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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)

OMB No 1545-0047

2009Open to Public
Inspection

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

A For the 2009 calendar year, or tax year beginning and ending**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type
See Specific Instructions**C** Name of organizationMISSISSIPPI GULF COAST YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
1810 GOVERNMENT STREET

City or town, state or country, and ZIP + 4

OCEAN SPRINGS, MS 39564

F Name and address of principal officer: DAN HECKER
SAME AS C ABOVE**D** Employer identification number

64-0584648

E Telephone number

228-875-5050

G Gross receipts \$

3,290,052.

H(a) Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.MSGULFCOAST-YMCA.ORG**K** Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶**L** Year of formation 1975**M** State of legal domicile MS**Part I Summary**

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 ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	35
4 Number of independent voting members of the governing body (Part VI, line 1b)	35
5 Total number of employees (Part V, line 2a)	240
6 Total number of volunteers (estimate if necessary)	200
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
7b Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) 75,755.
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-12d)
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses. Subtract line 18 from line 12
Net Assets or Fund Balances	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

Sign
Here

Signature of officer

Date

8/12/10

DAN HECKER, CEO

Type or print name and title

Paid

Preparer's
Use OnlyPreparer's
signature

ERIC B. BLAND, CPA

Date

08/09/10

Check if
self-
employed ☐Preparer's identifying number
(see instructions)Firm's name (or
yours if
self-employed),
address, and
ZIP + 4PILTZ, WILLIAMS, LAROSA & CO.
P. O. BOX 231
BILOXI, MS 39533

EIN ▶

Phone no ▶ 228-374-4141

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

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

Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

18 G16

SCANNED SEP 02 2010
Activities & Governance

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE YMCA MISSION IS 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 \$ 976,560. including grants of \$) (Revenue \$)
YOUTH SERVICES

CHILDCARE IS THE FIRST CHANCE THE YMCA HAS TO CARE FOR ITS MEMBERS. ALL YMCA CHILD AND YOUTH PROGRAMS ARE TOOLS FOR BUILDING SUCCESSFUL RELATIONSHIPS BETWEEN CHILDREN AND ADULTS, WHETHER THOSE ADULTS ARE PARENTS, OTHER CAREGIVERS, OR YMCA VOLUNTEERS AND STAFF MEMBERS. PRESENTLY MORE THAN 30 DIFFERENT PROGRAMS INCORPORATE CORE VALUES OF CARING, HONESTY, RESPECT, AND RESPONSIBILITY. WITH THE ENCOURAGEMENT OF ADULTS AT THE Y, CHILDREN OF DIFFERENT BACKGROUNDS WILL HAVE INCREASED OPPORTUNITIES TO GAIN THESE CRITICAL DEVELOPMENT ASSETS:
SUPPORT ASSETS: MAKING CONNECTIONS BETWEEN PARENTS, EXTENDED FAMILY MEMBERS, AND NON-RELATED ADULTS AND YOUTH.
CONSTRUCTIVE USE OF TIME: YMCA SPONSORED ACTIVITIES AND SUPERVISED

4b (Code:) (Expenses \$ 789,099. including grants of \$) (Revenue \$)
HEALTH & WELLNESS

HEALTH AND WELLNESS PROGRAMS AT THE YMCA HELP KEEP US ALL HEALTHIER AND MORE MOTIVATED. CONSISTENT WITH OUR MISSION, WE ENDEAVOR TO PROVIDE NOT JUST PHYSICAL FITNESS FOR OUR MEMBERS, BUT ALSO PROGRAMS TO BUILD HEALTHY SPIRIT AND MIND. MANY ADULT MEMBERS BEGAN THEIR ASSOCIATION WITH THE YMCA IN YOUTH PROGRAMS AND HAVE CONTINUED THEIR ASSOCIATION OVER THE YEARS, BUILDING A HEALTHY LIFESTYLE FOR THEIR FUTURE. ADULT PROGRAMS FOR HEALTH AND FITNESS INCLUDE AEROBICS, AQUATICS, FREE-WEIGHTS AND FITNESS EQUIPMENT, AND OPPORTUNITIES FOR FELLOWSHIP WITH OTHERS THROUGH VOLUNTEER ACTIVITIES, TRIPS AND FELLOWSHIP. FITNESS PROGRAMS FOR ADULTS TRANSLATE INTO HEALTHIER LIFESTYLES AND LESS STRESS, BALANCING WORK AND FAMILY.

4c (Code:) (Expenses \$ 1,057,335. including grants of \$) (Revenue \$)
COMMUNITY OUTREACH-

THE MISSISSIPPI GULF COAST YMCA PROVIDES SERVICES OVER THE ENTIRE GULF COAST WHICH ARE DESIGNED TO HELP ADOLESCENTS BECOME SUCCESSFUL AND PRODUCTIVE.

ADOLESCENT OFFENDER PROGRAM

AN ALTERNATIVE TO DETENTION CENTERS FOR AT RISK YOUTH
PARTICIPANTS IDENTIFIED BY YOUTH COURT SYSTEM
ONE YEAR ATTENDANCE REQUIRED

HOME AND GROUP SESSIONS FOR PARTICIPANTS, FAMILIES, AND PARENTS
INTENSIVE YOUTH CASE MANAGEMENT FOR ADOLESCENTS WITH ONE MINOR OFFENSE
AND IN NEED OF SUPERVISION FOR SIX MONTHS

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 2,822,994.

**MISSISSIPPI GULF COAST YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC**

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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)? <i>If "Yes," complete Schedule A</i>	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? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 United States? <i>If "Yes," complete Schedule F, Part I</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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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**MISSISSIPPI GULF COAST YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	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>	35	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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	X

Note. All Form 990 filers are required to complete Schedule O.

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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	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	240	
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	35	
b Enter the number of voting members that are independent	35	
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

Section C. Disclosure

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

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: **ERIC BAACKE - 228-875-5050**
1810 GOVERNMENT STREET, OCEAN SPRINGS, MS 39564

**MISSISSIPPI GULF COAST YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC**

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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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• 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 current officer, director, or trustee.

(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			
WOODY BAILEY BOARD MEMBER	2.00	X						0.	0.	0.
CATHY MACKENZIE BOARD MEMBER	2.00	X						0.	0.	0.
GERALD BLESSEY BOARD MEMBER	2.00	X						0.	0.	0.
COURTNEY BLOSSMAN BOARD MEMBER	2.00	X						0.	0.	0.
DONNA BROWN SECRETARY	2.00	X		X				0.	0.	0.
ROBERT BYRD BOARD MEMBER	2.00	X						0.	0.	0.
DAVID COBB VICE-CHAIRMAN	2.00	X		X				0.	0.	0.
GEORGE CONWILL TREASURER	2.00	X		X				0.	0.	0.
GEORGE P. CORCHIS BOARD MEMBER	2.00	X						0.	0.	0.
DAVE DENNIS BOARD MEMBER	2.00	X						0.	0.	0.
NATALIA DIAZ BOARD MEMBER	2.00	X						0.	0.	0.
STEPHEN DUMMER BOARD MEMBER	2.00	X						0.	0.	0.
VALERIE GALLE BOARD MEMBER	2.00	X						0.	0.	0.
FRANK GENZER BOARD MEMBER	2.00	X						0.	0.	0.
ANN GUICE BOARD MEMBER	2.00	X						0.	0.	0.
REED GUICE BOARD MEMBER	2.00	X						0.	0.	0.
PAT JOACHIM BOARD MEMBER	2.00	X						0.	0.	0.

**MISSISSIPPI GULF COAST YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC**

Form 990 (2009)

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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			
MYRON LABAT BOARD MEMBER	2.00	X						0.	0.	0.
RYAN LAFONTAINE BOARD MEMBER	2.00	X						0.	0.	0.
SHANE LOPER CHAIRMAN	2.00	X		X				0.	0.	0.
JON LUCAS BOARD MEMBER	2.00	X						0.	0.	0.
JEANNE LUCKEY BOARD MEMBER	2.00	X						0.	0.	0.
ROBERT MAXWELL BOARD MEMBER	2.00	X						0.	0.	0.
ROBERT OCCHI BOARD MEMBER	2.00	X						0.	0.	0.
STEVEN PALAZZO BOARD MEMBER	2.00	X						0.	0.	0.
DIANN PAYNE BOARD MEMBER	2.00	X						0.	0.	0.
MARK SCHLOEGEL BOARD MEMBER	2.00	X						0.	0.	0.
1b Total								123,839.	0.	12,083.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	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		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		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		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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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

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**MISSISSIPPI GULF COAST YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC**

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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	16,500.				
	b Membership dues	1b					
	c Fundraising events	1c	106,875.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,149,778.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	62,296.				
	g Noncash contributions included in lines 1a-1f \$		20,800.				
	h Total. Add lines 1a-1f			1,335,449.			
Program Service Revenue	2 a KIDZ CLUBS	Business Code	624100	873,607.	873,607.		
	b AFFORDABLE HEALTH & FI		624100	646,264.	646,264.		
	c PRESCHOOL		624100	200,424.	200,424.		
	d WATER SAFETY INSTRUCTI		624100	74,417.	74,417.		
	e FITNESS/SENIOR PROGRAM		624100	48,778.	48,778.		
	f All other program service revenue		624100	80,425.	80,425.		
	g Total. Add lines 2a-2f			1,923,915.			
	3 Investment income (including dividends, interest, and other similar amounts)			24,276.			24,276.
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						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	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					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
11 a MISCELLANEOUS		624100	6,412.			6,412.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			6,412.				
12 Total revenue. See instructions			3,290,052.	1,923,915.	0.	30,688.	

**MISSISSIPPI GULF COAST YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC**

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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				
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	135,922.		91,389.	44,533.
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	1,732,729.	1,450,837.	281,892.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	52,175.	42,867.	9,308.	
9 Other employee benefits	93,816.	80,075.	13,741.	
10 Payroll taxes	184,718.	141,524.	39,327.	3,867.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,197.		13,197.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	140,474.	115,805.	22,058.	2,611.
12 Advertising and promotion	49,455.	19,167.	7,903.	22,385.
13 Office expenses	137,163.	94,931.	41,525.	707.
14 Information technology	32,638.	62.	32,576.	
15 Royalties				
16 Occupancy	251,950.	229,714.	22,236.	
17 Travel	94,346.	78,917.	15,429.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	8,684.		8,684.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	181,096.	166,716.	14,380.	
23 Insurance	108,164.	82,679.	25,485.	
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 SUPPLIES & ACTIVITIES	235,671.	232,083.	2,073.	1,515.
b MISCELLANEOUS	88,831.	67,248.	21,446.	137.
c LOSS ON DISPOSITION OF	21,205.	20,369.	836.	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,562,234.	2,822,994.	663,485.	75,755.
26 Joint costs. Check here ☐ 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				

**MISSISSIPPI GULF COAST YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC**

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	196,070.	1	60,302.
	2 Savings and temporary cash investments	387,049.	2	448,200.
	3 Pledges and grants receivable, net	38,414.	3	91,765.
	4 Accounts receivable, net	25,924.	4	36,088.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	173,116.	7	5,700.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	38,051.	9	49,147.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,445,432.		
	10b Less: accumulated depreciation	1,662,110.		
		1,929,172.	10c	1,783,322.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	46,543.	12	50,036.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,850.	15	475.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,836,189.	16	2,525,035.	
Liabilities	17 Accounts payable and accrued expenses	23,830.	17	103,899.
	18 Grants payable		18	
	19 Deferred revenue	56,308.	19	31,564.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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	212,126.	23	205,534.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	265,575.	25	177,870.
	26 Total liabilities. Add lines 17 through 25	557,839.	26	518,867.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,231,807.	27	1,951,132.
	28 Temporarily restricted net assets	46,543.	28	55,036.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ 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	2,278,350.	33	2,006,168.
34 Total liabilities and net assets/fund balances	2,836,189.	34	2,525,035.	

Form **990** (2009)

**MISSISSIPPI GULF COAST YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC**

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization	MISSISSIPPI GULF COAST YOUNG MEN'S CHRISTIAN ASSOCIATION, INC
---------------------------------	--

Employer identification number
64-0584648

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

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?

(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 supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .	14		%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐			
17a 10% -facts-and-circumstances test - 2009. 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 ▶ ☐			
b 10% -facts-and-circumstances test - 2008. 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 ▶ ☐			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐			

Schedule A (Form 990 or 990-EZ) 2009

MISSISSIPPI GULF COAST YOUNG MEN'S

Schedule A (Form 990 or 990-EZ) 2009 CHRISTIAN ASSOCIATION, INC

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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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1094444.	1024726.	1773407.	1936724.	1335449.	7164750.
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	2576095.	2565968.	2169875.	2044045.	1923915.	11279898.
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 through 5	3670539.	3590694.	3943282.	3980769.	3259364.	18444648.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	133,026.		176,497.	195,000.		504,523.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	133,026.		176,497.	195,000.		504,523.
8 Public support (Subtract line 7c from line 6)						17940125.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	3670539.	3590694.	3943282.	3980769.	3259364.	18444648.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,879.	20,950.	24,058.	5,873.	24,276.	80,036.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,879.	20,950.	24,058.	5,873.	24,276.	80,036.
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.)		17,905.	88,162.	-151,452.	6,412.	-38,973.
13 Total support (Add lines 9, 10c, 11, and 12)	3675418.	3629549.	4055502.	3835190.	3290052.	18485711.
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 2009 (line 8, column (f) divided by line 13, column (f))	15	97.05 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	95.42 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.43 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.31 %

19a 33 1/3% support tests - 2009. 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 - 2008. 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 A (Form 990 or 990-EZ) 2009

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **MISSISSIPPI GULF COAST YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC**

Employer identification number
64-0584648

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?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ 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).

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax 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 tax year ▶ _____

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

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

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

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

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

9 In Part 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

	Amount
1c	
1d	
1e	
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 the 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 Net investment earnings, gains, and 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

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

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

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) Accumulated depreciation	(d) Book value
1a Land		376,380.		376,380.
b Buildings		2,072,818.	1,165,073.	907,745.
c Leasehold improvements				
d Equipment		996,234.	497,037.	499,197.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,783,322.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

Part IX	Other Assets. See Form 990, Part X, line 15.
----------------	---

[illegible]

Part X	Other Liabilities. See Form 990, Part X, line 25.
---------------	--

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	POSTEMPLOYMENT BENEFIT PAYABLE	177,870.
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	177,870.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**MISSISSIPPI GULF COAST YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC**

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,290,052.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,562,234.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-272,182.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-272,182.

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	3,490,052.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	200,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	200,000.
3	Subtract line 2e from line 1	3	3,290,052.
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 must equal Form 990, Part I, line 12.)	5	3,290,052.

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

1	Total expenses and losses per audited financial statements	1	3,762,234.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	200,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	200,000.
3	Subtract line 2e from line 1	3	3,562,234.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,562,234.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization	MISSISSIPPI GULF COAST YOUNG MEN'S CHRISTIAN ASSOCIATION, INC
--------------------------	--

Employer identification number
64-0584648

Part I

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ **Yes**☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 HUMANITARIAN BANQUET	(b) Event #2 STRONG KIDS CAMPAIGN	(c) Other events 1	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	40,665.	42,050.	24,160.	106,875.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	40,665.	42,050.	24,160.	106,875.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				()
	11 Net income summary. Combine line 3, column (d), and line 10				106,875.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column (d), and line 7				

- 9 Enter the state(s) in which the organization operates gaming activities: _____
- a Is the organization licensed to operate gaming activities in each of these states?
b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
b If "Yes," explain: _____
- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

Department of the Treasury
Internal Revenue Service

► See the Instructions for Form 990.

Open to Public Inspection

Employer Identification number
64-0584648

Schedule J-2 (Form 990) 2009

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization MISSISSIPPI GULF COAST YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC

Employer identification number
64-0584648

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) 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.

Complete if the organization 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SCOTT LEMON	FORMER DIRECTOR	0.	PROVIDED IN		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **MISSISSIPPI GULF COAST YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC**

Employer identification number
64-0584648

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	3	14,800.	APPRAISED VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (SERVER)	X	1	6,000.	APPRAISED VALUE
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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

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

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

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MISSISSIPPI GULF COAST YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC

Employer identification number
64-0584648

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

FOR ALL

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

RECREATION PROVIDE OPPORTUNITIES FOR POSITIVE USE OF OUR YOUTH'S TIME
THROUGH PRESCHOOL, BEFORE AND AFTER SCHOOL PROGRAMS, AND SUMMER DAY
CAMPS.

COMMITMENT TO LEARNING: TUTORING AND HOMEWORK ASSISTANCE IN AFTER
SCHOOL PROGRAMS DEVELOPS A SENSE OF COMMITMENT AND A HEALTHY
PERSPECTIVE ON LEARNING, WHILE NURTURING ALL-IMPORTANT "MENTOR
RELATIONSHIPS."

SOCIAL AND PHYSICAL COMPETENCIES: ARTS PROGRAMS AND YOUTH SPORTS (HERE
THE YMCA MOTTO, "EVERYBODY PLAYS, EVERYBODY WINS" APPLIES) HELP DEVELOP
SKILLS THAT PROMOTE GOOD DECISIONS AND A HEALTHY OUTLOOK ON
COMPETITION.

POSITIVE IDENTITY: COMMUNITY-RELATED PROGRAMMING ENCOURAGES ADOLESCENTS
TO TAKE ON LEADERSHIP ROLES WHILE ESTABLISHING A SENSE OF SELF WORTH.
IN ADDITION, CREATIVE VENUES AND COUNCILS ALLOWING YOUNG PEOPLE TO
CONTRIBUTE THEIR IDEAS ARE USED TO DEVELOP NEW PROGRAMS, ESTABLISH
RULES AND GUIDELINES AND HELP PLAN YOUTH EVENTS.

EMPOWERMENT: YOUNG PEOPLE LEARN THE IMPORTANCE OF SERVING OTHERS THROUGH
PROGRAM-SPECIFIC VOLUNTEERISM OPPORTUNITIES. THESE ENABLE YOUTH TO
RAISE THE BAR IN SETTING AND ACHIEVING HIGH EDUCATIONAL AND
PROFESSIONAL GOALS.

BEFORE AND AFTER SCHOOL CHILD CARE AND PRESCHOOL
KEEPS KIDS SAFE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization	MISSISSIPPI GULF COAST YOUNG MEN'S CHRISTIAN ASSOCIATION, INC	Employer identification number 64-0584648
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SERVED OVER 466 KIDS PER DAY IN SUMMER PROGRAMS IN 2008

SERVES APPROXIMATELY 400 KIDS PER DAY DURING THE SCHOOL YEAR

DEVELOPS A POSITIVE DEVELOPMENTAL ASSETS

PROVIDES A DETERRENCE FROM GANGS AND DRUGS

MEETS NEEDS OF WORKING PARENTS

PROVIDES A COST EFFECTIVE SERVICE FOR BUSINESS

IN 2008, GAVE \$112,000 IN DIRECT FINANCIAL AID GRANTS TO HELP THOSE
WHO CAN'T PAY FEES

SCHOOL AGE CHILDREN ARE INVOLVED IN AFTER-SCHOOL CARE, YOUTH SPORTS,
CAMPING, AND MANY OTHER EXPERIENCES.

FINANCIAL ASSISTANCE IS MADE POSSIBLE BY THE UNITED WAY, AND BY YMCA
MEMBERS AND COMMUNITY FRIENDS THROUGH THE YMCA'S STRONG KIDS CAMPAIGN.

WATER SAFETY INSTRUCTION PROGRAMS

KEEPS KIDS SAFE

BUILDS CONFIDENCE

PROMOTES PHYSICAL FITNESS

SERVES 400 CHILDREN PER YEAR THROUGH THIRD GRADE LEARN TO SWIM
PROGRAM; 300 CHILDREN THROUGH WATER SAFETY CLASSES; HUNDREDS MORE
THROUGH YMCA SWIM LESSONS

SUMMER PROGRAMS

A TEN WEEK PROGRAM TEACHES CHILDREN TO LEARN AND GROW THROUGH
ACTIVITIES WITH CHILDREN FROM WIDELY VARIED BACKGROUNDS SPENDING
SUMMERS TOGETHER. CHILDREN CAN BUILD A BETTER FUTURE FOR THEMSELVES,
THEIR FAMILIES, AND THEIR COMMUNITIES BY LEARNING RESPECT FOR ALL.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MISSISSIPPI GULF COAST YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC

Employer identification number
64-0584648

PROVIDE CHARACTER BUILDING EXPERIENCES

OFFER SELF IMPROVEMENT CHALLENGES

TEACH TEAMWORK

INCLUDE OUTDOOR/ENVIRONMENTAL EDUCATION

FOSTER FUN AND CHRISTIAN FELLOWSHIP AND FRIENDSHIPS

SERVED 466 CAMPERS, AGES 5-12, IN 2008

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

HEALTH AND PHYSICAL FITNESS

INCREASE PRODUCTIVITY

REDUCES MEDICAL COSTS

COMBATS STRESS AND TENSION

RELIEVES STRESS OF WORK/FAMILY LIFE

SENIOR PROGRAMS

IMPROVE QUALITY OF LIFE BY PROMOTING HEALTHY, ACTIVE LIVING

PROVIDE OPPORTUNITIES FOR MEANINGFUL SERVICE

OFFER FITNESS, HEALTH SCREENING, AND EDUCATION PROGRAMS

PROMOTE A SENSE OF BELONGING THROUGH ACTIVITIES

FAMILY PROGRAMS

PARENTING IS AN INCREASINGLY CHALLENGING TASK, WITH NEARLY 70% OF

CHILDREN LIVING IN A HOUSEHOLD WITH BOTH PARENTS WORKING OR HEADED BY A

SINGLE PARENT. FINDING QUALITY FAMILY TIME IS DIFFICULT. MEANWHILE,

CHILDREN FROM LOW-INCOME FAMILIES HAVE MORE PHYSICAL, EMOTIONAL OR

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MISSISSIPPI GULF COAST YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC

Employer identification number
64-0584648

MENTAL CHALLENGES THAT INTERFERE WITH THEIR ABILITIES TO DO WELL IN
SCHOOL.

YMCA FAMILY RECREATION AND PROGRAMS PROVIDE RELEVANT OPPORTUNITIES FOR
CHILDREN AND THEIR PARENTS TO RELATE WITH EACH OTHER. YMCA FAMILY
PROGRAMS CAN:

CREATE MEANINGFUL FAMILY TIME

REINFORCE PARENT EFFORTS TO INSTILL VALUES

STRENGTHEN PARENT-CHILD BONDS

SUPPORT THE FAMILY STRUCTURE

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

TRANSPORTATION PROVIDED

SERVES APPROXIMATELY 300 YOUTH AND FAMILIES EACH YEAR

FAMILIES FIRST PROGRAM

IN SCHOOL GROUP SERVICES FOR LOCAL ALTERNATIVE SCHOOLS

ANGER MANAGEMENT CLASSES FOR TEENS, WOMEN, AND MEN

PREGNANCY PREVENTION AND TEEN SUBSTANCE ABUSE PREVENTION CLASSES FOR
TEENS

PARENTING SKILLS CLASSES

DIVORCE OR SEPARATION COUNSELING

AVAILABLE TO PUBLIC OR THOSE REFERRED BY JUSTICE DEPARTMENTS OR HUMAN
SERVICES

SERVES APPROXIMATELY 1,500 FAMILIES EACH YEAR

TOBACCO FREE COALITION

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MISSISSIPPI GULF COAST YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC

Employer identification number
64-0584648

IN COLLABORATION WITH THE MISSISSIPPI STATE DEPARTMENT OF HEALTH, THE
TOBACCO FREE COALITION WORKED WITH LOCAL SCHOOLS AND BUSINESSES TO
EDUCATE THE PUBLIC, SPECIFICALLY LOCAL YOUTH, ABOUT THE DANGERS OF
TOBACCO USE. STUDENT LEADERS WERE DIRECTLY ENGAGED IN ACTIVITIES
DESIGNED TO DISSEMINATE THIS INFORMATION THROUGHOUT HARRISON COUNTY.
THE PROGRAM DIRECTLY TOUCHED HUNDREDS OF STUDENTS IN THE HARRISON
COUNTY SCHOOL DISTRICT.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE COMPLETED 990 IS
REVIEWED BY STAFF MEMBERS WHO HELPED COMPILE THE INFORMATION REQUESTED BY
THE PREPARER, THEN REVIEWED BY THE CEO IN CONJUNCTION WITH THESE EMPLOYEES.
THE FULL BOARD OF DIRECTORS IS PROVIDED A COPY OF THE DRAFT FOR THEIR
COMMENT AND REVIEWS AND APPROVES BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR, A LIST OF MAJOR
VENDORS, KEY EMPLOYEES, AND BOARD MEMBERS IS PROVIDED TO ALL BOARD MEMBERS
AND KEY EMPLOYEES. ANY BUSINESS OR PERSONAL RELATIONSHIP WITH OTHERS ON THE
LIST IS REQUIRED TO BE DISCLOSED. INDIVIDUAL RELATIONSHIPS ARE THEN
REVIEWED BY A GROUP OF BOARD MEMBERS TO DETERMINE WHETHER THE DISCLOSED
RELATIONSHIP IS A POTENTIAL CONFLICT THAT IMPAIRS THE INDIVIDUAL'S ABILITY
TO MAINTAIN AN ARM'S LENGTH BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION REVIEW OF THE
YMCA'S CEO WAS PERFORMED BY A COMMITTEE OF INDEPENDENT BOARD MEMBERS,
FORMED AS THE "SEARCH COMMITTEE". WITH ASSISTANCE FROM THE YMCA OF THE
USA, THE COMMITTEE COMPILED A LIST OF YMCA CEO COMPENSATION PACKAGES FROM

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MISSISSIPPI GULF COAST YOUNG MEN'S
CHRISTIAN ASSOCIATION, INC

Employer identification number
64-0584648

SIMILIAR SIZE YMCA FACILITIES IN SIMILIAR MARKETS. AN ACCEPTABLE SALARY
RANGE WAS PRESENTED TO THE FULL BOARD OF DIRECTORS BASED ON THE DATA FROM
THIS PROCESS. THE BOARD OF DIRECTORS THEN APPROVED THE COMPENSATION
PACKAGE TO BE OFFERED.

FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE NOT CURRENTLY
AVAILABLE TO THE PUBLIC.

THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT
AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

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

(A) NAME OF PERSON: SCOTT LEMON

(D) DESCRIPTION OF TRANSACTION: PROVIDED INSURANCE AT MARKET RATE

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization MISSISSIPPI GULF COAST YOUNG MEN'S CHRISTIAN ASSOCIATION, INC	Employer identification number 64-0584648
	Number, street, and room or suite no. If a P.O. box, see instructions. 1810 GOVERNMENT STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OCEAN SPRINGS, MS 39564	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

ERIC BAACKÉ

- The books are in the care of ► **1810 GOVERNMENT STREET - OCEAN SPRINGS, MS 39564**

Telephone No. ► **228-875-5050**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► ☒ calendar year **2009** or► ☐ tax year beginning _____, and ending _____.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.****Form 8868 (Rev 4-2009)**