Department of the Treasury Internal Revenue Service

EXTENDED TO MAY 15, 2019

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Open to Public Go to www.irs.gov/Form990 for instructions and the latest information. 2017 A For the 2017 calendar year, or tax year beginning JUL 1. and ending JUN 30

								
В	Check if	C Name of organization		D Employer identif	ication number			
ε	pplicat	LIOUNG MEN S CHRISTIAN ASSOCIATION OF		1				
	Addre							
X	Name	Doing business as		59-0	624465			
	Initial returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er			
$\overline{}$	Final	P O POY 13170		850-	432-8327			
	termi			G Gross receipts \$	2,903,400.			
Г	Amer	ded DENCACOIA ET 22501	_	H(a) Is this a group r				
F	Appli		1 /	for subordinates				
	pend	SAME AS C ABOVE	K 2	H(b) Are all subordinates included? Yes No				
$\overline{\Box}$	ax-ex	empt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) o	or \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 ' '	list (see instructions)			
		te: NWW.YMCANWFL.ORG	<u> </u>	H(c) Group exemption				
		forganization: X Corporation Trust Association Other	I Vear		M State of legal domicile: FL			
	rt I	Summary		oriormation 23/011	VI State of legal domicile, 2 23			
تنا			TT CHR	ISTIAN PRIN	CTPLES TNTO			
ė	1	PRACTICE THROUGH PROGRAMS THAT BUILD A HE			D AND BODY			
Governance	1							
era	2	Check this box I if the organization discontinued its operations or dispose	ea or more		19			
õ	3	Number of voting members of the governing body (Part VI, line 1a)		3	19			
≈ 8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4				
Activities &	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	430			
vit	6	Total number of volunteers (estimate if necessary)		6	306			
Act		Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34		<u> 7b</u>	0.			
Revenue			<u> </u>	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		2,093,801.	1,198,627.			
	9	Program service revenue (Part VIII, line 2g)		1,373,032.	1,096,932.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	194,916.	118,413.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		276,551.	460,448.			
	12	Total revenue - add lines 8 through 1, Linust equa Part VIII, column (A), line 12)		3,938,300.	2,874,420.			
	13	Grants and similar amounts paid (Part IX, column A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s	15	Salaries, other compensation, amilionel benefits (Part IX, column (A), lines 5-10)		1,714,906.	1,588,958.			
Expenses	16a	Professional fundraising fees (Part IX, column (A) Ine 11e)		0.	0.			
per	b	Total fundraising expenses (Part IX, Column (D), line 25) > 101, 28	35.					
Ë	17	Other expenses (Part IX Column (A), Innes 1 a-11d 11f-24e)		1,193,935.	1,079,713.			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,908,841.	2,668,671.			
	19	Revenue less expenses Subtract line 18 from line 12		1,029,459.	205,749.			
r s			Bei	ginning of Current Year	End of Year			
ets (20	Total assets (Part X, line 16)		14,110,981.	13,404,077.			
Net Asse	21	Total liabilities (Part X, line 26)		1,124,794.	1,121,202.			
let,	22	Net assets or fund balances Subtract line 21 from line 20	<u> </u>	12,986,187.	12,282,875.			
	rt II	Signature Block	<u></u>	<u></u>	22/202/0731			
	_	lities of perjury, I declare that I have examine this return, including accompanying schedules	and stateme	nts, and to the hest of my	knowledge and helief it is			
		the soft perjory, I declare that I have examine utilis return, including accompanying schedules at an accompanying schedules.			knowledge and belief, it is			
uue,	Correc	at, and complete Deceleration of privater (gaily) than officer) is based on all information of will	cii pi epai ei	rias ariy kilowledge	10			
_		Signature of Officer		Date	17			
Sıgr				2010				
Here	9	MICHAEL BODENHAUSEN, CEO Type or print name and title						
			J.	Pata Jay J	DTIM			
_		Print/Type preparer's name Preparer's signature		ate Check C	PTIN			
Paid		JENNIFER C. KING, CPA		4/25/19 self-employ				
Prep		Firm's name WARREN AVERETT, LLQ 8		Firm's EIN ▶	45-4084437			
Use	Only	Firm's address 316 SOUTH BAYLEN ST. SUITE 300						
		PENSACOLA, FL 32502		Phone no 85	0-435-7400			
Mav	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

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Form 990 (2017)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST FLORIDA, INC. 59-0624465 Page 2 Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND BODY FOR ALL. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-F7? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O 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 (Code _____) (Expenses \$\frac{2,395,602.}{1,09} including grants of \$\frac{1,09}{2} including grants of \$\frac{1,09}{2} including grants of \$\frac{1}{2} including gr 1.096,932. CHILDREN OF ALL AGES AND FROM ALL WALKS OF LIFE JOINED TOGETHER BY A SHARED PASSION TO STRENGTHEN THE COMMUNITY FOR ALL. THANKS TO THE GENEROUS SUPPORT OF DONORS, WE WERE ABLE TO MAKE THE Y EXPERIENCE OPEN TO EVERYONE, INCLUDING THOSE WHO WERE IN NEED REGARDLESS OF THEIR FINANCIAL SITUATION. LAST YEAR, OUR LOCAL COMMUNITY OUTREACH TOTALED \$359,988, ENSURING THAT EVERYONE HAD AN OPPORTUNITY TO PARTICIPATE. YOUTH DEVELOPMENT WE HAVE BEEN THE COMMUNITY'S LEADER IN CHILDCARE FOR MORE THAN 40 YEARS, RESPONDING TO THE CRITICAL NEED FOR QUALITY CHILDCARE THAT SUPPORTS AND STRENGTHENS ALL FAMILIES. WE ARE DEDICATED TO NURTURING (Code ____) (Expenses \$ including grants of \$ ______) (Revenue \$ _____ (Code _____) (Expenses \$ ____ including grants of \$) (Revenue \$

4d Other program services (Describe in Schedule O)

Total program service expenses

(Expenses \$ including grants of \$

) (Revenue \$

2,395,602.

YOUNG MEN'S CHRISTIAN ASSOCIATION
Form 990 (2017) NORTHWEST FLORIDA, INC.
Part IV Checklist of Required Schedules

			T	T
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	۱.	x	
_	If "Yes," complete Schedule A	1 2	X	\vdash
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		x
	public office? If "Yes," complete Schedule C, Part I	3	├	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	х	
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	一		 -
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	MATERIAL SALES	なると	かなが、
	as applicable	33		额
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		' I	
	assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u> </u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	^	
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ŀ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	,		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G. Part III	_19_	<u>aan (</u>	<u>X</u>

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	ļ		
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	_26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Λ.
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		х	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		Х
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
20	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II, III, or IV, and			
34		34	х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	L Ì	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 ((2017)

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		163	1,00
b		1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
·	(gambling) winnings to prize winners?	1c	X	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<u> </u>	 -	
20	filed for the calendar year ending with or within the year covered by this return 2a 430	ł		l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			$\overline{}$
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	UU		-
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	Tu		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	and the contract of the contra	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		$\neg \neg$	
_	were not tax deductible?	6b	ı l	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			1
а	Initiation fees and capital contributions included on Part VIII, line 12		ľ	
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			;
11	Section 501(c)(12) organizations. Enter	ļ		
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	- 1		1
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	- 1	- 1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		\dashv	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-+	
	Note. See the instructions for additional information the organization must report on Schedule O			
þ	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\dashv	<u> </u>
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	gan i	2017
		LOLW	990 (ZU 1/)

Form 990 (2017) NORTHWEST FLORIDA, INC. 59-0624465 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					<u>X</u>				
Sec	tion A. Governing Body and Management					-				
		ı			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a_	19	1						
	If there are material differences in voting rights among members of the governing body, or if the governing			ĺ	İ	İ				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19]						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	iny other		ļ					
	officer, director, trustee, or key employee?			2	X					
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?			3_		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	4	ļ	X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5	<u> </u>	X				
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	opoint o	one or							
	more members of the governing body?			7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or	ĺ	i					
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:							
а	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	_X_					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at	the							
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a	X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X					
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	icts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	⁄es," de	scnbe							
	ın Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approva	l by inc	ependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	Х					
b	Other officers or key employees of the organization			15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ĺ						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wi	th a							
	taxable entity during the year?			16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	rticipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ızatıon'	s							
	exempt status with respect to such arrangements?			16b						
Sect	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶FL									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	n 501(c)(3)s only) av	aılable						
	for public inspection Indicate how you made these available. Check all that apply									
X Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor			inancı	al					
	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 boo	ks and	records >							
	MICHAEL BODENHAUSEN - 850-432-8327									
	P.O. BOX 13170 PENSACOLA FL 32591									

Form 990 (2017) NORTHWEST FLORIDA, INC. 59-0624465
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"

Employees, and Independent Contractors

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization	on nor any related	orga	nıza	tion	con	npen	sat	ed any current officer, d	rector, or trustee	
(A)	(B)	(0						(D)	(E)	(F)
Name and Title	Average	(do		Posi		า than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week	\vdash	cer an	a a a	recto	ar/trus T	Tee)	from	from related	other
	(list any	recto						the	organizations (W-2/1099-MISC)	compensation from the
	hours for related	D oc	a			sated		organization (W-2/1099-MISC)	(00-2/1099-00050)	organization
	organizations	ruste	Itrus		92/	uadu		(00-271033-101100)		and related
	below	dual t	Institutional trustee	L	og m	S se co	5			organizations
	line)	Individual trustee or director	Instit	Officer	Key employee	Highesi compensated employee	Ротте			
(1) JON KAGAN	1.00									
PAST CHAIR		Х					$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{L}}}}$	0.	0.	0.
(2) ALAN NICKELSEN	1.00					1				
CHAIR		Х	L.,	X		<u> </u>	L.	0.	0.	0.
(3) MERI ASMAR	1.00							_	_	
DIRECTOR		X		Ш		<u> </u>		0.	0.	0.
(4) PHIL PHILLIPS	1.00							_		_
DIRECTOR		X				L_		0.	0.	0.
(5) CAROLYN APPLEYARD	1.00							_		
DIRECTOR		Х	<u> </u>			L	L	0.	0.	0.
(6) ED CARSON	1.00									
DIRECTOR		Х	<u>.</u>			<u> </u>	ļ	0.	0.	0.
(7) KRAMER LITVAK	1.00									•
VICE CHAIR		Х	_	Х		<u> </u>	<u> </u>	0.	0.	0.
(8) TOM OWENS	1.00									
TREASURER		Х		Х		ļ		0.	0.	0.
(9) ANDY REMKE	1.00								_	•
DIRECTOR		X		Ш		┞-	_	0.	0.	0.
(10) JONATHAN GRIFFITH	1.00								0	0
DIRECTOR	1 00	Х	_	Н		\vdash	_	0.	0.	0.
(11) CHRISTOPHER KARIHER	1.00	,,						0.	0.	0.
DIRECTOR	1 00	Х				Н	_	0.	0.	<u> </u>
(12) KRISTEN LONGLEY	1.00	x						0.	0.	0.
DIRECTOR	1.00			-		┢	_		0.	<u> </u>
(13) STEPHANIE SANSING WHITE SECRETARY	1.00	х	İ	x				0.	0.	0.
(14) JOHN DANIEL	1.00	^		A		╁				
DIRECTOR	1.00	х						0.	0.	0.
(15) JODI DANIEL COOKE	1.00	Α		\dashv		╁┈		 		
DIRECTOR	1.00	x						0.	0.	0.
(16) DON HAFERKAMP	1.00		\vdash	\dashv		一				
DIRECTOR	1.00	Х						0.	0.	0.
(17) ALAN MOORE	1.00		\vdash	Н		T	 	† ·		
DIRECTOR	1 2.00	x						0.	0.	0.
							_	· · · · · ·		- 000

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NORTHWEST FLORIDA, INC.

Part VII Section A. Officers, Directors, Trus	tees, Key Emi	ploy	ees,	and	l Hi	ghes	st C	Compensated Employee	s (continued)		, <u> </u>		
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos heck		than (one	Reportable	Reportable		!	timate	
	hours per week					s both or/trus		T	compensation		l ar	nount other	
	(list any	├.	Γ	T			Ė	from the	from related organization		Com	pensa	
	hours for	Individual trustee or director	l			_		organization	(W-2/1099-MI			om th	
	related) a o c	stee		l	Safe		(W-2/1099-MISC)	(,		anızat	
	organizations	truste	Institutional trustee	5 5	Key emptoyee	шре		`			_	d relat	
	below	lanpı	let let	18	og un	est co	ةِ				orga	anızatı	ons
	line)	Ę	Insti	Officer	Key	Highest compensated employee	Former						
(18) DR. DOUG ROSS	1.00]								l			
DIRECTOR		X			L			0.		0.			0.
(19) LEE EVANS	1.00												
DIRECTOR		X				L		0.		0.			0.
(20) MICHAEL BODENHAUSEN	24.00							"					
CEO	16.00			X		l		141,842.		0.	2	2,6	80.
(21) MICHELLE SHELBY	20.00												
CFO	20.00			Х				89,448.		0.		8,6	44.
						<u> </u>							
		1											
						<u> </u>	T						
		1											
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			-	_	_	\vdash	┢						
		ł				İ							
	L	<u>. </u>		l	L	L	▶	231,290.		0.	3	1,3	24.
1b Sub-total								231,230.		0.	٠,	L , J.	0.
c Total from continuation sheets to Part VI	I, Section A							231,290.		0.	3	1,3	
d Total (add lines 1b and 1c)									200 - 6			<u> </u>	44.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wn	o r	eceived more than \$100,	JUU of reportable	;			1
compensation from the organization												Yes	No
										1	-	162	140
3 Did the organization list any former officer,		ıste	e, ke	y en	nplo	yee,	or	highest compensated en	nployee on				<u>x</u>
line 1a? If "Yes," complete Schedule J for s											3		
4 For any individual listed on line 1a, is the su									ne organization				
and related organizations greater than \$150											4	<u> </u>	
5 Did any person listed on line 1a receive or a	ccrue comper	isati	on fi	om	any	unre	elat	ed organization or individ	lual for services				
rendered to the organization? If "Yes." com	plete Schedul	e <i>J f</i>	or st	ıch r	ers	on					5	_	X
Section B. Independent Contractors								-					
1 Complete this table for your five highest co										ensat	tion fro	m	
the organization Report compensation for	the calendar ye	ear e	ndır	ng w	ıth c	or wi	thır	the organization's tax ye	ear				
(A)								(B)		_	(C		
Name and business	address							Description of s	ervices		ompe	nsatio	<u>า</u>
LANDRUM HR								PROFESSIONAL					
6723 PLANTATION ROAD, PEN	<u>ISACOLA,</u>	F	L	<u>32</u>	<u>50</u>	4		EMPLOYER ORGA	ANIZATIO		10	1,2	<u>93.</u>
2 Total number of independent contractors (ii	ncludina but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organic					1			,					
4.55j555 5. 55mponedation from the organic											Form	990 (2017)

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Form 990 (2017)

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) Revenue excluded from tax under Total revenue exempt function business sections 512 - 514 revenue revenue 56,067. Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 971,039. **b** Membership dues 1b 33,408. c Fundraising events 10 d Related organizations 1d 65,595. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 72,518. similar amounts not included above 15,808. g Noncash contributions included in lines 1a-1f \$ 198,627. h Total. Add lines 1a-1f Business Code 900099 1,096,932.1,096,932. 2 a PROGRAM FEES-SEE SCH O Program Service Revenue f All other program service revenue ▶ 1,096,932. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 118,413. 118,413. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties (i) Real (ii) Personal 45,044. 6 a Gross rents 0. b Less rental expenses 45,044. c Rental income or (loss) 45,044. 45,044. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _____ 33,408. of contributions reported on line 1c) See 401. Part IV, line 18 28,980. b Less direct expenses <28,579.> <28,579.> c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 335,072. 335,072. 11 a RELATED EXEMPT ORG. MA 900099 b OTHER INVESTMENT INCOM 107,147. 107,147. 900099 1,764. c OTHER INCOME 900099 1,764. d All other revenue 443,983. e Total. Add lines 11a-11d 874,420.1,096,932. 0. 578,861. Total revenue. See instructions

Form 990 (2017) NORTHWEST FLORIDA, INC.

Part IX Statement of Functional Expenses

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Sect	ion 501(c)(3) and 501(c)(4) organizations must come Check if Schedule O contains a respon			nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		0.1000	gonara, expenses	
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	· · ·	·		
5	Compensation of current officers, directors,				
	trustees, and key employees	269,130.	241,436.	17,413.	10,281.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		005 064		44 004
7	Other salaries and wages	1,100,263.	987,061.	71,221.	41,981.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	75 705	67.022	4 002	2 000
9	Other employee benefits	75,725. 143,840.	67,933.	4,903. 9,310.	2,889. 5,489.
10	Payroll taxes	143,040.	149,041.	9,310.	5,409.
11	Fees for services (non-employees)				
a	Management				·
b	Legal Legal Accounting	28,713.	25,759.	1,858.	1,096.
d	Lobbying	20,713.	23,133.	1,030.	1,050.
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		 		
g					
9	column (A) amount, list line 11g expenses on Sch O.)	153,480.	137,689.	9,934.	5,857.
12	Advertising and promotion	775.	695.	9,934.	5,857. 30.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	111,568.	100,089.	7,221.	4,258.
17	Travel	3,977.	3,568.	257.	152.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,602.	27,453.	1,981.	1,168.
20	Interest	9,146.	8,205.	592.	349.
21	Payments to affiliates	404 000	162 245	44 550	5 011
22	Depreciation, depletion, and amortization	181,967.	163,245.	11,778.	6,944.
23	Insurance	72,119.	64,699.	4,668.	2,752.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule (D.)				
a	SUPPLIES AND EXPENSES	167,865.	147,612.	12,741.	7,512.
b	DISTRIBUTIONS TO NATION	66,552.	66,552.		
С	RENTAL & MAINTENANCE OF	60,773.	54,520.	3,934.	2,319.
ď	FACILITY RENTAL	48,029.	43,087.	3,109.	1,833.
е	All other expenses	144,147.	126,958.	10,814.	6,375.
25	Total functional expenses. Add lines 1 through 24e	2,668,671.	2,395,602.	171,784.	101,285.
26	Joint costs. Complete this line only if the organization				: _
	reported in column (B) joint costs from a combined	İ	1		
	educational campaign and fundraising solicitation.	}			
	Check here if following SOP 98-2 (ASC 958-720)			<u>_</u>	
732010	11-28-17				Form 990 (2017)

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Га	<u> </u>	balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X		,	
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	2,374,240.	1	1,282,206.
	2	Savings and temporary cash investments	551,716.	2	194,599.
	3	Pledges and grants receivable, net	1,904,858.	3	1,119,685.
	4	Accounts receivable, net	39,665.	4	34,182.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		ĺ	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
'n		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	5,044,350.	7	5,044,350.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	83,010.	9	34,225.
	10a	Land, buildings, and equipment cost or other			_
		basis Complete Part VI of Schedule D 10a 4,952,589.			
	b	Less accumulated depreciation 10b 1,968,357.	2,884,796.	10c	2,984,232.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	1,080,615.	12	2,570,567.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	147,731.	15	140,031.
	_16	Total assets. Add lines 1 through 15 (must equal line 34)	14,110,981.	16	13,404,077.
	17	Accounts payable and accrued expenses	260,086.	17	231,355.
	18	Grants payable		18	
	19	Deferred revenue	49,579.	19	29,265.
	20	Tax-exempt bond liabilities		20	<u> </u>
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	· · · · · · · · · · · · · · · · · · ·
S	22	Loans and other payables to current and former officers, directors, trustees,			
litie		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	339,179.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	475,950.	25	860,582.
	26	Total liabilities. Add lines 17 through 25	1,124,794.	26	1,121,202.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
ů.	27	Unrestricted net assets	11,963,187.	27	11,259,875.
ala	28	Temporarily restricted net assets		28	
g B	29	Permanently restricted net assets	1,023,000.	29	1,023,000.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here	ŀ		
or 1		and complete lines 30 through 34.	. <u></u>		
ets	30	Capital stock or trust principal, or current funds		30	
lss(31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	12,986,187.	33	12,282,875.
	<u>34</u>	Total liabilities and net assets/fund balances	14,110,981.	34	13,404,077.

YOUNG MEN'S CHRISTIAN ASSOCIATION OF 59-0624465 Page 12 NORTHWEST FLORIDA, INC. Form 990 (2017) Part XI | Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI 2,874,420. Total revenue (must equal Part VIII, column (A), line 12) 2,668,671. Total expenses (must equal Part IX, column (A), line 25) 2 2 205,749. 3 Revenue less expenses Subtract line 2 from line 1 3 12,986,187. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) <69,061.> 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 R Prior period adjustments <840,000.> 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 12,282,875. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O X 2a 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 Both consolidated and separate basis Consolidated basis Separate basis 2b Х 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 Both consolidated and separate basis Separate basis X Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c 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

b | f "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

Form 990 (2017)

За

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

INC.

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

NORTHWEST FLORIDA,

Provide the following information about the supported organization(s)

2017 Open to Public

OMB No 1545-0047

pen to Public Inspection

Employer identification number

59-0624465

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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital sname, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 X 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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 _____ 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations

	(ı) Name of supported	(ii) EIN	(described on lines 1-10	in your govern	ing document?	(v) Amount of monetary	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
]		
Total							

59-0624465 Page 2 Schedule A (Form 990 or 990-EZ) 2017 NORTHWEST FLORIDA, INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support /(c) 2015 (d) 2016 (e) 2017 (f) Total (a) 2013 **(b)** 2014 Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a/publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test / 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "façts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 NORTHWEST FLORIDA, INC.

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

<u></u>	qualify under the tests listed b	elow, please comp	lete Part II)		_		
Sec	tion A. Public Support	T					T
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	7818086.	5227790.	1834125.	2093801.	1198627.	18172429.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	1379104.	1445182.	1461843	1373032.	1096932.	6756093.
_	organization's tax-exempt purpose	13/3104.	1440102.	1401042.	13/3032.	10000021	0730033.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	24 000	26,569.	24,593.	21,600.	401.	108,152.
	iness under section 513	34,989.	20,309.	24,393.	21,000.	401.	100,132.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	9232179.	6699541.	3320561.	3488433.	2295960.	25036674.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
С	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6)		~ -				25036674.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	9232179.	6699541.	3320561.	3488433.	2295960.	25036674.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	52,943.	37,243.	119,660.	125,641.	163,457.	498,944.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975	:					
С	Add lines 10a and 10b	52,943.	37,243.	119,660.	125,641.	163,457.	498,944.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI)	73,279.	139,571.	220,067.	215,735.	336,836.	985,488.
13	Total support. (Add lines 9, 10c, 11, and 12)	9358401.	6876355.	3660288.	3829809.	2796253.	26521106.
	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ition,
	check this box and stop here	·			•		▶□
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2017 (I			olumn (fl)	-	15	94.40 %
	Public support percentage from 2016		•	<i>(1)</i>		16	98.26 %
	tion D. Computation of Inves						
	Investment income percentage for 20			e 13. column (fl)		17	1.88 %
	Investment income percentage from :			0 10, 001011111 (1,)		18	1.41 %
	33 1/3% support tests - 2017. If the			n line 14 and line	15 is more than 3		
134	more than 33 1/3%, check this box ar						▶ X
	33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	, or 19b, check th	is box and see inst	ructions	▶□

Part IV Supporting Organizations

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

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		ļ
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		ļ
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			'
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	_3b		 _
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		—	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	4b		
	despite being controlled or supervised by or in connection with its supported organizations	40		
С	Did the organization support any foreign supported organization that does not have an IRS determination			- ,
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4c	-	
52	purposes Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
Ja	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN	, mar (5		
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			لـــــا
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			لــــــا
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	000		
10-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. Was the organization subject to the excess business holdings rules of section 4943 because of section	9c		
10a	,			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	10a		
	supporting organizations)? If "Yes," answer 10b below	_ iJa		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

YOUNG MEN'S CHRISTIAN ASSOCIATION OF Schedule A (Form 990 or 990-F7) 2017 NORTHWEST FLORIDA, INC.

	YOUNG MEN'S CHRISTIAN ASSOCIATION OF	0.00446	_	
Sche		9-062446	<u>5 P</u>	age 5
Га	rt IV Supporting Organizations (continued)			т —
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		ŀ	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			نــــا
	below, the governing body of a supported organization?	11a	ļ	<u> </u>
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c	<u></u>	<u> </u>
Sec	tion B. Type I Supporting Organizations			
		_	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		İ	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		ľ	1 1
	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	1_1_		L
2	Did the organization operate for the benefit of any supported organization other than the supported		ı	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			لــــــا
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control]]
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	### = Aut au	, _	
	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?	1_1_		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		'	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3 _		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	ctions).		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instructions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u> </u>		
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	ļ		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990 or 990-EZ) 2017 NORTHWEST FLORIDA, INC			59-0624465 Page 6
Ь				
1	Check here if the organization satisfied the Integral Part Test as a qualify	•	. , ,	Part VI) See instructions. Al
Sec	other Type III non-functionally integrated supporting organizations must c	complete S	(A) Prior Year	(B) Current Year
				(optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 1		1
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Mınimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		-	
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		-	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3_		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	7	
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ed Type III supporting orga	anization (see
	instructions)			,

Schedule A (Form 990 or 990-EZ) 2017

YOUNG MEN'S CHRISTIAN ASSOCIATION OF Schedule A (Form 990 or 990-EZ) 2017 NORTHWEST FLORIDA, INC.

Sche Par	dule A (Form 990 or 990-EZ) 2017 NORTHWEST FLO	RIDA, INC.		9-0624465 Page 7
	on D - Distributions	(a)(o) capporting ciga	nizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses	······································	- Ourrent rour
_	Amounts paid to supported organizations to accomplish exemp	<u> </u>		
~	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	· · · · · · · · · · · · · · · · · · ·	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	-		
6	Other distributions (describe in Part VI) See instructions	-		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
•	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions			
3_	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
<u> </u>	From 2014			
<u>d</u>	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			1
	line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
<u> </u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3			
	and 4c			
8	Breakdown of line 7			
	Excess from 2013			
	Excess from 2014			
_	Excess from 2015			
	Excess from 2016 Excess from 2017			
e	LAGGG HUIII ZUT/	<u>. </u>		<u> </u>

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 NORTHWEST FLORIDA, INC.	59-0624465 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, 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, P Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part V, Section E, lines 2, 5, and 6. Also complete this part V, Section E,	'a or 17b, Part III, line 12, les 1 and 2, Part IV, Section C, lart V, Section B, line 1e, Part V,
	(See instructions)	
		· · ·
	•	

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

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) organizat	ions Complete Part III			
Nan	ne of organization YOUNG M	EN'S CHRISTIAN AS	SSOCIATION (OF Emp	loyer identification number
	NORTHWE	ST FLORIDA, INC.			59-0624465
Pa	art I-A Complete if the org	anization is exempt unde	er section 501(c)	or is a section 527 or	ganization.
1	Provide a description of the organiz	ation's direct and indirect politica	al campaign activities i	ın Part IV	
2	Political campaign activity expendit	ures		▶ 9	S
3	Volunteer hours for political campai	gn activities			
Pa	art I-B Complete if the org	anization is exempt unde	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization unde	er section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 4955	▶ \$	·
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 t	or this year?		Yes Mo
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV		504/->		7/0
		anization is exempt unde			
1	Enter the amount directly expended	l by the filing organization for sec	tion 527 exempt funct	tion activities	S
2	Enter the amount of the filing organ	ization's funds contributed to oth	er organizations for se	ection 527	
	exempt function activities			▶ 9	S
3	Total exempt function expenditures	Add lines 1 and 2 Enter here ar	nd on Form 1120-POL		
	line 17b			▶ 9	·
	Did the filing organization file Form				└─ Yes
5	Enter the names, addresses and en				
	made payments For each organization				
	contributions received that were pro-				e segregated fund or a
	political action committee (PAC) If	additional space is needed, provi	de information in Part	IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter 0	contributions received and promptly and directly
				lulius il lione, enter o	delivered to a separate
					political organization
					If none, enter -0-
			· · · · · · · · · · · · · · · · · · ·		
			ļ		

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

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 NC Part II-A Complete if the organ	RTHWEST F	LORIDA, INC	i 501(c)(3) and file	59-(d Form 5768 (el	0624465 Page 2 ection under
section 501(h)).					
A Check ► ☐ If the filing organization	n belongs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	ie, address, EIN,
expenses, and share o					
B Check ▶	n checked box A ar	nd "limited control" pro	ovisions apply		T
	on Lobbying Expe ires" means amou	nditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public opinion (grass roots lobbying)			
b Total lobbying expenditures to influen					
c Total lobbying expenditures (add lines		, , , ,			
d Other exempt purpose expenditures	•		ĺ		
e Total exempt purpose expenditures (a	idd lines 1c and 1d)			
f Lobbying nontaxable amount Enter the			n columns		
If the amount on line 1e, column (a) or (b		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,00		00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,500,		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000		00 plus 5% of the exce			
Over \$17,000,000	\$1,000,		,,,,,,		
0.00.000	1				
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 of		line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this year					Yes No
(Some organizations that	4-Year Ave	eraging Period Under 01(h) election do not l ate instructions for lir	have to complete all o	f the five columns b	elow.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount	·-				
(150% of line 2d, column (e))				<u> </u>	
f Grassroots lobbying expenditures				<u> </u>	

Schedule C (Form 990 or 990-EZ) 2017

59-0624465 Page 3

Schedule C (Form 990 or 990-EZ) 2017 NORTHWEST FLORIDA, INC. 59-06244

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		3)	(1	o)
of the lobbying activity	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?	X			723.
j Total Add Ines 1c through 1ı				723.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year	7 3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section				. o :-
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," UK	(b) Part	m-A, iine	
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
expenses for which the section 527(f) tax was paid).	^			
a Current year	•	2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group	list), Part II-	A, lines 1 ar	nd 2 (see	
nstructions), and Part II-B, line 1. Also, complete this part for any additional information				•
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
A PORTION OF THE ANNUAL DUES PAID TO THE FLORIDA STATE	E ALLIA	NCE O	?	
MCA'S IS USED FOR LOBBYING BY THE FLORIDA STATE ALLIA	NCE ON	BEHA	F OF	
FLORIDA YMCA'S.				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

OMB No 1545-0047 Open to Public Inspection

Employer identification number 50-0624465

Pa	rt I Organizations Maintaining Donor Advise		Accounts. Complete if the
1	organization answered "Yes" on Form 990, Part IV, lin		Complete in the
	organization answered Tes Off Offi 330, Fartiv, in	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3			· · · · · · · · · · · · · · · · · · ·
	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	that the goods hold in donor od road	funda
5	Did the organization inform all donors and donor advisors in	-	
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose cor	
Da	rt II Conservation Easements. Complete if the ord	Torre 000 Day	Yes No
			t IV, line /
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	"""
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	• •	2c
d	Number of conservation easements included in (c) acquired a	ifter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	ganization during the tax
	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of public	service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial oa	
_	the following amounts required to be reported under SFAS 11	_	••
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		> \$

		ST FLORIDA				0.1			24465		ge 2
Pai	t III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	following that	t are a sig	ınıficant u	ise of its o	collection it	ems	
	(check all that apply)										
а	a Public exhibition d Loan or exchange programs										
b	b Scholarly research e Other										
c	Preservation for future generations							_			
4	Provide a description of the organization's co	ollections and explai	n how th	ev further th	ie organizatio	on's exem	not purpo	se in Part	XIII		
5	During the year, did the organization solicit of										
,	to be sold to raise funds rather than to be ma								Yes		No
Pài	t IV Escrow and Custodial Arran					"Yes" on	Form 990	Part IV			
<u> </u>	reported an amount on Form 990, Par	-	ete ii tiit	organizatio	ii answered	103 011	. 0,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
						note not u	adudad				
па	Is the organization an agent, trustee, custodi	an or other intermed	liary for	CONTRIBUTION	s or other as:	sers nor n	iciadea		٦٧		No
	on Form 990, Part X?								_ Yes	ш	140
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able							
									Amount		
C	Beginning balance						<u>1c</u>				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or cu	istodial acco	unt liabilit	ty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planatio	n has been	provided on	Part XIII					
Pai							0				
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	d) Three y	ears back	(e) Four y	ears b	ack
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses	·			i						
C											
d	Grants or scholarships								<u> </u>		—
е	Other expenditures for facilities				ļ						
	and programs										
f	Administrative expenses	 -	 		ļ				 		—
9	End of year balance	<u> </u>	<u> </u>		<u> </u>						
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a)) held as						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	ed for the	e organiza	ation	_		
	by								Y	'es 🏻	No_
	(i) unrelated organizations								3a(i)	\perp	
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
	t VI Land, Buildings, and Equipm						******				
	Complete if the organization answere). Part I\	/. line 11a S	ee Form 990	. Part X. I	ine 10				
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	value	
	Description of property	basis (investr		, , ,	(other)		reciation	i	(a) Dook	. 4146	
	1	Dadio (il ivedii			6,500.				176	50	<u>n .</u>
	Land				2,873.	1 /	94,7	10	2,488		
	Buildings			3,98	4,013.	1,4	: 74 , 1.	1 J ·	4,400	<u>, 13</u>	*•
	Leasehold improvements			F 5	0 01 0		77 -	67	211	- 2 4	<u>~</u>
	Equipment				8,816.		377,5		211		
e	Other			<u> 20</u>	4,400.		96,0	/1.	108		
Total	. Add lines 1a through 1e (Column (d) must e	aual Form 990, Part	X. colun	nn (B). line 1	0c.)			>	2,984	<u>, 23</u>	<u>2.</u>

Schedule D (Form 990) 2017 NORTHWEST F	<u>'LORIDA, IN</u>	C	59-06	24465 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or end-of-ye	ear market value
(1) Financial derivatives				
(2) Closely-held equity interests			· · · · · · · · · · · · · · · · · · ·	
(3) Other	0 500 5	65 777 67 1	WINGER 113	
(A) RAYMOND JAMES INVESTMENT	2,570,5	6/. END-OF-Y	EAR MARKET VA	TOR.
(B)				
(C)	<u> </u>			
(D)				
(E)				
(F)				
(G)	-			
(H) Tatal (Cal (h) must equal Form 000 Part V eq. (P) line 12.)	2,570,5	67		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ► Part VIII Investments - Program Related.	2,310,3	07.•1		
Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 11c See Form 990	Dart V. line 13	
(a) Description of investment	(b) Book value		aluation Cost or end-of-ye	ar market value
(1)	(0)	(-,		
(2)				
(3)		- 		<u>-</u>
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d See Form 990, I		
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>9.15.) </u>		<u>_</u>	
L	F 000 D+ IV	line 11 116 Cas Faur	000 D-+V I 05	
Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV	(b) Book value	990, Part X, line 25	
		(b) DOOK value		
(1) Federal income taxes (2) INTERCOMPANY PAYABLE		860,582.		
		000,302.		
(3)				
<u>(4)</u>				
(5)				
(6) (7)				
(8)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line	251	860,582.		
COMMINICO MUSI EQUAL FORM 330, FAREA. COL. ID) IIII	- E-U-J		·	

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.

59-0624465 Page 4 NORTHWEST FLORIDA, INC. Schedule D (Form 990) 2017 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 2,857,246. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 <69,061.> 2a a Net unrealized gains (losses) on investments 2b 22,907 b Donated services and use of facilities 2c c Recoveries of prior year grants 2d d Other (Describe in Part XIII) <46,154.> 2e e Add lines 2a through 2d 2,903,400. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b <28,980.> b Other (Describe in Part XIII) <28,980.> c Add lines 4a and 4b 4c 2,874,420. Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 2,654,006. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 22,907. 2a Donated services and use of facilities 2b **b** Prior year adjustments 2c c Other losses 28,980. 2d d Other (Describe in Part XIII) 51,887. e Add lines 2a through 2d 2,602,119. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 66,552 4b b Other (Describe in Part XIII) 66,552. c Add lines 4a and 4b 4c 2,668,671. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: THE INTERNAL REVENUE SERVICE HAS DETERMINED THE YMCA OF NORTHWEST FLORIDA, INC. AND THE YMCA OF PENSACOLA, INC. TO BE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN RECORDED. IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE DISCLOSURE OR ACCRUAL IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. PART XI, LINE 4B - OTHER ADJUSTMENTS: SPECIAL EVENTS EXPENSES INCLUDED IN INCOME -28,980. PART XII, LINE 2D - OTHER ADJUSTMENTS:

732054 10-09-17

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 NORTHWEST FLORIDA, INC.	59-0624465 Page 5
Schedule D (Form 990) 2017 NORTHWEST FLORIDA, INC. Part XIII Supplemental Information (continued)	
CDECTAL DIVING EVDENGEG INCLUDED IN INCOME	28,980.
SPECIAL EVENTS EXPENSES INCLUDED IN INCOME	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
	66 550
DISTRIBUTIONS TO NATIONAL YMCA	66,552.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for the latest instructions.

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Employer identification number

NORTHWE	ST FLORIDA, INC.				39-0624	465
Part I Fundraising Activities required to complete this par	 Complete if the organization answer 	red "Y	'es" or	n Form 990, Part IV, I	ine 17 Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitai f Solicitai g Special or oral agreement with any individual cart VII) or entity in connection with prividuals or entities (fundraisers) pursui	tion of tion of fundra (includ	non-g gover asing ding of onal fi	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts to (or retain fundraiser) (iv) Gross receipts to (or				(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No			
Total			<u> </u>			
3 List all states in which the organization or licensing	on is registered or licensed to solicit o	ontribi	utions	or has been notified	it is exempt from re	gistration

Schedule G (Form 990 or 990-EZ) 2017 NORTHWEST FLORIDA, INC. 59-0624465 Page 2												
Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000												
of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000												
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events						
			CORPORATE		NONE	(add col (a) through						
			CUP			col (c))						
			(event type)	(event type)	(total number)	35. (9)/						
Revenue												
eve	1	Gross receipts	33,809.			33,809.						
Œ												
	2	Less Contributions	33,408.			33,408.						
	-											
	з	Gross income (line 1 minus line 2)	401.			401.						
_	۳	areas moonis (mis 1 minus mis 2)										
	١.	Cook aware										
	4	Cash prizes		-								
	_											
_	5	Noncash prizes										
ses												
en	6	Rent/facility costs										
Direct Expenses												
ಕ	7	Food and beverages										
Ş												
	8	Entertainment										
	9	Other direct expenses	28,980.	-		28,980.						
	10	Direct expense summary Add lines 4 through	9 in column (d)		>	28,980.						
		Net income summary Subtract line 10 from li	<28,579.>									
Pa	rt l		answered "Yes" on Form	990. Part IV. line 19. or i	reported more than							
تــــا		\$15,000 on Form 990-EZ, line 6a										
_		\$13,000 Of 1 Off1 990-LZ, line 0a	T	(b) Pull tabs/instant		(d) Total gaming (add						
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))						
Revenue				Sings/progressive sings		(4)						
ځږ		_										
_	1	Gross revenue				<u> </u>						
က္ခ	2	Cash prizes										
Direct Expenses												
je je	3	Noncash prizes										
ŵ												
rect	4	Rent/facility costs	1									
٥		•		-								
	5	Other direct expenses										
	┝┷		Yes %	Yes %	Yes %	1						
	_	Volunteer labor	No No	No No	No No							
	6	Volunteer labor	140	110	IIIO_							
	l _	D Add as Othersel	5 l · · · · · · (-1)									
	7	Direct expense summary Add lines 2 through	n 5 in column (a)									
	8	Net gaming income summary Subtract line 7	from line 1, column (d)			<u> </u>						
9	Ent	ter the state(s) in which the organization condu	icts gaming activities									
a Is the organization licensed to conduct gaming activities in each of these states?												
b	If "	No," explain										
	_											
10-	10/6	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax v	/ear?	Yes No						
		•										
b If "Yes," explain												
			····									

YOUNG MEN'S CHRISTIAN ASSOCIATION OF 59~0624465 Page 3 Schedule G (Form 990 or 990-EZ) 2017 NORTHWEST FLORIDA, INC. 11 Does the organization conduct gaming activities with nonmembers? 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? 13 Indicate the percentage of gaming activity conducted in a The organization's facility 13b b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Address Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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 16 Gaming manager information Name ► ___ Gaming manager compensation ▶ \$ Description of services provided Director/officer 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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

Schedule G	(Form 990 or 990-EZ)	YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST FLORIDA, INC.	59-0624465 Page 4
Part IV	Supplemental Infor	mation (continued)	
		······································	
			_

SCHEDULE J (Form 990)

Part I

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Questions Regarding Compensation

► Go to www.irs.gov/Form990 for instructions and the latest information.
YOUNG MEN'S CHRISTIAN ASSOCIATION OF

NORTHWEST FLORIDA, INC.

Employer identification number 59-0624465

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as, maid, chauffeur, chef) Discretionary spending account 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III X Written employment contract X Compensation committee X Compensation survey or study Independent compensation consultant - 2 X Approval by the board or compensation committee Form 990 of other organizations 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 X 5a The organization? X 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of X 6a The organization? X Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the 8 initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2017

NORTHWEST FLORIDA, INC. Schedule J (Form 990) 2017

59-0624465

Page 2

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

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

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

		(B) Breakdown of	W 2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B)		
(A) Name and Title		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	compensation	Denems	(3)(1/(5)	reported as deferred on prior Form 990		
(1) MICHAEL BODENHAUSEN	(1)	141,842.	0	0.	9,464.	13,216.		0.		
CEO	_ (0)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
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Schedule J (Form 990) 2017

732112 10-17-17

Schedule J (Form 990) 2017	NORTHWEST FLORID	STIAN ASSOCIATION OF A, INC.		59-0624465	Page 3
Part III Supplemental Informa Provide the information, explanat		lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6	b, 7, and 8, and for Part II Al	so complete this part for any additional information	-
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				, Schedule J (Forn	990) 2017

732113 10-17-17

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

2017

OMB No 1545-0047

Open To Public Inspection

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST FLORIDA INC.

Employer identification number

				<u> FLORIDA</u>								<u>244</u>	65		_	
Part I	Excess Bene	efit Transa	actio	ons (section 5	01(c)(3), sect	ion 501(c)(4), and 50)1(c)	(29) organization	s only))					
	Complete if the	organization	ansv	vered "Yes" on	Form	990. Pa	art IV, line 25a or 25t	b, or	Form 990-EZ, Pa	art V, I	ine 40	b				
1				n answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, P								(d)	(d) Corrected?			
(a) Name of disqualified person		person	(2)	person and o			(c) D	escription of tran	sactio	n					
		-		<u> </u>								+	-3	No		
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2 Enter	the amount of tax i	incurred by t	the or	rganızatıon man	agers	or disc	qualified persons dur	ıng ·	the year under							
sectio	n 4958										▶ \$					
3 Enter t	the amount of tax,	if any, on lin	ie 2, a	above, reimburs	ed by	the org	ganization				\$					
_		_		_												
Part II	Loans to and	or From	Inte	erested Pers	ons											
	Complete if the o	organization	answ	vered "Yes" on I	orm 9	990-EZ	, Part V, line 38a or f	Form	n 990. Part IV. lin	e 26. d	or if the	e orgai	nızatıc	n		
	reported an amo	-					, ,	-		,		3-				
) Name of	(b) Relation		(c) Purpose		oen to or	(e) Original	1) Balance due	(g)	In	(h) App	proved (i) Written			
	ested person	with organiza			from the organization?		principal amount	(i) Balance due		default?		by board or committee?		01		
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		 -			To	From	<u>-</u>	┢╌		Yes	No	Yes	No	Yes	No	
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Total		_					▶ \$									
Part III	Grants or As	sistance	Ben	efiting Inter	este	d Per		_								
	Complete if the c	ordanization	answ	ered "Yes" on F	Form 9	aan Pa	urt IV line 27									
(a) N:	ame of interested p		T				(c) Amount of		(d) Type	of		10)	Purn	ose of		
(4) 140	arric or interested p	2013011	(b) Relationship between interested person and			assistance		assistan		1		issista				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

Schedule L (Form 990 or 990-EZ) 2017 NORTHWEST FLORIDA, INC.

Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of organization's revenues? (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of transaction transaction person and the organization Yes No 116,141. THE ORGANIZ BOARD OF DIRECTORS Х STEPHANIE SANSING WHITE Part V **Supplemental Information** Provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: STEPHANIE SANSING WHITE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BOARD OF DIRECTORS - SECRETARY (D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION PURCHASED THREE VEHICLES FROM SANDY SANSING NISSAN, A COMPANY OWNED 35% OR MORE BY A FAMILY MEMBER.

59-0624465 Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST FLORIDA, INC.

2017
Open to Public Inspection

Employer identification number 59-0624465

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FOR ALL. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE POTENTIAL OF KIDS IN A SAFE AND FUN-FILLED ENVIRONMENT WHERE KIDS AND YOUNG TEENS CAN LEARN, GROW, AND THRIVE TOGETHER. LAST YEAR, ON ANY GIVEN DAY, WE WELCOMED ABOUT 350 CHILDREN IN AFTERSCHOOL PROGRAMS AT OUR BRANCHES AND ON-SITE AT SCHOOLS. WE ARE THE LARGEST LOCAL PROVIDER OF SCHOOL-AGE CHILDCARE AND CONTINUE TO EXPAND THE QUALITY OF OUR PROGRAMS THROUGH A CURRICULUM THAT EMPHASIZES EDUCATIONAL ENRICHMENT AND VIGOROUS, ACTIVE PLAY. DURING SUMMER MONTHS AND SCHOOL BREAKS, CHILDREN NEED A SAFE PROGRAM THAT COMBATS SUMMER LEARNING LOSS AND PHYSICAL INACTIVITY. YMCA CAMP PROMOTES HANDS-ON LEARNING AND INTERACTION WITH A DIVERSE GROUP OF OTHERS - A GREAT ALTERNATIVE TO HOURS OF SCREEN TIME OR AN EMPTY HOUSE - AND OFFERS PLENTY OF EXERCISE. ALL TOGETHER, WE SERVED 1,719 YOUTH IN OUR CHILDCARE AND CAMP PROGRAMS LAST YEAR. WE CONTINUED TO BE A PARTNER WITH Y-USA TO OFFER THE REACH & RISE MENTORING PROGRAM TO YOUTH IN A GROUP SETTING. THROUGH OUR STATE-LICENSED VOLUNTARY PRE-KINDERGARTEN PROGRAM (PULLUM BRANCH), WE DEVELOP SCHOOL READINESS SKILLS FOR 4-YEAR-OLD'S TO HELP PREPARE THEM FOR FUTURE SUCCESS IN SCHOOL. WE CONSISTENTLY EARN HIGH RATINGS FOR THE 20 CHILDREN TESTING FOR STATE READINESS AFTER COMPLETING THIS PROGRAM. IN OUR MOST RECENT EVALUATION, WE EARNED AN 83% READINESS RATE, WHICH PLACED US IN THE TOP FIVE PROGRAMS IN THE COUNTY.

IN Y SPORTS PROGRAMS, WE BUILD SKILLS, TEACH VALUES, AND PROMOTE FUN.

AN ALTERNATIVE TO HIGHLY COMPETITIVE PROGRAMS, WE HAVE NO TRYOUTS.

RATHER, EACH CHILD PLAYS AT LEAST HALF OF EVERY GAME, AND WE ENCOURAGE

PARENT INVOLVEMENT. LAST YEAR, WE SERVED 1,357 CHILDREN IN YOUTH SPORTS

WITH THE HELP OF 143 VOLUNTEERS WHO HELPED US DELIVER PROGRAMS

INCLUDING SOCCER, FLAG FOOTBALL, BASKETBALL, VOLLEYBALL, AND BASEBALL.

IN A COASTAL FLORIDA COMMUNITY, OUR CHILDREN'S SAFETY IN AND AROUND THE
WATER IS A TOP PRIORITY. SWIM LESSONS AT THE Y GIVE CHILDREN THE SKILLS
TO BE SAFE IN THE WATER, PLUS A SENSE OF ACCOMPLISHMENT FROM LEARNING
SOMETHING NEW AND A GREAT WAY TO EXERCISE FOR LIFE. WE TAUGHT 227 SWIM
LESSONS LAST YEAR, WHILE PROVIDING THOUSANDS THE CHANCE TO ENJOY
RECREATIONAL POOL TIME.

HEALTHY LIVING

WE BELIEVE THAT PERSONAL WELLNESS IS VITAL FOR THE MEN, WOMEN, AND

CHILDREN WE SERVE. OUR GOAL IS TO CREATE OPPORTUNITIES FOR OUR MEMBERS

TO FEEL HEALTHY, WELCOME, AND CONNECTED AS THEY GROW IN SPIRIT, MIND,

AND BODY. THIS YEAR, MORE THAN 5,000 MEN, WOMEN, AND CHILDREN FROM ALL

WALKS OF LIFE GATHERED AT THE Y FOR FITNESS AND FELLOWSHIP.

WE EXPAND OUR DEFINITION OF HEALTHY LIVING BEYOND OUR BUILDINGS. OUR

CORPORATE CUP GAMES PROMOTE WELLNESS IN THE WORKPLACE WHILE BUILDING

COMPANY PRIDE AND CAMARADERIE. WEIGHT LOSS CHALLENGES OFFER ADULTS THE

SUPPORT AND GOOD-NATURED COMPETITION NEEDED TO MAKE LASTING CHANGES IN

THEIR HEALTH. OUR SENIOR PROGRAM AT THE PULLUM BRANCH PROVIDES SPECIFIC

CLASSES AND OPPORTUNITIES FOR PHYSICAL ACTIVITY AS WELL AS SOCIAL

THE FORM 990 IS PRESENTED IN A BOARD MEETING OR ELECTRONICALLY SENT TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY AND DISCLOSURE IS REVIEWED AND COMPLETED BY
732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST FLORIDA, INC.	Employer identification number 59-0624465
EVERY BOARD MEMBER ON AN ANNUAL BASIS.	
FORM 990, PART VI, SECTION B, LINE 15:	
EXECUTIVE COMMITTEE DETERMINES COMPENSATION BASED ON PERFO	RMANCE REVIEWS.
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST.	
FORM 990, PART VIII, LINE 2A, PROGRAM FEES:	
HEALTH AND ENHANCEMENT - WE BELIEVE EVERYONE SHOULD HAVE T	не
OPPORTUNITY TO PURSUE HEALTH IN SPIRIT, MIND, AND BODY. AS	THE LEADER
IN HEALTH AND WELLNESS, THE YMCA ENABLES PEOPLE OF ALL AGE	S, INTERESTS,
AND ABILITIES TO ENJOY KEEPING FIT IN A WHOLESOME AND SUPP	ORTIVE
ENVIRONMENT. Y ASSISTANCE IS OFFERED FOR MEMBERSHIPS OF AL	L TYPES FOR
THOSE IN FINANCIAL NEED. ABOUT 12% OF OUR MEMBERS ENJOYED	MEMBERSHIP
THROUGH OUR Y ASSISTANCE PROGRAM.	
AQUATICS - IN OUR POOLS, WE PROVIDE WATER SAFETY AND SWIM	INSTRUCTION
AS WELL AS FAMILY RECREATIONAL OPPORTUNITIES. THESE SKILLS	ARE
ESSENTIAL TO FAMILIES IN FLORIDA, WHERE DROWNING IS THE NU	MBER ONE
CAUSE OF ACCIDENTAL DEATH OF YOUNG CHILDREN. WE HAVE EXPAN	DED OUR
SUMMER CAMPS TO INCLUDE DAILY SWIM INSTRUCTION FOR CAMPERS	. AS A
RESULT, VIRTUALLY EVERY CHILD TESTED WAS ABLE TO SWIM THE	LENGTH OF THE
POOL WITHOUT THE AID OF A FLOTATION DEVICE BY THE END OF C	AMP.
SPORTS - OUR SPORTS PHILOSOPHY MAINTAINS THAT EVERY PARTIC	IPANT SHOULD
HAVE THE OPPORTUNITY TO PLAY AND FEEL SUCCESSFUL WHILE LEA	RNING
SPORTSMANSHIP AND DEVELOPING CONFIDENCE. Y YOUTH SPORTS PR	
732212 09-07-17 Sched	lule O (Form 990 or 990-EZ) (2017)

Employer identification number 59-0624465

CHILDREN STRONG, APPROPRIATE ROLE MODELS WHO HELP YOUTH DEVELOP A

POSITIVE SELF-IMAGE AND RESPECTFUL ATTITUDE. AS THE INVENTOR OF

BASKETBALL AND VOLLEYBALL, THE Y CONTINUES TO BE A STRONG PROPONENT OF

RECREATIONAL SPORTS AS A TOOL TO TEACH VALUES, DEVELOP PHYSICAL SKILLS,

AND PROMOTE OVERALL WELLNESS.

CHILDCARE - AS PARENTS STRUGGLE IN TODAY'S ECONOMY TO MEET THE

FINANCIAL OBLIGATIONS OF RAISING CHILDREN, THE ECONOMIC HURDLES THEY

FACE ARE COMPOUNDED BY COSTS ASSOCIATED WITH AFFORDING QUALITY

CHILDCARE. OUR Y MEETS THAT NEED TODAY BY PROVIDING SAFE, QUALITY,

VALUES-BASED CHILDCARE TO FAMILIES FROM A RANGE OF SOCIOECONOMIC

SECTORS IN 12 LOCATIONS THROUGHOUT THE TWO-COUNTY AREA. WE READILY

ESTABLISH CHILDCARE PROGRAMS IN THOSE POCKETS OF THE COMMUNITY MOST IN

NEED OF THIS SERVICE - AREAS WHERE PRIVATE PROVIDERS ARE UNWILLING TO

OPERATE WITH THE DEFICITS WE KNOW WE WILL FACE. THESE SITES SERVE A

DISPROPORTIONATE NUMBER OF MINORITY YOUTH, WHO ALSO TEND TO BE IN LOWER

PERFORMING SCHOOLS, MAKING THE SAFETY AND ACADEMIC ENHANCEMENT OF

AFTER-SCHOOL CARE EVEN MORE CRITICAL. LAST YEAR, AMONG ALL CHILDREN IN

OUR CHILDCARE PROGRAMS, ABOUT HALF RECEIVED SOME LEVEL OF Y ASSISTANCE.

FOR ALL OF THESE FAMILIES, THE ABILITY TO ACCESS CHILDCARE IS CRITICAL

TO CONTINUED EMPLOYMENT OR SCHOOL ENROLLMENT.

CAMPING - YMCA CAMP PROVIDES YOUNG PEOPLE AN OPPORTUNITY TO FORM NEW

AND LASTING FRIENDSHIPS, SHARE DISCOVERIES AND EXPERIENCE THE NATURAL

WONDERS OF THE OUTDOORS. WE CAREFULLY SELECT AND TRAIN OUR COUNSELORS

TO PROVIDE THE LEADERSHIP AND GUIDANCE NEEDED TO ENSURE A SAFE, QUALITY

CAMP EXPERIENCE, WHICH PROMOTES PERSONAL GROWTH AND DEVELOPMENT AMONG

OUR YOUNG PARTICIPANTS. WE HAVE CONTINUED ENHANCING OUR CAMPS TO

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST FLORIDA, INC.	Employer identification number 59-0624465
PROVIDE MORE MUSIC AND MOVEMENT, VIGOROUS PHYSICAL ACTIVIT	Y, HANDS-ON
FIELD TRIPS THAT PROMOTE LEARNING AND EXPLORATION, AND OPP	ORTUNITIES TO
WORK ON LITERACY AND MATH SKILLS TO COMBAT SUMMER LEARNING	LOSS.
IN ALL OF OUR PROGRAMS, OUR GOAL IS TO DEVELOP THE TOTAL P	ERSON IN
SPIRIT, MIND, AND BODY. TODAY'S YOUNG PEOPLE ARE FACED WIT	H MORE
POTENTIALLY HARMFUL CHOICES, AND AT AN EARLIER AGE, THAN A	NY PREVIOUS
GENERATION. STUDIES THAT TRACK THE RELATIONSHIP BETWEEN IN	DICATORS OF
CHILD HEALTH AND WELL-BEING AND THE LATER SUCCESSES OR FAI	LURES OF
THESE YOUTH INDICATE THAT THOSE CHILDREN WHO LACK SUPPORT,	NURTURING,
AND QUALITY EXPERIENCES EARLY IN LIFE SPEND YEARS TRYING T	O CATCH UP
AND OFTEN NEVER DO. INSTEAD, THEY DROP OUT OF SCHOOL, BECO	ME INVOLVED
IN THE JUVENILE JUSTICE SYSTEM, HAVE BABIES AS TEENS, BECO	ME DEPENDENT
ON THE SOCIAL WELFARE SYSTEM, AND STRUGGLE TO HOLD DOWN A	JOB. THE
OVERWHELMINGLY POSITIVE EFFECTS THAT VALUES-BASED, QUALITY	PROGRAMS
SUCH AS THE YMCA'S HAVE ON CHILD DEVELOPMENT IS WELL DOCUM	ENTED. TO
THIS END, OUR MISSION COMPELS US TO PROVIDE FINANCIAL ASSI	STANCE
WHENEVER POSSIBLE TO HELP YOUTH AND FAMILIES OF ALL RACIAL	AND
SOCIOECONOMIC LEVELS BENEFIT FROM YMCA PROGRAMS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFERS OUT	-840,000.

SCHEDULE R	
(Form 990)	

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047_ 2017 Open to Public Inspection

Department of the Treasury internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information
YOUNG MEN'S CHRISTIAN ASSOCIATION OF
NORTHWEST FLORIDA, INC.

Employer identification number 59-0624465

(a)	(b)	(c)	(d)	(e))	(1)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	or Total inco	me End-of yea	ır assets	ots Direct controlling entity		9
						- "		
Part II Identification of Related Tax-Exempt Orga organizations during the tax year	inizations. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more rel	lated tax-exer	mpt	
Part II Identification of Related Tax-Exempt Orga 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))	Direct o	(f) controlling	Section S conti ent	g) 512(b)(13) rolled hty?
organizations during the tax year (a) Name, address, and EIN of related organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF PENSACOLA, INC 46-4755131, P.O. BOX	(b)	(c) Legal domicile (state or foreign country)	(d) Exempt Code	(e) Public chanty status (if section	Direct o	(f) controlling	Section 5	rolled
organizations during the tax year (a) Name, address, and EIN of related organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF PENSACOLA, INC 46-4755131, P.O. BOX	(b) Primary activity CHRISTIAN PRINCIPLED PROGRAMS THAT BUILD A	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	Direct o	(f) controlling	Section S conti ent	nolled hty?
organizations during the tax year (a) Name, address, and EIN	(b) Primary activity CHRISTIAN PRINCIPLED PROGRAMS THAT BUILD A	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	Direct o	(f) controlling	Section S conti ent	nolled hty?

For Paperwork Reduction Act Notice, see the Instructions for Form 990
SEE PART VII FOR CONTINUATIONS

732161 09-11-17 LHA

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 NORTHWEST FLORIDA, INC. 59-0624465

[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

Page 2

(a)	(b)	(c)	(d)	(e)	(f)	(g)	0	h)	(1)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (alate or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of year assets	Disprop	ortionate tions?	amount in box	General or managing partner?	Percentag ownershi
		foreign country)		sections 512-514)		833613	Yes	No	K-1 (Form 1065)	Yes No	
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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	ent	tion b)(13) rolled tity?
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Part V Transactions With Related Organizations Complete if the organization ans	wered "Yes" on Forn	n 990, Part IV, line 34, 35b	, or 36			
Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the organization engage in any of the following transactions	s with one or more re	lated organizations listed i	n Parts II IV?			Ш
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		X
b Gift, grant, or capital contribution to related organization(s)				1b	X_	
c Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)				<u>1d</u>		Х
e Loans or loan guarantees by related organization(s)				<u>1e</u>	Х	<u> </u>
f Dividends from related organization(s)				1f		Х
g Sale of assets to related organization(s)				<u>1g</u>		Х
h Purchase of assets from related organization(s)				1h		Х
Exchange of assets with related organization(s)				11		X
J Lease of facilities, equipment, or other assets to related organization(s)				11_		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
Performance of services or membership or fundraising solicitations for related orga.	nızatıon(s)			11	Х	
m Performance of services or membership or fundraising solicitations by related organ	nızatıon(s)			1m		X
n Shanng of facilities, equipment, mailing lists, or other assets with related organization	on(s)			<u>1n</u>		X
 Shanng of paid employees with related organization(s) 				10		Х
				-		ئيتا
p Reimbursement paid to related organization(s) for expenses				1p.	ļ.,	X
 Reimbursement paid by related organization(s) for expenses 				1q		X
						اسييد
 Other transfer of cash or property to related organization(s) 				1r		X
s Other transfer of cash or property from related organization(s)				1s_		<u>x</u>
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	elationships and transaction threshol	ds		
(a) Name of related organization	(b)	(c)	(d)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining	amount involved		
WATER AND C CURTOMINE ACCOUNT OF	туро (а-3)				-	
YOUNG MEN'S CHRISTIAN ASSOCIATION OF	l _E	722 162	PAYABLE BALANCE			
YOUNG MEN'S CHRISTIAN ASSOCIATION OF	-	/33,102.	FAIRBUE BAHANCE			
	L	335 072	MANAGEMENT FEE			
(2) PENSACOLA, INC YOUNG MEN'S CHRISTIAN ASSOCIATION OF	<u> </u>	333,0724	MANAGEMENT FEE			
	В	840 000	CAPITAL CAMPAIGN CO	ONTET RITET	NC	
(3) PENSACOLA, INC	 	040,000.	CHI TIRL CHILATON CO	<u> </u>		
(4)	1					
(4)	<u> </u>				-	
(5)						
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NORTHWEST FLORIDA, INC. Schedule R (Form 990) 2017

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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 domicite (state or foreign country)	(e) Are all partners sec. 501(c)(3) args ? Yes No	(f) Share of total income	(g) Share of end-of year assets	(h) Dispropor bonale allocations: Yes No	(j) General or managing partner? Yes No	(k) Percentage ownership

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Schedule R (Form 990) 2017 NORTHWEST FLORIDA, INC. 59-0624465 Page 5 Part VII | Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: NAME OF RELATED ORGANIZATION: YOUNG MEN'S CHRISTIAN ASSOCIATION OF PENSACOLA, INC. PRIMARY ACTIVITY: CHRISTIAN PRINCIPLED PROGRAMS THAT BUILD A HEALHY SPIRIT, MIND AND BODY.

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

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AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST FLORIDA, INC. (formerly known as The Young Men's Christian Association of Greater Pensacola, Florida, Inc.)

The undersigned not-for-profit corporation, The Young Men's Christian Association of Greater Pensacola, Florida, Inc., desiring to amend and restate its Articles of Incorporation under the provisions of Section 617.1007, Florida Statutes, hereby adopts the following Amended and Restated Articles of Incorporation:

ARTICLE I Name

The name of the corporation shall be "Young Men's Christian Association of Northwest Florida, Inc." (hereinafter called the "corporation").

ARTICLE II Principal place of business and mailing address

The principal place of business and mailing address of the corporation shall be:

400 North Palafox Street Pensacola, Florida 32501.

ARTICLE III Purposes

The purpose of the Association is to put Christian principles into practice through programs that build a healthy spirit, mind and body for all. Such programs shall seek to build strong children, families and communities and help individuals and families grow personally, clarify values, improve personal and family relationships, appreciate diversity, become better leaders and supporters and develop special skills for accomplishing personal goals and improving confidence and self-esteem. Such programs may include, without limitation, youth sports, child care, aquatics, camping, recreation, health and fitness, teen leadership, personal improvement, family development, community service and special events. The corporation is organized as a corporation not for profit, exclusively for charitable, religious, educational, and scientific purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. Further, the corporation may engage in other activities designed or intended to accomplish such purposes. To these ends, the corporation may do and engage in any and all lawful activities and may exercise all other power and authority now or hereafter conferred upon corporations not for profit in the State of Florida and may establish and provide for the conduct and maintenance of Young Men's Christian Association work in northwest Florida and adjoining areas not already included in the territory of another duly organized local Young Men's Christian Association.

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ARTICLE IV
Duration

The corporation shall exist perpetually.

ARTICLE V Membership

The qualifications for members in the corporation and the manner of their admission and removal shall be as regulated by the bylaws of the corporation. The voting rights of the members, if any, shall be as provided in the bylaws of the corporation.

ARTICLE VI Board of Directors

The business and affairs of the corporation shall be governed by the directors of the corporation. The directors of the corporation shall be elected or appointed, and may be removed, in the manner provided in the bylaws of the corporation.

ARTICLE VII Bylaws

The bylaws of the corporation shall be adopted by a majority vote of the directors of the corporation. Thereafter, changes in the bylaws may be made only in the manner provided in the bylaws of the corporation.

ARTICLE VIII Limitation of corporate powers

The corporation may exercise all of the powers described in Sections 617.0302 and 617.0303. Florida Statutes, as amended from time to time, subject to the following exception: the corporation shall not be authorized to use such powers to carry on any activity which is not in furtherance of the exclusive purposes for which it was organized or which is prohibited for a corporation exempt from income tax under Section 501(c)(3) of the Internal Revenue Code.

ARTICLE IX Initial registered agent and street address

The name and street address of the initial registered agent are:

Larry Vogelsang 400 North Palafox Street Pensacola, Florida 32501

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ARTICLE X Net earnings and private inurement

No part of the net earnings, gains, or assets of the corporation shall inure to the benefit of, or be distributable to its members, trustees, directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions to further the charitable purposes for which this corporation was organized and which are consistent with Section 501(c)(3) of the Internal Revenue Code. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in, including the publishing or distribution of statements relating to, any political campaign on behalf of or in opposition to any candidate for public office.

ARTICLE XI Distribution of corporate assets upon dissolution

In the event of dissolution or final liquidation of the corporation, the board of directors shall, after paying or making provision for the payment of all the lawful debts and liabilities of the corporation, distribute all the assets of the corporation to one or more of the following categories of recipients as the board of directors of the corporation shall determine:

- (a) a nonprofit organization or organization which may have been created to succeed the corporation, as long as such organization or each of such organizations shall then qualify as a governmental unit under section 170(c) of the Internal Revenue Code or as an organization exempt from federal income taxation under section 501(a) of such Code as an organization described in section 501(c)(3) of such Code; and/or
- (b) a nonprofit organization or organizations having similar aims and objects as the corporation and which may be selected as an appropriate recipient of such assets, as long as such organization or each such organizations shall then qualify as a governmental unit under section 170(c) of such Code or as an organization exempt from federal income taxation under section 501(a) of such Code as an organization described in section 501(c)(3) of such Code.

ARTICLE XII Amendment

These Articles may be added to, amended, altered or repealed at any meeting of the Board of Directors, notice of which shall have referred to the proposed action, by the affirmative vote of two-thirds of the whole Board of Directors, provided that written notice of such amendment(s) shall be given to each Director at least two (2) weeks prior to such meeting.

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IN WITNESS WHEREOF, the undersigned Chairman and Secretary of The Young Men's Christian Association of Greater Pensacola, Florida, Inc. have executed the foregoing Amended and Restated Articles of Incorporation on this 31 day of August, 2005.

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER PENSACOLA, FLORIDA, INC.,

a Florida not-for-profit corporation

By: Aller I Pitcher its Chairman

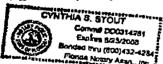
ATTEST:

Donald G. Hess, Jr., its Secretary

STATE OF FLORIDA COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 31 day of August, 2005, by Walter J. Ritchie and Donald G. Hess, Ir., the Chairman and Secretary, respectively, of The Young Men's Christian Association of Greater Pensacola, Florida, Inc., a Florida not-for-profit corporation, on behalf of said corporation. Said persons are personally known to me or presented their respective current Florida driver's licenses as identification.

(Affix Notary Seal)



Signature of Notary

Name of Notary Printed

My Commission Expires:

8-23-2004

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated not for profit corporation at the address designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

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STATE OF FLORIDA COUNTY OF ESCAMBIA

The foregoing Registered Agent Acceptance was subscribed, sworn to and acknowledged before me by Larry Vogelsang on this <u>b</u> day of August, 2005. Larry Vogelsang is personally known to me.

-SEAL~

NOTARY PUBLIC

CYNTHIA S. STOUT

Comms DDtg14231

Explies 0/23/2-00

Bonded thru (900)432-1254

Flonda Notery Auen , Inc

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CERTIFICATE PURSUANT TO SECTION 617.1007(3), FLORIDA STATUTES

The undersigned not-for-profit corporation, The Young Men's Christian Association of Greater Pensacola, Florida, Inc., hereby certifies the following pursuant to Section 617.1007(3), Florida Statutes:

- (a) The foregoing and attached Amended and Restated Articles of Incorporation of Young Men's Christian Association of Northwest Florida, Inc. contains amendments to the Articles of Incorporation requiring member approval.
- (b) The current name of the corporation is "The Young Men's Christian Association of Greater Pensacola, Florida, Inc.", and the new name of the corporation, as provided in the foregoing Amended and Restated Articles of Incorporation, is "Young Men's Christian Association of Northwest Florida, Inc."
- (c) The foregoing Amended and Restated Articles of Incorporation sets forth the text of each amendment adopted.
- (d) The foregoing Amended and Restated Articles of Incorporation were duly adopted by the members of the corporation at a special meeting duly noticed and called for such purpose which was held on May 23, 2005. The number of votes cast in favor of the adoption of said Amended and Restated Articles of Incorporation was sufficient for approval.

IN WITNESS WHEREOF, the undersigned President and Secretary of The Young Men's Christian Association of Greater Pensacola, Florida, Inc. have executed this Certificate on this the \(\sigma\) day of August, 2005.

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER PENSACOLA, FLORIDA, INC.,

a Florida not-for-profit corporation

ATTEST:

Donald G. Hess, Jr., its Secretary

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P. 08

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STATE OF FLORIDA COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this <u>hearth of the August</u>, 2005, by Walter J. Ritchie and Donald G. Hess, Jr., the Chairman and Secretary, respectively, of The Young Men's Christian Association of Greater Pensacola, Florida, Inc., a Florida not-for-profit corporation, on behalf of said corporation. Said persons are personally known to me or presented their respective current Florida driver's licenses as identification.

(Affix Notary Seal)

CYNTHIA S. STOUT
Comma DD03]4281
Explas 8/3/2008
Bonded thru (800)432-4254
Florida Notary Asse... Inc.

Signature of Notary

Name of Notary Printed My Commission Expires:

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