

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2008Open to Public
Inspection**A** For the 2008 calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF FLORIDA'S FIRST COAST, INC.		D Employer identification number 59-0638514
		Doing Business As		E Telephone number 904-296-3220
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 12735 GRAN BAY PARKWAY 250		G Gross receipts \$ 40,725,838.
		City or town, state or country, and ZIP + 4 JACKSONVILLE, FL 32258		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: PENELOPE D ZUBER 12735 GRAN BAY PKWY W STE 250, JACKSONVILLE,				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.FIRSTCOASTYMCA.ORG				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1964 M State of legal domicile: FL				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of employees (Part V, line 2a)	5	2592
	6 Total number of volunteers (estimate if necessary)	6	1700
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	648,974.
b Net unrelated business taxable income from Form 990-T, line 34	7b	8,405.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	19,009,502.	11,902,528.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,980,726.	26,874,843.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-45,454.	-660,276.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	429,071.	240,975.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	47,373,845.	38,358,070.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		9,423,640.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,161,477.	17,291,291.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 526,086.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	15,694,534.	13,953,810.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,856,011.	40,668,741.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	14,517,834.	-2,310,671.
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	57,556,400.	54,718,223.
	22 Net assets or fund balances. Subtract line 21 from line 20	25,197,020.	25,507,887.
		32,359,380.	29,210,336.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on information of which preparer has any knowledge.			
	TAXPAYER'S COPY		3.10.2010	
Paid Preparer's Use Only	Signature of officer PENELOPE D ZUBER	PREPARED BY	Date	
	LBA CERTIFIED PUBLIC ACCOUNTANTS PA 501 RIVERSIDE AVENUE, SUITE 800 JACKSONVILLE, FLORIDA 32202-4939			
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶	Phone no. ▶ 904-396-4015	

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION

TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD
HEALTHY SPIRIT, MIND AND BODY FOR ALL.2 Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ? ☒ Yes ☐ No

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

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

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 14187499. including grants of \$) (Revenue \$ 1,525,655.)
 HEALTH ENHANCEMENT: THE YMCA BELIEVES THAT HEALTHY MINDS AND BODIES ARE
 SACRED GIFTS AND THAT PHYSICAL FITNESS AND MENTAL WELL-BEING ARE
 CONDITIONS TO BE ACHIEVED AND MAINTAINED THROUGHOUT ONE'S LIFE. THUS, A
 TOTAL WELLNESS CONTINUUM IS PROVIDED VIA INDIVIDUAL FITNESS EVALUATIONS
 AND COUNSELING, A WIDE VARIETY OF EXERCISE PROGRAMS FOR INDIVIDUALS OF
 ALL AGES AND ABILITIES, SPECIALIZED YOUTH, SENIOR AND SPECIAL NEEDS
 PROGRAMS AND MOTIVATIONAL PROGRAMS DESIGNED TO CHALLENGE AND ENHANCE
 MENTAL AND PHYSICAL HEALTH. YMCA HEALTH ENHANCEMENT PROGRAMS ARE
 IMPORTANT PREVENTATIVE TOOLS FOR AN EVER-GROWING AGING POPULATION. THE
 YMCA ALSO PROVIDES OUTREACH WELLNESS PROGRAMS TO RESIDENTS IN A VARIETY
 OF SETTINGS THROUGHOUT THE REGION INCLUDING SEVERAL CHURCHES, COMMUNITY
 AGENCIES, AFTER SCHOOL AND SUMMER DAY CAMP AND WORKSITES. IN ADDITION,

4b (Code:) (Expenses \$ 5,897,309. including grants of \$) (Revenue \$ 5,586,098.)
 CHILD CARE: PROVIDING SERVICES AND PROGRAMS FOR FAMILIES IS A CENTRAL
 PART OF THE YMCA MISSION, PARTICULARLY PROVIDING SUPPORT TO HELP
 FAMILIES BE SUCCESSFUL IN RAISING HEALTHY, WELL-ADJUSTED CHILDREN. THE
 YMCA PRE-SCHOOL (CHILD DEVELOPMENT CENTER) PROGRAM PROVIDES A
 NURTURING, STIMULATING AND SAFE ENVIRONMENT FOR CHILDREN AGES 2-5, WITH
 DAILY OPPORTUNITIES FOR GROWTH AND THE DEVELOPMENT OF INTELLECTUAL,
 SOCIAL, EMOTIONAL AND PHYSICAL SKILLS. "PRIME TIME" (BEFORE AND AFTER
 SCHOOL) PROGRAMS FOR ELEMENTARY SCHOOL-AGED CHILDREN PROVIDES QUALITY,
 STRUCTURED TIME EACH DAY FOR HOMEWORK ASSISTANCE, CREATIVE ACTIVITIES,
 PHYSICAL PLAY, HEALTHY SNACKS AND "PEOPLE AND HOME TIME" WHICH
 EMPHASIZES VALUES THROUGH CHILD-FRIENDLY LEARNING ACTIVITIES. FULL-TIME
 CHILD CARE DURING THE SUMMER VIA "DAY CAMP" SETTINGS OFFER AN

4c (Code:) (Expenses \$ 5,887,993. including grants of \$) (Revenue \$ 2,022,901.)
 POSITIVE YOUTH DEVELOPMENT: POSITIVE YOUTH DEVELOPMENT IS AN INTEGRAL
 PART OF THE YMCA'S MISSION. THE YMCA ADDRESSES THIS ISSUE VIA VARIOUS
 ORGANIZED ACTIVITIES UNDER SOCIAL DEVELOPMENT AND RECREATION PROGRAMS.
 Y-GUIDES AND Y-PRINCESSES IS A FATHER-CHILD PROGRAM DESIGNED TO
 STRENGTHEN FAMILIES BY INCREASING THE BONDS BETWEEN FATHER AND CHILD.
 THE CHALLENGE COURSE PROGRAM PROVIDES AT-RISK YOUTH AND TEENS WITH
 ACTIVITIES THAT BUILD SELF-ESTEEM, ENCOURAGE TEAMWORK, AND FOSTER GROUP
 DEVELOPMENT SKILLS. SUCCESSFUL COMPLETION OF THE COURSE GIVES YOUTH A
 FEELING OF ACCOMPLISHMENT THAT TRANSCENDS TO OTHER AREAS OF THEIR
 LIVES. THE YMCA OUTREACH PROGRAMS TARGET AT-RISK MIDDLE AND HIGH SCHOOL
 YOUTH FROM PRIMARILY DISADVANTAGED NEIGHBORHOODS WITH TUTORING,
 MENTORING, AND ARTS PROGRAMMING. IN ADDITION, PROGRAMS FOR AT-RISK

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 10608845. including grants of \$ 9,423,640.) (Revenue \$ 1,084,991.)

4e Total program service expenses ► \$ 36,581,646. (Must equal Part IX, Line 25, column (B).)

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; 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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 98		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 2592		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c 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	7d		
e Did the organization, during the year, 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		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter: N/A			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter: N/A			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

	Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>		
1a Enter the number of voting members of the governing body	1a	26
b Enter the number of voting members that are independent	1b	26
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **FL**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►

PENELOPE D ZUBER - 904-296-3220
12735 GRAN BAY PKWY W STE 250, JACKSONVILLE, FL 32258-4499

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DON D ROBERTS DIRECTOR	0.50	X						0.	0.	0.
RUSSELL B NEWTON III CHAIRMAN, BOARD	1.30	X		X				0.	0.	0.
G JOHN CAREY VICE CHAIRMAN, BOARD	1.30	X		X				0.	0.	0.
C MAC HOLLEY DIRECTOR	0.50	X						0.	0.	0.
CHESTER A AIKENS DIRECTOR	0.50	X						0.	0.	0.
JOHN D BAKER II DIRECTOR	0.50	X						0.	0.	0.
WILLIS M BALL III SECRETARY, BOARD	1.00	X		X				0.	0.	0.
CECILIA BRYANT DIRECTOR	0.50	X						0.	0.	0.
PEGGY BRYAN DIRECTOR	0.50	X						0.	0.	0.
WALTER P BUSSELLS DIRECTOR	0.50	X						0.	0.	0.
CARL N CANNON DIRECTOR	0.50	X						0.	0.	0.
JIM DALY DIRECTOR	0.50	X						0.	0.	0.
JOHN A DELANEY DIRECTOR	0.50	X						0.	0.	0.
MICHAEL D KELLY DIRECTOR	0.50	X						0.	0.	0.
JEANNE MILLER DIRECTOR	0.50	X						0.	0.	0.
DOUGLAS M. BAER DIRECTOR	0.50	X						0.	0.	0.
JIM OVERTON DIRECTOR	0.50	X						0.	0.	0.

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
FLORIDA'S FIRST COAST, INC.**

Form 990 (2008)

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RON COLEMAN DIRECTOR	0.50	X						0.	0.	0.
JOHN R SCHULTZ DIRECTOR	0.50	X						0.	0.	0.
JOSEPH F THOMPSON DIRECTOR	0.50	X						0.	0.	0.
MARK F TRAVIS DIRECTOR	0.50	X						0.	0.	0.
TERRY R WEST TREASURER, BOARD	1.00	X		X				0.	0.	0.
EDWARD W WHITE JR DIRECTOR	0.50	X						0.	0.	0.
HASTINGS WILLIAMS JR DIRECTOR	0.50	X						0.	0.	0.
JOHN H WILLIAMS JR DIRECTOR	0.50	X						0.	0.	0.
DR. CLAUDETTE H. WILLIAM DIRECTOR	0.50	X						0.	0.	0.
PAUL MCENTIRE PRESIDENT & CEO	50.00			X				183,297.	0.	29,078.
1b Total								531,334.	0.	81,237.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **3**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
THE HASKELL COMPANY, 111 RIVERSIDE AVENUE, JACKSONVILLE, FL 32202	GENERAL CONTRACTOR SERVICES	5,863,001.
LLL SERVICES, INC., 5724 ST. AUGUSTINE RD., JACKSONVILLE, FL 32207	CLEANING	511,088.
AULD & WHITE CONSTRUCTORS, 4168 SOUTHPOINT PARKWAY, STE 1, JACKSONVILLE, FL 32216	GENERAL CONTRACTOR SERVICES	262,695.
LOGICAL BUSINESS SOLUTIONS, INC., 8301 CYPRESS PLAZA DR. STE 121, JACKSONVILLE,	INFORMATION TECHNOLOGY	177,163.
C.S.S. LANDSCAPING, INC. PO BOX 57552, JACKSONVILLE, FL 32241	LANDSCAPING	173,432.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **6**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2008)

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
FLORIDA'S FIRST COAST, INC.**

Form 990 (2008)

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	440,211.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,462,317.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			11,902,528.			
Program Service Revenue	2 a <u>MEMBERSHIP DUES</u>	Business Code	713940	16,655,198.	16,636,793.	18,405.	
	b <u>CHILD CARE</u>		900099	5586098.	5586098.		
	c <u>POSITIVE YOUTH DEVELOP</u>		900099	2022901.	2022901.		
	d <u>HEALTH ENHANCEMENT</u>		713940	1525655.	941,669.	583,986.	
	e <u>FEES FROM GOVERNMENT A</u>		900099	863,449.	817,044.	46,405.	
	f All other program service revenue		900099	221,542.	221,542.		
	g Total. Add lines 2a-2f			26,874,843.			
	3 Investment income (including dividends, interest, and other similar amounts)			7,492.	7,492.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses			1,700,000.			
	c Gain or (loss)	1,163.	2,366,605.				
	d Net gain or (loss)	-1,163.	-666,605.				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	62,509.				
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events			62,509.	62,509.		
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a	64,628.				
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory			64,628.	64,628.		
	Miscellaneous Revenue			Business Code			
	11 a <u>MISCELLANEOUS</u>		900099	113,660.	113,660.		
	b <u>MERCHANDISE RESALE</u>		900099	178.		178.	
c							
d All other revenue							
e Total. Add lines 11a-11d			113,838.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			38,358,070.	25,806,568.	648,974.	0.	

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Form 990 (2008)

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
FLORIDA'S FIRST COAST, INC.**

Form 990 (2008)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	9,423,640.	9,423,640.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	531,334.	464,279.	58,234.	8,821.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,151,104.	12,365,496.	1,550,818.	234,790.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,243,134.	1,089,445.	116,668.	37,021.
10 Payroll taxes	1,365,719.	1,205,557.	137,990.	22,172.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,048,013.	249,789.	722,414.	75,810.
12 Advertising and promotion				
13 Office expenses	4,225,508.	3,703,319.	410,007.	112,182.
14 Information technology				
15 Royalties				
16 Occupancy	3,840,993.	3,660,000.	176,981.	4,012.
17 Travel	271,205.	189,658.	68,701.	12,846.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	211,385.	108,972.	90,566.	11,847.
20 Interest	1,045,126.	995,049.	49,076.	1,001.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,415,879.	2,310,741.	103,035.	2,103.
23 Insurance	587,588.	541,745.	44,926.	917.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MEMBERSHIP DUES	282,837.	257,774.	22,681.	2,382.
b MISCELLANEOUS	25,276.	16,182.	8,912.	182.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	40,668,741.	36,581,646.	3,561,009.	526,086.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
FLORIDA'S FIRST COAST, INC.**

Form 990 (2008)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,951,525.	1	4,550,783.
	2 Savings and temporary cash investments		2	651,666.
	3 Pledges and grants receivable, net	2,017,505.	3	1,018,013.
	4 Accounts receivable, net	276,026.	4	235,962.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	528,193.	9	547,841.
	10a Land, buildings, and equipment: cost basis ... 10a	63,979,326.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b	16,387,352.		
		51,704,378.	10c	47,591,974.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	999,776.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	78,997.	15	121,984.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	57,556,400.	16	54,718,223.	
Liabilities	17 Accounts payable and accrued expenses	480,642.	17	1,323,059.
	18 Grants payable		18	
	19 Deferred revenue	705,031.	19	485,899.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	23,180,000.	23	22,205,000.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	831,347.	25	1,493,929.
	26 Total liabilities. Add lines 17 through 25	25,197,020.	26	25,507,887.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	13,146,358.	27	11,735,783.
	28 Temporarily restricted net assets	14,670,022.	28	13,764,553.
	29 Permanently restricted net assets	4,543,000.	29	3,710,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	32,359,380.	33	29,210,336.
	34 Total liabilities and net assets/fund balances	57,556,400.	34	54,718,223.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF
FLORIDA'S FIRST COAST, INC.**

Employer identification number
59-0638514

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: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An 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 the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- | | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____ | | |
| (ii) A family member of a person described in (i) above? _____ | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____ | | |
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

YOUNG MEN'S CHRISTIAN ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2008 FLORIDA'S FIRST COAST, INC.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,028,969.	18,239,213.	17,986,576.	35,402,643.	28,557,726.	119,215,127.
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 - 3	19,028,969.	18,239,213.	17,986,576.	35,402,643.	28,557,726.	119,215,127.
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)						22,744,972.
6 Public support. Subtract line 5 from line 4.						96,470,155.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	19,028,969.	18,239,213.	17,986,576.	35,402,643.	28,557,726.	119,215,127.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,837.	216,037.	114,596.	56,753.	7,492.	406,715.
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 IV.)						
11 Total support. Add lines 7 through 10						119,621,842.
12 Gross receipts from related activities, etc. (see instructions)					12	54,595,146.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	80.65 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.36 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

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

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
FLORIDA'S FIRST COAST, INC.

Employer identification number

59-0638514

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

- ☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF
FLORIDA'S FIRST COAST, INC.**

Employer identification number
59-0638514

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? _____

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	6,079,619.			6,079,619.
b Buildings	44,949,725.		9,823,720.	35,126,005.
c Leasehold improvements	7,398,778.		3,131,396.	4,267,382.
d Equipment	4,660,234.		2,776,954.	1,883,280.
e Other	890,970.		655,282.	235,688.

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ► 47,591,974.

Schedule D (Form 990) 2008

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ►		

[illegible]

(a) Description of liability	(b) Amount
Federal income taxes	
CAPITAL LEASES	241,902.
INTEREST RATE SWAP	1,252,027.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	1,493,929.

YOUNG MEN'S CHRISTIAN ASSOCIATION OF
FLORIDA'S FIRST COAST, INC.**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	38,358,070.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	40,668,741.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,310,671.
4	Net unrealized gains (losses) on investments	4	-218,247.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-620,126.
9	Total adjustments (net). Add lines 4-8	9	-838,373.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-3,149,044.

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

1	Total revenue, gains, and other support per audited financial statements	1	38,139,823.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-218,247.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-218,247.
3	Subtract line 2e from line 1	3	38,358,070.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	38,358,070.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	31,295,705.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	50,604.
e	Add lines 2a through 2d	2e	50,604.
3	Subtract line 2e from line 1	3	31,245,101.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	9,423,640.
c	Add lines 4a and 4b	4c	9,423,640.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	40,668,741.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8: CHANGE IN VALUE OF INTEREST RATE SWAP (\$620,126)

PART XIII, LINE 2D: DEPRECIATION EXPENSE RELATED TO STRONG COMMUNITIES

REALTY CORPORATION (501 (C)(3) APPLIED FOR).

PART XIII, LINE 4B: TRANSFER OF ASSETS TO STRONG COMMUNITIES REALTY

CORPORATION (501 (C)(3) APPLIED FOR) FOR CONSTRUCTION OF BUILDING FOR

TIGER ACADEMY.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

► Complete if the organization answered "Yes," on Form 990. ► Attach to Form 990.

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
FLORIDA'S FIRST COAST, INC.**

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
FLORIDA'S FIRST COAST, INC.**

Employer identification number
59-0638514

Part I	General Information on Grants and Assistance
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1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed
	<div style="border: 1px solid black; height: 15px; width: 100px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> ▶ ... </div>

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRONG COMMUNITIES REALTY CORPORATION - 12735 GRAN BAY PARKWAY, #250 - JACKSONVILLE, FL 32258	27-0457462	501(C)(3)	9,423,640.	0.			CONSTRUCTION OF BUILDING TO HOUSE TIGER ACADEMY SCHOOL

2	Enter total number of section 501(c)(3) and government organizations	1.
3	Enter total number of other organizations	1.

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

Schedule I (Form 990) 2008

Part III

Part IV

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF
FLORIDA'S FIRST COAST, INC.**

Employer identification number
59-0638514

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision
of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- 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**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** ☐ **X**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization? **5a** ☐ **X**
- b** Any related organization? **5b** ☐ **X**
- If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- a** The organization? **6a** ☐ **X**
- b** Any related organization? **6b** ☐ **X**
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III **7** ☐ **X**

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** ☐ **X**

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

Schedule J (Form 990) 2008

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.
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For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF
FLORIDA'S FIRST COAST, INC.**

Employer Identification number
59-0638514

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
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[illegible]

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

Supplemental Information on Tax-Exempt Bonds

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No. 1545-0047
2008
Open to Public
Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF FLORIDA'S FIRST COAST, INC.** Employer identification number **59-0638514**

Part I Bond Issues (Required for 2008) SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
JACKSONVILLE ECONOMIC DEVELOPMENT COMMISSION		46936VAC7	11/01/03	20,500,000	FINANCE AND REFINANCE COSTS OF				
JACKSONVILLE ECONOMIC DEVELOPMENT COMMISSION		43936VAD5	03/01/06	5000000	YMCA OF FLORIDA'S FIRST COAST PROJECT				
C									
D									
E									

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										

9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.

▶ To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

2008

Open To Public
Inspection

Name of the organization **YOUNG MEN'S CHRISTIAN ASSOCIATION OF
FLORIDA'S FIRST COAST, INC.**

Employer identification number
59-0638514

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
AULD & WHITE CONSTRUCTORS,	EDWARD W. WHITE JR.,	265,136.	GENERAL CON		X
CHILDERS ROOFING	BEN CHILDERS, OWNER	7,204.	CONTRACTOR/		X

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

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization	YOUNG MEN'S CHRISTIAN ASSOCIATION OF FLORIDA'S FIRST COAST, INC.	Employer identification number 59-0638514
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR ALL.

THE YMCA COMPLETED THE VISION PLANNING PROCESS IN 2008 FOR THE YMCA VISION PLAN 2020, WHICH IS BUILT ON THE THREE PRIORITY AREAS OF BALANCED HEALTH, STRONG FAMILIES, AND ACCESSIBILITY TO ALL. THEMES IN THE VISION INCLUDE SERVING UNDER RESOURCED COMMUNITIES, WORKING THROUGH PARTNERSHIPS, AND DEVELOPMENT AND ALIGNMENT OF STAFF, VOLUNTEERS, AND FACILITIES. THE VISION PLAN 2020 REPRESENTS A PARADIGM SHIFT FOR THE YMCA FROM SERVING PEOPLE WITH FACILITY BASED PROGRAMMING TO CHANGING LIVES THROUGHOUT NORTHEAST FLORIDA WITH EVIDENCE AND OUTCOMES BASED PROGRAMMING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE YMCA COMPLETED THE VISION PLANNING PROCESS IN 2008 FOR THE YMCA VISION PLAN 2020, WHICH IS BUILT ON THE THREE PRIORITY AREAS OF BALANCED HEALTH, STRONG FAMILIES, AND ACCESSIBILITY TO ALL. THEMES IN THE VISION INCLUDE SERVING UNDER RESOURCED COMMUNITIES, WORKING THROUGH PARTNERSHIPS, AND DEVELOPMENT AND ALIGNMENT OF STAFF, VOLUNTEERS, AND FACILITIES. THE VISION PLAN 2020 REPRESENTS A PARADIGM SHIFT FOR THE YMCA FROM SERVING PEOPLE WITH FACILITY BASED PROGRAMMING TO CHANGING LIVES THROUGHOUT NORTHEAST FLORIDA WITH EVIDENCE AND OUTCOMES BASED PROGRAMMING.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
FLORIDA'S FIRST COAST, INC.**

Employer identification number

59-0638514

THE YMCA OPENED AN ELEMENTARY CHARTER SCHOOL, TIGER ACADEMY, IN AUGUST
2009, SERVING STUDENTS IN HEALTH ZONE ONE. TIGER ACADEMY SERVES
KINDERGARTEN TO SECOND GRADE STUDENTS WITH AN INNOVATIVE SCHOOL MODEL
WHICH INCLUDES MANDATORY PARENT INVOLVEMENT, LONGER SCHOOL DAYS AND
SCHOOL YEARS, AND AN ARRAY OF SUPPORT SERVICES FOR PARENTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS
INSTILLING HEALTH-CONSCIOUS HABITS IN YOUTH PROVIDES A GENERATION WITH
A POSITIVE START TO A LONGER, HEALTHIER LIFE. THE YMCA'S
FAMILY-CENTERED FACILITIES MAKE IT CONVENIENT, PRODUCTIVE AND FUN FOR
FAMILIES TO PLAY AND GROW TOGETHER. DURING THE 2009 FISCAL YEAR, 63,549
INDIVIDUALS PARTICIPATED IN YMCA HEALTH ENHANCEMENT PROGRAMS, WITH
16,391 RECEIVING YMCA FINANCIAL ASSISTANCE TO HELP THEM PARTICIPATE,
WHICH TOTALED \$2,611,957.

IN 2009, THE YMCA BEGAN THE "GO FOR GREEN" SUMMER SWIM INITIATIVE WHICH
PROVIDED WATER SAFETY AND BASIC SWIMMING SKILLS TO 1,042 CHILDREN WHO
COULD NOT AFFORD TRADITIONAL SWIMMING LESSONS. THE PROGRAM HELPED
CHILDREN IN UNDERSERVED NEIGHBORHOODS WHO DO NOT HAVE ACCESS TO
SWIMMING LESSONS BECOME SAFE IN THE WATER.

THE YMCA WILL CONTINUE TO WORK TOWARD THE GOALS OF VISION PLAN 2020,
WHICH INCLUDE SERVING 50,000 PEOPLE WITH BALANCED HEALTH AND STRONG
FAMILY PROGRAMS BY 2020 AND SERVING 10,000 HOUSEHOLDS PER YEAR WITH
INCOMES THAT WOULD LIMIT THEIR PARTICIPATION IN YMCA PROGRAMS BY 2020.

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Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide
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UPCOMING PLANS FOR 2010 INCLUDE FOCUSING ON THE NORTHWEST QUADRANT OF JACKSONVILLE WITH A VARIETY OF SERVICES THAT TARGET THE ENTIRE FAMILY WITH EDUCATIONAL, SOCIAL, AND HEALTH PROMOTION SERVICES. THESE SERVICES WILL PROVIDE A FOUNDATION FOR SIGNIFICANT IMPACT AND REVITALIZATION IN THIS HIGH NEED AREA OF JACKSONVILLE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

INVALUABLE SERVICE FOR WORKING PARENTS AND PROVIDE A SAFE, FUN PLACE FOR CHILDREN. DURING THE 2009 FISCAL YEAR, 5,705 BOYS AND GIRLS PARTICIPATED IN YMCA CHILD CARE PROGRAMS, WITH PARTICIPANTS RECEIVING YMCA FINANCIAL ASSISTANCE TOTALING \$634,181.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

YOUTH INCLUDE BLACK ACHIEVERS, YOUTH IN GOVERNMENT, TAKE STOCK IN CHILDREN, YMCA READS, THE NEW LIFE EDUCATION CENTER, AND TEEN LEADERS CLUBS. YMCA OUTREACH PROGRAMS USE INNOVATIVE, FUN, VALUES-ORIENTED ACTIVITIES TO MOTIVATE AND TEACH YOUTH ABOUT POSITIVE LIFESTYLES, GOAL SETTING, AND HELP THEM TO ACHIEVE THEIR GOALS IN LIFE.

THE YMCA UTILIZES ORGANIZED ATHLETIC PROGRAMS TO FOSTER CHARACTER-BUILDING EXPERIENCES FOR YOUTH. ONE OF THE MAJOR PROBLEMS LEADING TO SUBSTANCE ABUSE, SCHOOL TRUANCY AND JUVENILE CRIME IS THE LACK OF STRUCTURED OPPORTUNITIES FOR YOUTH BETWEEN 3-6PM, WHEN THEY MAY BE NEITHER IN THE CARE OF THE SCHOOL NOR WORKING PARENTS. YMCA RECREATIONAL ACTIVITIES ARE DESIGNED TO HELP INDIVIDUALS AND FAMILIES IMPROVE FAMILY AND COMMUNITY RELATIONSHIPS WHILE HAVING FUN AND

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**YOUNG MEN'S CHRISTIAN ASSOCIATION OF
FLORIDA'S FIRST COAST, INC.**

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59-0638514

LEARNING NEW SKILLS. IMPORTANT LIFE LESSONS SUCH AS GOOD SPORTSMANSHIP,
HONESTY AND RESPECT THAT ARE LEARNED ON THE ATHLETIC FIELD ARE OFTEN
APPLIED OFF THE FIELDS AS WELL. DURING THE 2009 FISCAL YEAR, 16,562
PARTICIPANTS WERE SERVED IN POSITIVE YOUTH DEVELOPMENT PROGRAMS.

CAMP IMMOKALEE IS AN OVERNIGHT CAMP FOR BOYS AND GIRLS WHICH HAS BEEN
THE HOME TO THOUSANDS OF CAMPERS WHO HAVE ENJOYED THE OUTDOORS, MADE
LIFE-LONG FRIENDS AND ENJOYED NEW ADVENTURES, SINCE 1909. CAMP
PROGRAMS INCORPORATE THE YMCA'S CORE VALUES OF HONESTY, CARING,
RESPONSIBILITY AND RESPECT. UNDERLYING ALL THE FUN, ADVENTURE AND
EXCITEMENT IS A STRONG TRADITION OF SHARING, COOPERATION AND
FELLOWSHIP. IN 2009, THE YMCA PROVIDED AN OVERNIGHT SUMMER CAMP
EXPERIENCE TO 872 CAMPERS AT CAMP IMMOKALEE.

FINANCIAL ASSISTANCE TOTALING \$60,020 WAS AWARDED TO ASSIST YOUTH IN
ACCESSING POSITIVE YOUTH DEVELOPMENT PROGRAMS, INCLUDING CAMP
IMMOKALEE, OUTREACH PROGRAMS, AND YOUTH SPORTS PROGRAMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SPECIAL NEEDS SERVICES: (EXPENSES: \$429,862) THE YMCA MISSION ENSURES
THAT ALL PERSONS REGARDLESS OF AGE, RACE, ETHNIC OR RELIGIOUS
BACKGROUND, FINANCIAL OR PHYSICAL ABILITIES ARE PROVIDED EQUAL
OPPORTUNITIES FOR INVOLVEMENT IN YMCA PROGRAMS AND SERVICES. THE YMCA
WORKS COLLABORATIVELY WITH OTHER SERVICE PROVIDERS, SUCH AS THE SPECIAL
OLYMPICS, ARTHRITIS FOUNDATION, VARIOUS DEPARTMENTS OF AGING AND SENIOR
SERVICES TO IMPLEMENT A VARIETY OF ADAPTED PROGRAMS THAT ARE BOTH

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PHYSICALLY AND MENTALLY CHALLENGING. FOR SOME PARTICIPANTS, THE YMCA OFFERS THEIR ONLY OPPORTUNITIES FOR INTEGRATED INVOLVEMENT IN THE COMMUNITY THROUGH THESE UNIQUE SOCIAL AND RECREATIONAL PROGRAMS. YMCA ADAPTED PROGRAMS ENCOURAGE PARTICIPANTS TO ACHIEVE HIGHER LEVELS OF INDEPENDENCE, CONFIDENCE AND PHYSICAL STRENGTH. THE USE OF VOLUNTEERS IN MANY OF THESE PROGRAMS FOSTERS EDUCATION, UNDERSTANDING AND COMPASSIONATE COMMUNITY INVOLVEMENT. THE YMCA'S DAYSTAR PROGRAM IS A DAY CARE PROGRAM FOR 26 SEVERELY MENTALLY AND PHYSICALLY CHALLENGED ADULTS AT TWO CLAY COUNTY YMCA BRANCHES. STAFFED BY REGISTERED NURSES, PARENTS AND VOLUNTEERS, DAYSTAR PROVIDES RESPITE FOR CAREGIVERS WHILE ENSURING QUALITY CARE FOR THE PARTICIPANTS, INCLUDING BASIC NEEDS, SOCIALIZATION AND RECREATION OPPORTUNITIES.

A SPECIAL SENIOR WELLNESS CURRICULUM INCLUDES A WIDE SCOPE OF PROGRAMMING FROM LOW-IMPACT AEROBIC AND HEALTHY BACK CLASSES TO MONTHLY HEALTH SCREENINGS AND SEMINARS. THE SILVER SNEAKERS PROGRAM SERVED OVER 3,236 ACTIVE OLDER ADULTS WITH EXPANDED PROGRAMS TO PROMOTE HEALTHY LIFESTYLES.

FINANCIAL ASSISTANCE TOTALING \$49,465 WAS AWARDED TO SPECIAL NEEDS PROGRAM PARTICIPANTS IN 2009.

TIGER ACADEMY: (EXPENSES: \$238,213) THE YMCA OPENED AN ELEMENTARY CHARTER SCHOOL, TIGER ACADEMY, IN AUGUST 2009, SERVING STUDENTS FROM HEALTH ZONE ONE. TIGER ACADEMY SERVES KINDERGARTEN TO SECOND GRADE STUDENTS WITH AN INNOVATIVE SCHOOL MODEL WHICH INCLUDES MANDATORY

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PARENT INVOLVEMENT, LONGER SCHOOL DAYS AND SCHOOL YEARS AND AN ARRAY OF
SUPPORT SERVICES FOR PARENTS. THE YMCA ALSO BEGAN PROVIDING
AFTER-SCHOOL SERVICES AT GEORGE WASHINGTON CARVER AND RUFUS PAYNE
ELEMENTARY SCHOOLS WHICH INCLUDE STRUCTURED ACADEMIC ASSISTANCE,
ENRICHMENT PROGRAMMING, SNACKS AND MEALS FOR OVER 250 STUDENTS PER
SCHOOL YEAR.

EXPENSES \$ 10608845. INCLUDING GRANTS OF \$ 9423640. REVENUE \$ 1084991.

FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS REVIEWED BY THE CFO
BEFORE IT IS FILED. THE FORM IS MADE AVAILABLE TO THE BOARD OF DIRECTORS
AND THE AUDIT AND FINANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND KEY
EMPLOYEES ARE REQUIRED TO COMPLETE AND SIGN THE CONFLICT OF INTEREST POLICY
FORM ANNUALLY. FORMS ARE FILED IN THE METROPOLITAN OFFICE IN CARE OF THE
CEO'S ADMINISTRATIVE ASSISTANT.

FORM 990, PART VI, SECTION B, LINE 15: THE CEO'S ANNUAL PERFORMANCE IS
REVIEWED BY THE YMCA'S COMPENSATION COMMITTEE AND REPORTED TO THE BOARD OF
DIRECTORS. THE CEO'S SALARY IS DETERMINED BY A COMPENSATION COMMITTEE
USING BENCHMARKS FROM REGIONAL YMCA'S OF SIMILAR SIZE. THE FINANCE AND
AUDIT COMMITTEE AND THE BOARD OF DIRECTORS APPROVE THE COMPENSATION FOR THE
CEO AND OTHER OFFICERS AS PART OF THE ANNUAL BUDGET REVIEW AND APPROVAL
PROCESS.

FORM 990, PART VI, SECTION C, LINE 19: FORM 990 AND ANNUAL REPORT ARE

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AVAILABLE ON THE ORGANIZATIONS WEBSITE AT WWW.FIRSTCOASTYMCA.ORG. ALL OTHER
DOCUMENTS ARE PROVIDED UPON REQUEST FROM THE ORGANIZATION AT 12735 GRAN BAY
PKWY, JACKSONVILLE, FL 32258.

FORM 990, PAGE 11, LINE 2C

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
THE OVERSIGHT OF THE AUDIT.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: JACKSONVILLE ECONOMIC DEVELOPMENT COMMISSION

(F) DESCRIPTION OF PURPOSE:

FINANCE AND REFINANCE COSTS OF SOCIAL SERVICE CENTERS OF THE YMCA

(A) ISSUER NAME: JACKSONVILLE ECONOMIC DEVELOPMENT COMMISSION

(F) DESCRIPTION OF PURPOSE:

YMCA OF FLORIDA'S FIRST COAST PROJECT - ACQUISITION, CONSTRUCTION & EQUIP

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: AULD & WHITE CONSTRUCTORS, INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EDWARD W. WHITE JR, PRESIDENT IS A YMCA BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: GENERAL CONTRACTOR, CONSTRUCTION
PROJECTS

(A) NAME OF PERSON: CHILDERS ROOFING

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(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BEN CHILDERS, OWNER IS BROTHER OF JAN BROGDON, EXEC VP

(D) DESCRIPTION OF TRANSACTION: CONTRACTOR/ROOF WORK

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

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Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
STRONG COMMUNITIES REALTY CORPORATION - 27-0457462, 12735 GRAN BAY PARKWAY, #250, JACKSONVILLE, FL 32258	CONSTRUCTION AND MAINTENANCE OF SCHOOL BUILDING HOUSING TIGER	FLORIDA	501(C)(3)	APPLIED FOR	

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Schedule R (Form 990) 2008

[illegible][illegible]

Part V Transactions With Related Organizations

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)		<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)		<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
h Exchange of assets		<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)		<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets		<input checked="" type="checkbox"/>
n Sharing of paid employees		<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses		<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses		<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>

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

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]