THE POSITIVE IMPACT AQUATICS CAN HAVE ON HEALTH AND WELL-BEING.

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**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
KRZYKAK 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 ..... 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
WILCOX DANIEL ..... CEO PRESIDENT	60.00 .....			X				339,638	0	89,920
ICKES DANIEL K ..... CHIEF OPERATING OFFICER	60.00 .....			X				234,380	0	39,237

**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			
MANAHAN COLLEEN K ..... CHIEF FINANCIAL OFFICER	60.00 .....			X				232,956	0	55,306
ALEXANDER JODY A ..... EXEC VP	60.00 .....					X		208,802	0	33,300
GAINES AMBROSE ..... VP OF AQUATICS	60.00 .....					X		177,765	0	29,461
SAGINARIO DANIEL ..... VP MARKETING	60.00 .....					X		153,515	0	24,342
METZGER DEBRA L ..... DISTRICT VICE PRESIDENT	60.00 .....					X		152,249	0	20,625
BETH B KOLLAS ..... VP CORP COMPLIANCE & RISK MGMT	60.00 .....					X		150,131	0	0

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

**Employer identification number**  
59-0624430

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	8,223,384	6,436,121	7,518,747	5,436,294	10,440,215	38,054,761
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	48,209,465	50,901,990	49,370,044	47,594,789	46,397,769	242,474,057
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .	15,636	13,120	20,938	21,917	24,262	95,873
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	56,448,485	57,351,231	56,909,729	53,053,000	56,862,246	280,624,691
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	36,100	25,000	69,700	87,130	439,408	657,338
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .	887,125	1,409,154	1,811,929	1,221,082	1,624,523	6,953,813
<b>c</b> Add lines 7a and 7b. . . . .	923,225	1,434,154	1,881,629	1,308,212	2,063,931	7,611,151
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						273,013,540

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . . . .	56,448,485	57,351,231	56,909,729	53,053,000	56,862,246	280,624,691
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	935,552	786,674	809,450	700,132	997,408	4,229,216
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .	935,552	786,674	809,450	700,132	997,408	4,229,216
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	219,746	191,700	178,523	546,794	133,176	1,269,939
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	57,603,783	58,329,605	57,897,702	54,299,926	57,992,830	286,123,846

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	95.420 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	95.870 %

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	1.480 %
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	1.400 %

**19a 33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**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-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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

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

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....
- b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- c** Total lobbying expenditures (add lines 1a and 1b) .....
- d** Other exempt purpose expenditures .....
- e** Total exempt purpose expenditures (add lines 1c and 1d) .....
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.


- g** Grassroots nontaxable amount (enter 25% of line 1f) .....
- h** Subtract line 1g from line 1a. If zero or less, enter -0- .....
- i** Subtract line 1f from line 1c. If zero or less, enter -0- .....
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....

Yes  No

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b> Media advertisements? .....		No	
<b>d</b> Mailings to members, legislators, or the public? .....		No	
<b>e</b> Publications, or published or broadcast statements? .....		No	
<b>f</b> Grants to other organizations for lobbying purposes? .....		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b> Other activities? .....	Yes		75,092
<b>j</b> Total. Add lines 1c through 1i .....			75,092
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**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

OMB No. 1545-0047 2019 Open to Public Inspection

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

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

Employer identification number 59-0624430

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements and a table for details like total number, acreage, and certified historic structures.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	696,704	695,792	695,792	1,218,672	693,122
<b>b</b> Contributions . . . . .		912		2,119	525,550
<b>c</b> Net investment earnings, gains, and losses	130,640	42,050	72,054	20,391	21,242
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	130,640	42,050	72,054	545,390	21,242
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	696,704	696,704	695,792	695,792	1,218,672

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
  - b** Permanent endowment ▶ 100.000 %
  - c** Temporarily restricted endowment ▶ 0 %
- 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:
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . . | <b>Yes</b> | <b>No</b> |
| <b>(ii)</b> related organizations . . . . .  | Yes        |           |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 3b**

	<b>Yes</b>	<b>No</b>
<b>3a(i)</b>		No
<b>3a(ii)</b>	Yes	
<b>3b</b>	Yes	
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	180,200	3,731,059		3,911,259
<b>b</b> Buildings . . . . .		116,932,201	52,228,932	64,703,269
<b>c</b> Leasehold improvements		5,785,045	2,703,636	3,081,409
<b>d</b> Equipment . . . . .		19,702,368	16,079,022	3,623,346
<b>e</b> Other . . . . .		3,228,057	2,651,154	576,903
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				75,896,186

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DUE FROM RELATED SUBSIDIARIES	7,330,558
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	7,330,558

**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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	88,221

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-0624430

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

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE ENDOWMENT FUND IS HELD BY CENTRAL FLORIDA YMCA FOUNDATION, A RELATED ORGANIZATION, AND IS USED TO PROVIDE SCHOLARSHIPS TO INDIVIDUALS FOR THE USE OF YMCA FACILITIES AND PROGRAM S.

**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 STATUTES. 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 FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION . GENERALLY, THE ASSOCIATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2016.</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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**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 10 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		No	0	26,978	-26,978
MCKINNON STRONG PO BOX 338 WINTER PARK, FL 32789	CONSULTING		No	0	76,000	-76,000
<b>Total</b>					102,978	-102,978

**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) Total events
	<b>DR. P. PHILLIPS GOLF TOURNAMENT</b> (event type)	<b>LINKS 2 LEARNING GOLF TOURNAMENT</b> (event type)	<b>6</b> (total number)	(add col. (a) through col. (c))
<b>1</b> Gross receipts . . . . .	77,470	71,294	230,228	378,992
<b>2</b> Less: Contributions . . . . .	45,500	48,539	107,044	201,083
<b>3</b> Gross income (line 1 minus line 2) . . . . .	31,970	22,755	123,184	177,909
<b>4</b> Cash prizes . . . . .				
<b>5</b> Noncash prizes . . . . .				
<b>6</b> Rent/facility costs . . . . .				
<b>7</b> Food and beverages . . . . .				
<b>8</b> Entertainment . . . . .				
<b>9</b> Other direct expenses . . . . .	38,909	25,666	78,587	143,162
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				143,162
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				34,747

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

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

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

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

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

---

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

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

---

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**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)

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
59-0624430

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification 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)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	Yes	
<b>2</b> 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 on Line 1a?	Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input 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		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?		No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	Yes	
<b>b</b> Any related organization?		No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?		No
<b>b</b> Any related organization?		No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> 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.		No
<b>8</b> 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.		No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILCOX DANIEL CEO PRESIDENT	(i)	309,880	25,692	4,066	83,600	6,320	429,558	0
	(ii)	0	0	0	0	0	0	0
2 ICKES DANIEL K CHIEF OPERATING OFFICER	(i)	223,113	0	11,267	29,150	10,087	273,617	0
	(ii)	0	0	0	0	0	0	0
3 MANAHAN COLLEEN K CHIEF FINANCIAL OFFICER	(i)	222,180	0	10,776	48,686	6,620	288,262	0
	(ii)	0	0	0	0	0	0	0
4 ALEXANDER JODY A EXEC VP	(i)	199,563	0	9,239	25,862	7,438	242,102	0
	(ii)	0	0	0	0	0	0	0
5 GAINES AMBROSE VP OF AQUATICS	(i)	167,562	0	10,203	22,023	7,438	207,226	0
	(ii)	0	0	0	0	0	0	0
6 SAGINARIO DANIEL VP MARKETING	(i)	144,680	0	8,835	19,022	5,320	177,857	0
	(ii)	0	0	0	0	0	0	0
7 METZGER DEBRA L DISTRICT VICE PRESIDENT	(i)	143,265	0	8,984	18,472	2,153	172,874	0
	(ii)	0	0	0	0	0	0	0
8 BETH B KOLLAS VP CORP COMPLIANCE & RISK MGMT	(i)	144,307	0	5,824	0	0	150,131	0
	(ii)	0	0	0	0	0	0	0

**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 - \$531 FOR TRAVEL TO YUSA CONFERENCES - GENERAL ASSEMBLY IN ANAHEIM, CA
PART I, LINE 4B	DANIEL WILCOX - \$50,000 COLLEEN MANAHAN - \$20,000
PART I, LINE 5	THE EXECUTIVE COMPENSATION COMMITTEE SETS PERFORMANCE BONUS GOALS EACH YEAR FOR THE CEO THAT ARE WEIGHTED PRIMARILY ON DRIVING OUTCOMES THAT ALIGN WITH THE STRATEGIC PLAN OF THE ORGANIZATION. ADDITIONALLY, THERE ARE FINANCIAL GOALS THAT ARE DESIGNED TO ENSURE OUR DONORS, PARTNERS AND COMMUNITIES CAN COUNT ON THE SUSTAINABILITY OF THE MISSION. THESE FINANCIAL GOALS DO INCLUDE GROWTH IN REVENUE, HEALTHY CASH FLOWS FROM OPERATIONS AND GOOD ASSET MANAGEMENT. THE CEO THEN SETS PERFORMANCE BONUS GOALS FOR OTHER CORPORATE EXECUTIVE TEAM MEMBERS THAT ARE IN ALIGNMENT WITH THESE GOALS.
SCHEDULE J, LINE 3	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 36 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**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**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 Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ORANGE COUNTY IDA SERIES 2014 BOND FACILITY	59-0624430		11-03-2014	33,000,000	REFINANCING PREVIOUS BONDS - CONSTRUCTION & FACILITY EXPANSION		X		X		X

**Part II Proceeds**

		A	B	C	D
1	Amount of bonds retired . . . . .	2,916,122			
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 . . . . .	346,149			
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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		
16	Has the final allocation of proceeds been made? . . . . .	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X			

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						

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

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

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X						
<b>b</b> Exception to rebate? . . . . .		X						
<b>c</b> No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
<b>b</b> Name of provider . . . . .	BANK OF AMERICA							
<b>c</b> Term of hedge . . . . .	2500.0000000000 %							
<b>d</b> Was the hedge superintegrated? . . . . .		X						
<b>e</b> Was the hedge terminated? . . . . .		X						



**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
SCHEDULE K, PART II	THE PRINCIPAL AMOUNT OF THIS BOND SHALL CONSIST OF TWO TRAUNCHES. TRAUNCH 1 IS IN THE AMOUNT OF \$19,675,000 AND TRAUNCH 2 IS IN THE AMOUNT OF \$13,325,000, FOR A TOTAL OF \$33,000,000. TO DATE, THE CENTRAL FLORIDA YMCA HAS PULLED A TOTAL OF \$31,593,700 FOR CONSTRUCTION PURPOSES AND HAS REPAYED \$1,991,908, LEAVING A REMAINING BALANCE OF \$29,601,792.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

▶ **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](http://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 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	5	307,272	NYSE
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 ▶ ( <u>EQUIPMENT</u> ) . . . . .	X	3	1,123,457	FMV
26 Other ▶ ( <u>TICKETS</u> ) . . . . .	X	1	122,991	FMV
FOOD FOR WOMENS	X	1	2,571	FMV
27 Other ▶ ( <u>LUNCHEON</u> ) . . . . .				
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** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		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?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**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
PART I, COLUMN (B):	REPORTING THE NUMBER OF CONTRIBUTIONS

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019**

**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](http://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, LINE 1 (CONTINUED)	IN 2019, THE Y WAS ABLE TO LEVERAGE ITS INTERNAL RESOURCES, AS WELL AS SUPPLEMENTAL FUNDING FROM DONORS, TO GENERATE APPROXIMATELY \$7.5 MILLION [THIS IS COST OF OUTREACH OPERATIONS PLUS FUNDING SUBSIDIES FROM DISNEY AND GOVERNMENTS] 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 \$2.8 MILLION [INCLUDES SCHOLARSHIP, BAD DEBT, AND TEACHER AND FIRST RESPONDER DISCOUNTS] IN FINANCIAL ASSISTANCE WAS GIVEN TO 32,918 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 [CAN'T VERIFY THIS NUMBER] CHILDREN PER DAY IN OUR 17 Y CHILD DEVELOPMENT CENTERS; AND, IN-TOTAL, SERVED MORE THAN 50,000 KIDS, AGED SIX MONTHS TO 18 YEARS IN A Y PROGRAM AS WELL AS MORE THAN 20,000 YOUTH IN 57 AFTER-SCHOOL PROGRAMS. BUT THE Y ISN'T JUST FOR YOUTH AND FAMILIES IT'S FOR ALL.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ANTIONE DEMINGS AND JERRY DEMMINGS HAVE A FAMILY RELATIONSHIP. CHARLIE ROPER AND BARBARA ROPER HAVE A FAMILY RELATIONSHIP.

## 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 CONFLICT OF INTEREST POLICY IS GIVEN OUT TO THE EXECUTIVE BOARD ALONG WITH A DISCLOSURE QUESTIONNAIRE, WHICH IS TURNED IN AND REVIEWED BY ASSOCIATION OFFICERS.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE PROVIDES INDEPENDENT OVERSIGHT OF THE CEO COMPENSATION PACKAGE. EVALUATION PROCESS DOES INVOLVE A DETAILED REVIEW AND COMPARISON OF SIMILARLY QUALIFIED POSITIONS AT SIMILAR ORGANIZATIONS. THE COMPENSATION COMMITTEE IS MADE UP OF INDEPENDENT VOLUNTEERS.



# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	CHANGE IN INTEREST RATE SWAP -302,577. ASC 606 ADJUSTMENT -709,072. PRIOR PERIOD - CCS ADJUSTMENT 2,005.

**990 Schedule O, Supplemental Information**

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

**2019**

**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](http://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
<b>(1)</b> 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
<b>(1)</b> CENTRAL FLORIDA YMCA CHILDCARE SERVICES INC 433 NORTH MILLS AVE ORLANDO, FL 32803 20-1065407	CHILDCARE SERVICES	FL	CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION	C	489,098	4,242,501	100.000 %		No

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

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

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)CENTRAL FLORIDA YMCA CHILDCARE SERVICES INC	Q	4,150,000	FMV

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

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

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

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

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

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