	٠.							1 1 1	/	07802	0
	Form	, <b>990-</b> T	E	Exempt Orgai				ax Retu	ırn	OMB No 1545-06	87
-				•	nd proxy tax und			P 30, 2019		2018	2
~	-		For ca	lendar year 2018 or other tax yea			and ending SEI			2010	J
		rtment of the Treasury ial Revenue Service	•	Do not enter SSN number					:)(3).	Open to Public Inspection 501(c)(3) Organization	stion for
	A [	Check box if address changed		Name of organization ( THE YOUNG MEN'S	Check box if name c	hanged	d and see instructions.)		D Em (En	ployer identification num inployees' trust, see tructions)	nber
	B E	xempt under section	Print	FLORIDA'S FIRST C					İ	59-0638514	
		] 501(c <b>û</b> 3 ) ] 408(e)	or Type	Number, street, and room 40 EAST ADAMS STR		ς see ι	nstructions.	<del>-</del>		related business activity e instructions )	code
		408A 530(a)		City or town, state or prov	rince, country, and ZIP o	r foreig	n postal code			0.40	
		529(a) bok value of all assets		JACKSONVILLE, FL			······································	<del></del>	713	940	—-1
		end of year	475	F Group exemption numb  G Check organization type		oratio	n 501(c) trust		01(a) trust	Other	trust
	H Er			ition's unrelated trades or b		1		the only (or fire			1 001
			•	AGING FITNESS CENT				, complete Parts	,		
				ice at the end of the previou		rts I ar					
		siness, then complete f			,						
				poration a subsidiary in an a	iffiliated group or a parer	nt-subs	idiary controlled group?		<b>)</b>	Yes X No	
		T		tifying number of the paren							
	J Tr			PENELOPE A ZUBER			Telepi	none number	(904)	296-3220	
	Pa	rt I Unrelated	Trac	te or Business Inc	ome		(A) Income	(B) Exp	enses	(C) Net	
	1 a	Gross receipts or sale	S						` 	,   - ' : '	
	b	Less returns and allow	vances		c Balance	1c					
	2	Cost of goods sold (S	chedule	A, line 7)		2		•	· · ·	. ,	'
	3	Gross profit. Subtract	line 2 fr	rom line 1c		3		<u> </u>			
	4 a	Capital gain net incom	ie (attac	h Schedule D)		4a		ļ	· ·		
2020	b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	4797)	4b					
7	C	Capital loss deduction	for trus	sts		4c		-	` , .		
6	5	Income (loss) from a	partners	ship or an S corporation (at	tach statement)	5			L.		
0	6	Rent income (Schedul	le C)			6					
=	7	Unrelated debt-finance	ed incor	ne (Schedule E)		7					
=	8	Interest, annuities, roy	alties, a	nd rents from a controlled o	rganization (Schedule F)	8					
	9	Investment income of	a sectio	on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9					
إليا	10	Exploited exempt activ	ity inco	me (Schedule I)		10	169,551.		145,550	. 24,	001.
ANN	11	Advertising income (S				11					
A	12	Other income (See ins		•		12		•			
SC	13	Total. Combine lines				13	169,551.		145,550	. 24	001.
9.				t Taken Elsewher							
		(Except for c	ontribu	utions, deductions must	be directly connected	l with t	the unrelated business	s income )			
	14	Compensation of offi	cers, du	rectors, and trustees (Sche	dule K)				14		
	15	Salaries and wages					with the same of t		15		
	16	Repairs and maintena	ance				HECEIV	ED	16		
	17	Bad debts						——————————————————————————————————————	17		
	18	Interest (attach sched	dule) (se	ee instructions)	~ 177 A		EEB 24	2020 \ 9	18		
	19	Taxes and licenses	, ,	· · · · · · · · · · · · · · · · · · ·	5) 11/1	,	EB 24	RS S	19		
	20	Charitable contribution	ons (See	e instructions for limitation	rules)			\	20		
	21	Depreciation (attach l			•		OGNEN	, U I		<u>-</u>	
	22			Schedule A and elsewhere	on return		22a		22b	<u>-</u>	
	23	Depletion							23		
	24	Contributions to defe	rred co	mnensation plans					24	<del></del>	
	25	Employee benefit pro		mponouton plane					25		
	26	Excess exempt expen		rhedule I)					26	1.4	447.
	20 27	Excess readership co	•	•					27		
		•	•	•					28		
	28	Other deductions (att							75/ 29	14	447.
	29	Total deductions. Ad			loce deduction. Cubtract	line o	0 from line 12		30	<del></del>	554.
	30			ncome before net operating					31	<del></del>	- '6/
	31			oss arising in tax years beg		y 1, 20	o to (see instructions)		$31 \frac{31}{32}$		554.
	32			ncome. Subtract line 31 from					<del>/    3/</del>	Form <b>990-T</b>	
	82370	01 01-08-19 LHA <b>FO</b>	reper	work Reduction Act Notice	, ъсе инаичиснопа. 1			•	_>	i onn 3362 i	(2010)

•	•	THE	YOUNG	MEN'S	CHRIST	IAN ASS	3(
orm 990-T (					COAST,		
Part III	_ Tot	tal U	nrelate	ed Bus	iness T	axable	•
33	Total of u	inrelati	ed husine	es tayahl	e income c	omnuted t	fr

FORM 990-			30314		1 290 2
Part !			T	1	0.554
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		_33_		9,554.
34	Amounts paid for disallowed fringes		34	<del> </del>	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	<del> </del>	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
	lines 33 and 34	7	Ø 36	1	9,554.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	5	$\sqrt{8}$ $\frac{36}{37}$		1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	_		}	
	enter the smaller of zero or line 36	- 2	<u> </u>		8,554.
Part I	V Tax Computation				
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	ч	39		1,796.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		$^{W}$ _L		
	Tax rate schedule or Schedule D (Form 1041)	l	<b>▶</b> _40		
41	Proxy tax. See instructions	J	▶ 4/1		
42	Alternative minimum tax (trusts only)		42		
43	Tax on Noncompliant Facility Income. See instructions		. 43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	(	44		1,796.
Part \		·	10.		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  454				
b	Other credits (see instructions)				
	General business credit. Attach Form 3800			ļ	
4	Credit for prior year minimum tax (attach Form 8801 or 8827)	. =			
e	Total credits. Add lines 45a through 45d		45e	"[	
46	Subtract line 45e from line 44		46	1	1,796.
47		attach schedul			
48	Total tax. Add lines 46 and 47 (see instructions)		9 48		1,796.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	<b>†</b>	0.
49 50 -	Payments: A 2017 overpayment credited to 2018		1	1	
	2018 estimated tax payments	<del></del>	<b>-</b>   '		
			_	1	
			$\dashv$		
	, and a second of the second o		-	1	
			┥		
	Credit for small employer health insurance premiums (attach Form 8941)		$\dashv$		
9	Other credits, adjustments, and payments: Form 2439  Form 4136  Other  Total				
			<b>⊣-</b> д-	1	
51	Total payments. Add lines 50a through 50g	5	3 51 52	+	72.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	7	su <del>l X</del>	<del>                                     </del>	1,868.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		1 33	<del> </del>	1,000.
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		7	<del>                                     </del>	
55		unded	<u> </u>	<del>   </del>	
Part \					<del> </del>
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authorit				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				]
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here			<del></del>	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year				
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of my kno	wledge and	belief, it is tru	е,
Sign	2/17/200		May the IF	S discuss this	return with
Here	EXEC VP COO & CFO			er shown belo	
	Signature of officer Date Title		instruction	ns)? XY	es No
	Preparer's signature Date	Check	If PT	IN	
Paid		self- employ			
Prepa	rer AMY BIBBY AMY BIBBY Com Coll 02/13/20		P	00445891	
Use C	Le . A DIVON UNIQUES COOPMAN LLD	Firm's EIN	<u> </u>	56-0747	981
	500 RIDGEFIELD COURT				
	Firm's address ASHEVILLE, NC 28806	Phone no.	(828)	254-225	
022711 01	09.10			Form 9	90-T (2018)

Form 990-T (2018) FLORIDA'S FIRST COAST, INC.

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory valu	uation ]	► N/A				<del></del>		
1 Inventory at beginning of year	1				t end of year	r		6			
2 Purchases	2		_		ods sold. Su		ine 6				
3 Cost of labor	3		7	_	. Enter here			ļ <u>'</u>			
4 a Additional section 263A costs		•	┥	ine 2			•	7	1		
(attach schedule)	4a		8 0	o the rule	s of section	263A (	with respect to			Yes	No
b Other costs (attach schedule)	4b		7 ,	roperty pr	oduced or a	cquired	for resale) apply to		Ī		•
5 Total. Add lines 1 through 4b	5			he organiz		·	,,		-		
Schedule C - Rent Income ( (see instructions)	From Real	Property and	Perso	onal Pr	operty L	ease	d With Real Prop	erty)			
1. Description of property											
(1)							<del>_</del>				
(2)											
(3)											
(4)						•					
	2. Rent receiv	ed or accrued									
(a) From personal property (if the perc rent for personal property is more i 10% but not more than 50%)	entage of than		personal pro	al property (i operty excee on profit or i	ds 50% or if	je	3(a) Deductions directly columns 2(a) a	connec nd 2(b) (a	ted with the inc attach schedule	ome in	
(1)				_	-						
(2)											
(3)											
(4)											
Total	0.	Total				0.					
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	<b>•</b>				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	▶.	_		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructi	ions)							
			2.	Gross incom	se from		3. Deductions directly con to debt-finance				
1. Description of debt-fina	anced property			allocable to inanced pro		(a)	Straight line depreciation (attach schedule)		(b) Other ded (attach sche		;
(1)								1			-
(2)											
(3)											
(4)		-	l								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property i schedule)	6.	Column 4 di by column			7. Gross income reportable (column 2 x column 6)	(	8. Allocable d column 6 x total 3(a) and	of colu	
(1)			1		%			1			
(2)				_	%						
(3)			j	-	%			1			
(4)			1		%						
							nter here and on page 1, lart I, line 7, column (A)		inter here and o Part I, line 7, col		
Totals							0				0.
Total dividends-received deductions and	cluded in column	8						-			0.

Form 990-T (2018) FLORIDA'S FIRST COAST, INC. 59-0638514 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 6. Deductions directly 4 Total of specified 1. Name of controlled organization Employer identification 3 Net unrelated income 5. Part of column 4 that is (loss) (see instructions) payments made included in the controlling connected with income number organization's gross income ın column 5 (1) (2) (3) (4)Nonexempt Controlled Organizations 10. Part of column 9 that is included in the controlling organization's gross income 7. Taxable Income 9 Total of specified payments 11. Deductions directly connected Net unrelated income (loss) (see instructions) made with income in column 10 (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8, column (A) line 8, column (B) 0 0. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) Deductions Total deductions Set-asides 2. Amount of income 1. Description of income (attach schedule) (attach schedule) (col 3 plus col 4) (1) (2) (3) (4)Enter here and on page Part I, line 9, column (A) Part I, line 9, column (B) ٥. n Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 3. Expenses 7. Excess exempt 2. Gross from unrelated trade or 5. Gross income directly connected with production 6. Expenses expenses (column unrelated business from activity that business (column 2 1 Description of attributable to 6 minus column 5, is not unrelated exploited activity income from minus column 3) If a of unrelated column 5 but not more than gain, compute cols 5 trade or business business income column 4) business income STMT I through 7 STMT 2 13,612,688 14.447. (1) HEALTH ENHANCEMENT 159,997 145,550 14.447 1,457,413 17,751,667 (2) MEMBERSHIP DUES 9,554 9.554 (3) (4) Enter here and on Enter here and on Enter here and page 1, Part I, line 10, col (A) page 1, Part I. on page 1, Part II. line 26 line 10, col (B) 14,447. 145,550. Totals 169,551. Schedule J - Advertising Income (see instructions) Part 1. Income From Periodicals Reported on a Consolidated Basis 4. Advertising gain or (loss) (col 2 minus 7. Excess readership 2. Gross 6. Readership 3. Direct 5. Circulation costs (column 6 minus advertising 1. Name of periodical column 5, but not more advertising costs col 3) If a gain, compute ıncome costs than column 4) cols 5 through 7 (1) (2) (3)Section 1 (4) 0. 0.

Form 990-T (2018)

Totals (carry to Part II, line (5))

Form 990-T (2018) FLORIDA'S FIRST COAST, INC.

. 0, , , , , , , , , , , , , , , , , , ,			
Part II	Income From Periodicals R	eported on a Separate Basis	(For each periodical listed in Part II, fill in
	columns 2 through 7 on a line by line	a bacie )	

t c	Advertising gain or (loss) (col 2 minus of 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
0. 🗷	中视器的现象影響	<b>第二十二十二</b>	医宗教治理部	0
nd on rt I, (B)				Enter here and on page 1, Part II, line 27
,	n I, (B)	n), (B)	0.	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business .
(1)		_%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2018)

	RECTLY CONNE ED BUSINESS	<del>-</del> · · - · ·	STATEMENT 1
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
MANAGING FITNESS CENTERS EXPENSES - SUBTOTAL	_ 1	. 145,550.	145,550
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN	3		145,550
	T DIRECTLY C ATED BUSINES		STATEMENT 2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
MANAGING FITNESS CENTERS EXPENSES - SUBTOTAL	- 1	13,612,688.	13,612,688,
COTAL OF FORM 990-T, SCHEDULE I, COLUMN	6		13,612,688